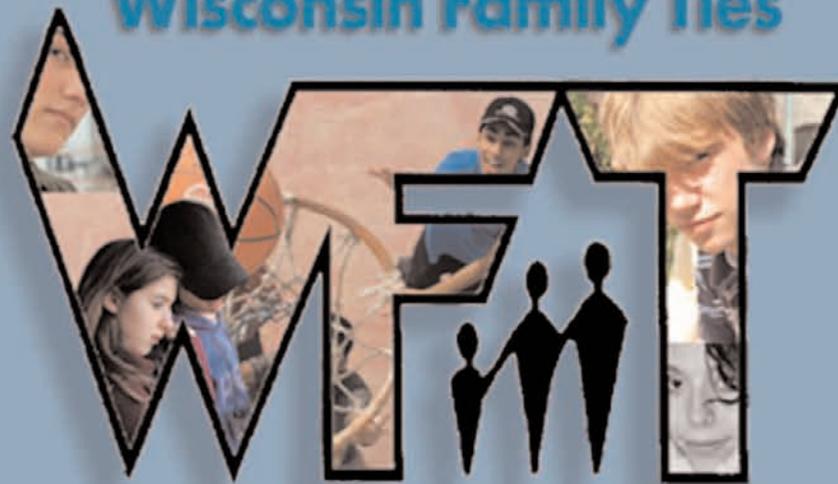


Wisconsin Family Ties



Family Guide
to
Adolescent Substance Abuse
Information and Services
in
Wisconsin

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Family Guide to Adolescent Substance Abuse Information and Services in Wisconsin
Written by Stacey Balousek
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Any terms highlighted in **bold underline** throughout this guide are later defined in the glossary section beginning on page 48.

The resources highlighted in ***bold italics*** throughout this guide are later listed with contact information in the resources section beginning on page 34.

If this is an emergency, please call 911.

If there is no immediate danger, but you suspect or know your child is using alcohol and/or other drugs, please read on.....

Introduction: A Roadmap to the System

Finding your way around an unfamiliar place is easier with a map. This booklet was designed with the help of families who have traveled the road that you are traveling. It was written with the hope that your journey will be made a little easier.

Sometimes searching for information and services for your child can be overwhelming. The system can be convoluted and challenging, but we encourage you to press on until you get your needs, and those of your child, met.

You don't have to go it alone; **Wisconsin Family Ties (WFT)** can help. If you would like help navigating the system, call WFT toll free at 1-800-422-7145 or go to our website at www.wifamilyties.org. If you don't have internet access, please call our 800 number, and we can mail you the resource materials you are interested in. If your call is not answered directly, please leave a message, and someone will get back to you.

Keep in mind the 7 Cs:

I didn't **Cause** it.

I can't **Cure** it.

I can't **Control** it.

I can **Care** for myself by:

- **Communicating** my feelings
- Making healthy **Choices**
- **Celebrating** myself

2

Substance Use in Youth

Teenagers and young adults are particularly at risk for **substance use** and **abuse**.

They may use substances to:

- build confidence
- lose weight
- take risks
- lower their inhibitions
- experience the pleasure associated with substances
- escape reality
- relieve stress
- cope with problems they are experiencing

Risks of adolescent substance use include:

- developmental delays
- school and family problems
- life-altering events such as arrest and incarceration
- injury or death

Early **intervention** can prevent a more serious addiction that could have permanent effects on your child's life.

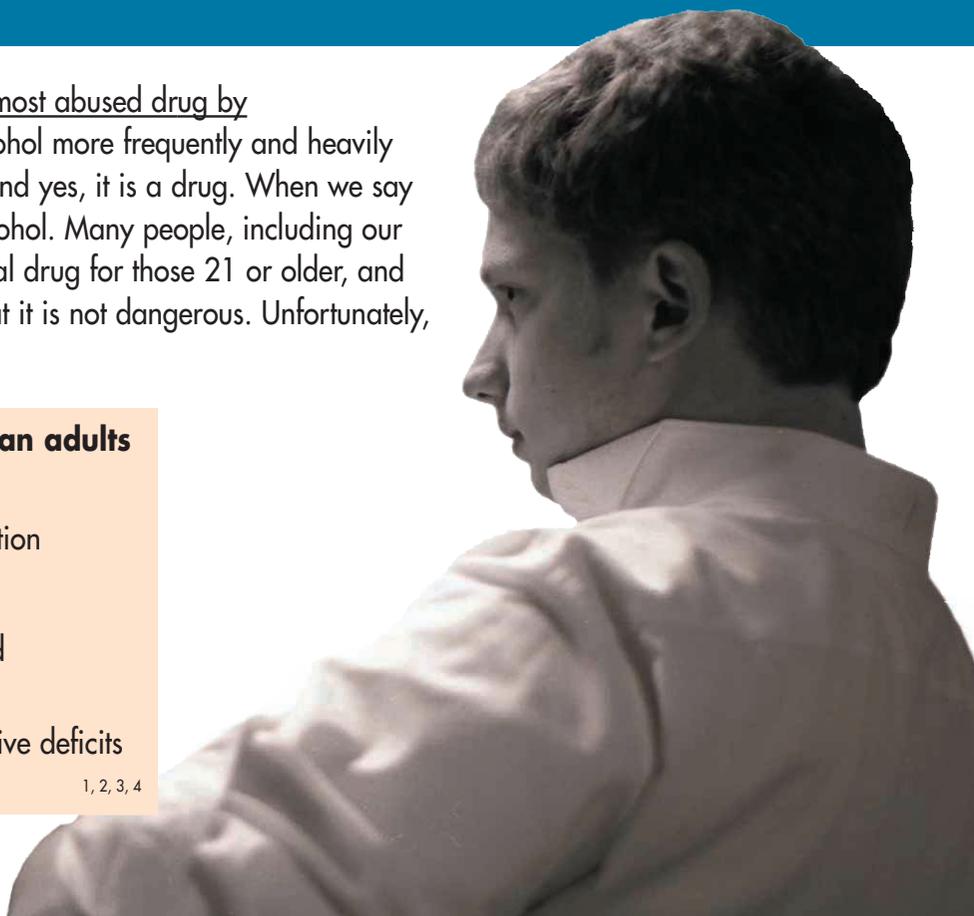
Alcohol is a Drug

Keep in mind that alcohol is by far the most abused drug by teens (and adults). In fact, teens use alcohol more frequently and heavily than all other illegal drugs combined. And yes, it is a drug. When we say "substance abuse" this also includes alcohol. Many people, including our kids, think that because alcohol is a legal drug for those 21 or older, and so often accepted by the community, that it is not dangerous. Unfortunately, the opposite is true.

Alcohol affects teens differently than adults because teens have:

- Decreased sensitivity to intoxication
- Rapid increase in tolerance
- Decreased social inhibitions and increased risk taking
- Increased vulnerability to cognitive deficits

1, 2, 3, 4



Alcohol and Wisconsin

The University of Wisconsin released a report entitled, "Impact of Alcohol and Illicit Drug Use in Wisconsin" looking at data from 2004 and 2005. Highlights include:

Wisconsin has the highest rates in the nation of:

- Drinking among high school students
- Drinking under the age of 21
- Drinking among adults
- Binge drinking among adults
- Chronic, heavy drinking among adults

In addition:

Our kids came in second in the nation for underage binge drinking.

Alcohol-related motor vehicle deaths are highest among 16-34 year olds in Wisconsin.

In 2004, there were 1,139 alcohol-related deaths and 330 illicit drug-related deaths in Wisconsin alone.

Fourteen percent of Wisconsin high school students drink and drive.

These statistics are something to be concerned about.

Kids who drink are more likely to:

- be victims of violent crime
- be involved in alcohol-related traffic crashes
- have serious school-related problems

It is time to acknowledge that we have a problem. The full report can be found at: pophealth.wisc.edu/uwphi/progEval/impactOfAlcoholAndIllicitDrugUse.pdf

Alcohol Damages the Adolescent Brain

The second decade of life (roughly ages 11-20) is called adolescence.

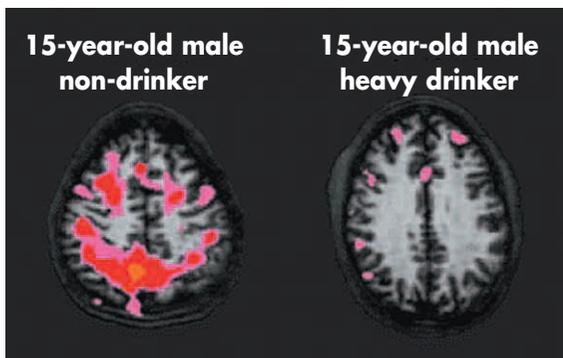
Adolescence is an important period of brain growth and change. This brain development is not complete until about age 24. Alcohol use can damage the delicate and still developing adolescent brain.

Alcohol Damages the Adolescent Brain *(Continued)*

The American Medical Association (AMA) report on alcohol's adverse effects on the brains of children, adolescents and college students states that:

- Youth who drink can have problems with learning and memory.
- Teens who drink are most at risk of damaging two key brain areas that are undergoing lots of changes in adolescence:
The part of the brain that handles many types of memory and learning suffers the worst alcohol-related brain damage in teens. The area behind the forehead undergoes the most change during adolescence. This area plays an important role in forming adult personality and behavior and is often called the CEO of the brain. Research has found that teen drinking could cause severe changes in this area and others that could have negative effects on their personality and behavior.
- Compared to students who drink a little or not at all, frequent drinkers may never be able to catch up in adulthood. This is because alcohol interferes with storing new information as memories. Additionally, those who binge once a week or increase their drinking from age 18 to 24 may have problems reaching the goals of young adulthood—marriage, education, employment, and financial independence.
- And rather than “outgrowing” alcohol use, young abusers are significantly more likely to have drinking problems as adults.

Here is a slide that shows the brain differences between two 15 year olds; one who drinks heavily and one who does not drink.



The highlighted areas on the MRI scan represent brain activity during a memory task. You will notice less activity (red color) in the brain of the heavy drinker.

In an attempt to get high, kids may:

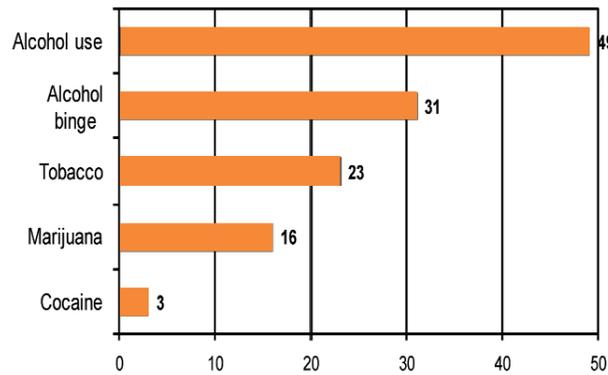
- binge on alcohol or use alcohol in combination with other drugs
- huff (inhale) things like paint thinner and whipping cream aerosols
- take large quantities of cough, cold, sleep, diet or other over-the-counter medications
- take prescription drugs for recreational use such as opioids like Oxycontin, mood-altering meds like Zanax, medications for attention-deficit disorder (ADD) such as Ritalin
- use illegal “street drugs” in any number of ways (smoke, drink, inhale, etc.)
- take illegal “club drugs” like methamphetamine and ecstasy

Drugs of Abuse

The drugs of abuse these days may surprise you. Kids try to get high off of household chemicals, over the counter medications, prescription drugs, alcohol and illegal drugs. All drugs can be dangerous and have the potential to damage the brain or lead to addiction.

Drugs of Abuse (Continued)

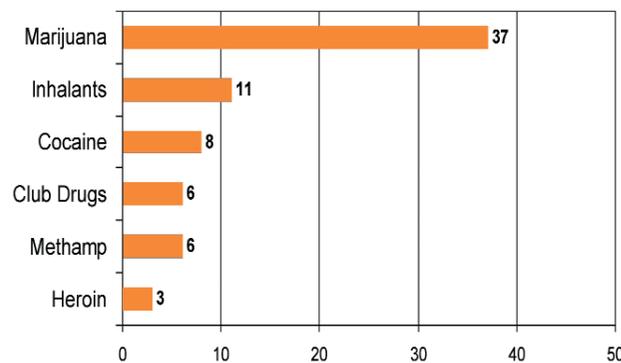
The Wisconsin Youth Risk Behavior Survey (WYRBS) of 2005 reported the following rates of alcohol, tobacco and other drug use in our high school students over the previous 30 days:



Wisconsin High School Students
Any past 30 day use (%)

Source: WYRBS (2005)

The Wisconsin Youth Risk Behaviors Survey of 2005 reported the following rates of illicit drug use in our Wisconsin high school students in their lifetimes:



Wisconsin High School Students
Any lifetime use (%)

Source: WYRBS (2005)

Marijuana (also known as "pot" or "cannabis") is the most widely abused illegal drug by teens.

Wisconsin high school students are abusing prescription and over-the-counter drugs, too. According to Partnership for a Drug Free America's annual tracking study:

- 1 in 5 teens has abused a prescription pain medication
- 1 in 5 report abusing prescription stimulants and tranquilizers
- 1 in 10 has abused cough medication

To learn more about misuse of prescription and over-the-counter drugs, go to: www.drugfree.org/Parent/ProtectingYourKids/

For more information on types of drugs of abuse, go to: www.theantidrug.com/drug_info or www.focusas.com/SubstanceAbuse.html or www.erowid.org or www.freevibe.com or www.medlineplus.gov. See additional resources on page 34.

Risks of Marijuana

- From 1980 to 1997 the potency of marijuana in federal drug seizures increased three fold.
- The combination of alcohol and marijuana has become very common and leads to much higher rates of problems than would be expected from either alone.
- Combined marijuana and alcohol users are 4 to 47 times more likely than non-users to have dependence, behavioral, school, health and legal problems.
- Marijuana and alcohol are the leading substances mentioned in arrests, emergency room admissions, autopsies, and treatment admissions.

Preventing Substance Use: Parents are Powerful

The National Center on Addiction and Substance Abuse (CASA) at Columbia University published a white paper in 2005 entitled, "Family Matters: Substance Abuse and the American Family". Based on research from the past decade, they reported that:

"The most effective place to curb substance abuse in America is not in courtrooms and government committee rooms, but in living rooms and dining rooms."

"And, the most effective and underutilized tool in the struggle to keep our children and teens drug free is parent power."

"The good news is that parents have enormous power to be a healthy influence on their children, to help steer them from involvement with tobacco, alcohol and drugs."

The proof that parents are powerful:

Parents who...

- abstain from cigarettes and illegal drugs
- drink responsibly
- have high expectations for their children
- monitor their whereabouts
- know their child's friends
- provide loving support and open communication

...are less likely to have children who smoke, drink and use drugs

Parents who consistently disapprove of tobacco, alcohol or drug use are much likelier to have teens who grow up drug free. On the other hand, parents who are permissive about their children's substance use put them at greater risk of smoking, drinking and using drugs.

Teens whose parents are "hands on"—engaged in their teens' lives, supervising them, establishing rules and standards of behavior—are at one-fourth the risk of abusing substances.

Teens from families where religion is important are less likely to smoke, drink and use drugs.

Teens with an excellent relationship with either parent are at 25 percent lower risk for substance abuse; those with excellent relationships with both parents are at 40 percent lower risk.

"One simple way for parents to be engaged in their children's lives is to sit down to dinner with them frequently."

CASA's research consistently shows that the more often teens have dinner with their parents, the less likely they are to smoke, drink or use drugs.

Teens who eat dinner with their families five or more nights a week are almost 50 percent less likely to try alcohol compared to teens who have dinner with their families two nights a week or less.

Three key actions parents can take to prevent adolescent substance use and abuse:

- Educate themselves to recognize the signs and symptoms of substance abuse;
- Intervene early with children at highest risk (by virtue of family history, emotional or behavioral problems); and
- Get professional help when they spot substance abuse. Even in families where substance abuse is present, a non-abusing parent or other extended family member can offer help.

When genetics take over:

Family, friends and the community have much to do with whether a child decides to use or experiment with substances.

However, once a child has begun to smoke, drink or use drugs, genetic factors influence the transition from use to abuse.

Similarly, the ability to tolerate a substance, for example, without becoming impaired may be strongly influenced by genetics, and may in turn contribute to a tendency to abuse that substance.

Early onset alcoholism with severe symptoms and the need for extensive treatment has a substantial genetic basis.

Parents have more influence before a child starts using substances: The key is prevention.



Risk factors for substance abuse

Know if your child is at particularly high risk for substance abuse:

Parents should be alert to these risk factors when talking with their teens, setting limits and monitoring their actions. If your child is experiencing many of these risk factors, they may be at risk for substance abuse.

Family history of alcohol and other drug problems

Youth with family histories of alcohol and drug addiction are 4 to 5 times more likely to develop substance use problems than youth without family histories.

Less family and social supports

Beginning substance use at an earlier age (prior to age 15)

10 Practices Parents Can Adopt to Prevent Substance Abuse

- Set a good example
- Know your child's whereabouts, activities and friends
- Eat dinner together regularly
- Set fair rules and hold your child to them
- Be caring and supportive of your child
- Maintain open lines of communication
- Surround your child with positive role models
- Incorporate religion or spirituality into family life
- Learn the signs and symptoms of teen substance abuse and conditions that increase risk
- If problems occur, get help promptly
- Show your love and support

Co-occurring Disorders

Individuals with eating disorders are up to five times more likely to abuse alcohol or illegal drugs and those who abuse alcohol or illegal drugs are up to 11 times more likely to have eating disorders

Learning disabilities and substance use in teens share many of the same risk factors: low self esteem, academic difficulty, loneliness, depression and the desire for social acceptance

Conduct disorder, depression, anxiety, bipolar and ADHD all increase the risk for substance use among teens

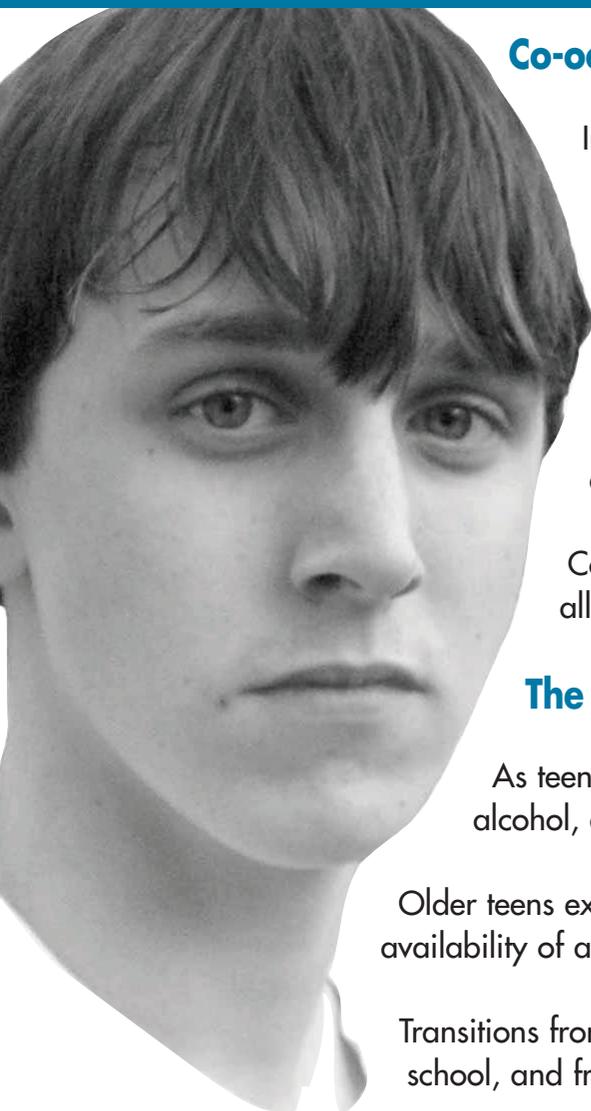
The Teenage Years: Dangerous Times

As teens age, they are more likely to use tobacco, alcohol, and illegal drugs

Older teens experience more risky social situations (greater availability of alcohol, tobacco and other drugs at parties, etc.)

Transitions from elementary to middle school, from middle to high school, and from high school to college can be risky times for teens

Transitioning between schools can also be risky for teens; teens who frequently change schools by moving from one neighborhood or home to another are more likely to report tobacco, alcohol and marijuana use



Risk factors for substance abuse *(Continued)*

Other factors that increase risk for substance abuse

Smoking: Teens who smoke are at nearly three times the risk for illegal drug use

Drinking: Teens who drink alcohol are at two and a half times greater risk for illegal drug use

Smoking AND Drinking: Teens who smoke and drink are at four and a half times greater risk for illegal drug use

Academic Performance: Teens who typically receive grades of C or lower are at twice the risk of those receiving A's and B's

Drugs at School: Half of high school students and nearly one quarter of middle school students go to schools where drugs are used, kept or sold

Students attending middle schools where drugs are used, kept or sold are at two and one-half times the risk for substance abuse

Students attending high schools where drugs are used, kept or sold are at one and one-half times the risk compared to students attending drug-free schools

High Stress: Twenty-six percent of teens rate themselves as feeling high stress.

High stress teens are twice as likely as low stress teens to smoke, drink, get drunk and use illegal drugs

Excess Spending Money: Teens with an excess of \$50 in spending money each week are more than twice as likely to have tried cigarettes, alcohol or marijuana compared to teens with \$15 per week or less

Thirty-four percent of parents underestimate the amount of money their teens have to spend

Excessive Time with Boy- or Girlfriend:

Teens who spend 25 or more hours per week with a boyfriend or girlfriend are two-and-one-half times more likely to smoke cigarettes, five times more likely to get drunk and four-and-one-half times more likely to smoke marijuana than teens who spend less than 10 hours per week with their girlfriend or boyfriend

Girls with Older Boyfriends: Girls with boyfriends two or more years older are twice as likely to drink, six times more likely to get drunk, six times more likely to have tried marijuana and four and one half times more likely to smoke than girls with boyfriends less than two years older or without boyfriends

Sexually Active Friends: If half or more of a teen's friends are sexually active, he or she is six and one-half times more likely to drink, 31 times more likely to get drunk, more than 22 times more likely to have tried marijuana and more than five and one-half times more likely to smoke



Talk to Your Kids about Alcohol and Other Drugs

Experts recommend that you start ongoing conversations with your kids about alcohol, tobacco, and other drugs by 8 years of age. Don't wait until you think there is a problem.

Tell your kids that it is not alright for them to use alcohol while they are underage, or tobacco or other drugs, at all. Be absolutely clear with your kids that you don't want them using alcohol and other drugs. Ever. Anywhere. Don't leave room for interpretation. And talk often about the dangers and results of alcohol and other drug abuse. If you choose to drink alcohol, set an example of responsible drinking your child can learn from.

The scary truth:

The average age young people begin to drink alcohol is 11 for boys and 13 for girls, but some start even younger.⁶

Adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.⁶

30.2 percent of adolescents report using marijuana in the past month when their parents do not strongly disapprove of drug use.⁷

Adults who serve or supply alcohol to persons under the age of 21 can be held liable, even if they're not home when underage drinking occurs.

The good news:

Parents' disapproval of alcohol and other drug use is the key reason children choose not to drink alcohol or use other drugs.⁷

Generally, an adolescent's risk for alcohol dependence at some point in their life goes down by 14 percent with each additional year that they don't start drinking.⁶

Only 5.5 percent of teens report using marijuana in the past month when their parents strongly oppose drug use.⁷

If your child has started using alcohol and/or other drugs, you have power in reducing their substance abuse and getting them into treatment.

Early **intervention** is best. Take action right away. Keep reading to find out how.

Parents are powerful; you have more influence than you might think.

Believe it or not, teens crave good conversations with their parents.

For good conversations with your child:

- Start the conversation – make sure the timing works (no one's upset, you have time)
- Don't make assumptions or prejudgments
- Express interest, ask open ended questions
- What do you think about.....?
- Tell me about....
- Be a good listener

Parenting Styles

In addition to talking with your child, there are styles of parenting that work better than others to prevent substance abuse. Your parenting style can impact your child's emotional and social development. There is a model that categorizes parenting into 4 different styles: authoritative*, permissive, authoritarian, and uninvolved.

In order to understand each parenting style, you must first understand the terminology against which each is measured:

Parental Responsiveness (love, warmth, nurturance): Parental responsiveness is the extent to which parents respond to the child's needs in an accepting, supportive manner. It is a very powerful force in the development of children, and most children probably do not get enough. Nurturance helps children feel loved, secure, and cared about, and it fosters children's acceptance of discipline and parental demands. There are many ways to respond and nurture children, including listening attentively, spending time with children, being available, and giving more attention to that which pleases and less to that which does not ("catch them being good").

Parental Demandingness (discipline, control): Demandingness is the extent to which a parent expects and demands responsible behavior from children. This dimension includes both setting and enforcing rules or limits on children. In order to be enforced, rules must be clear, reasonable, developmentally appropriate, fair and just, mutually agreed upon, flexible, and emphasize what **to do** rather than what **not to do**. Enforcement of rules is much more than just punishment. Indeed, punishment is probably the least effective of the alternatives available. Monitoring and understanding children's behavior, preventing misbehavior, rewarding good behavior, and guidance are more effective tools.

- Parents who are responsive but not at all demanding are **permissive**.
- Parents who are equally responsive and demanding are **authoritative***.
- Parents who are demanding but not very responsive are **authoritarian**.
- Parents who are neither demanding nor responsive are **uninvolved**.

Adapted from the Children, Youth and Family Consortium, University of Minnesota website: www.cyfc.umn.edu

Your teen needs your support

- Focus on his/her strengths
- Avoid criticizing or judging
- Express how proud you feel
- Keep affection age-appropriate

Authoritative parenting is:

Being involved and responsive

- Expressing love & support
- Good parent-teen conversations
- Quality family time (not quantity)

Having demands and expectations

- Clear limits
- Monitoring
- Accountability
- Consistency

*Authoritative parenting has been found to:

- Increase social skills
- Increase school performance
- Decrease problem behaviors
- Decrease alcohol and other drug use
- Decrease internal distress

Guidelines for Authoritative Parenting

- Talk with your child at least once a day in a way that is non-belittling, and that allows you to learn something about what's important to her/him and what is going on in her/his life.
- Separate disciplinary discussions from relationship-building discussions.
- Set clear standards for behavior that are well-thought out, and that will allow your child to fit into the general rules of his social setting.
- Set up clear consequences for breaking of rules, however, make sure that the consequences begin lightly and increase only as same behaviors are repeated. Consequences should fit the nature of the misdeed and provide a lesson when at all possible.
- Pay particular attention to behaviors that violate the rights and feelings of others.
- Allow and encourage discussion of your child's feelings about rules and standards, and allow for disagreement. You have the final word, but understanding your child's point of view and giving her/him the chance to verbalize it will increase her/his thinking ability as well as encourage the successful coping with negative emotions.
- Be flexible when the situation calls for it.
- Approach your child always with respect for her/his individual character, especially when different from yours.
- Allow your child to speak freely although respectfully. Don't interrupt until she/he has finished with a thought, and don't respond until carefully considering what has been said and what your goal is to be. You are teaching your child to internalize your skills at logic, thinking, and caring.
- Remember that ultimately your child will internalize who you are. If you deal with your child from a position of both love and strength, then that's what he or she will take in and own.

Adapted from The Successful Parent website: www.thesuccessfulparent.com
For more information on building a positive relationship with your child and substance abuse issues, go to The Partnership for a Drug Free America: www.drugfree.org

Substance abuse in youth

Substance use can affect a family in many ways. There are different levels of **alcohol or other drug use** and **abuse**. Some youth use what is called a **gateway drug** occasionally, while some will have an alcohol or other drug addiction that is having a serious impact on their life. A professional will use a tool called an **assessment** to find out at what level a youth is using. There are supports available at all levels of use to help you and your child navigate a difficult time.

Substance abuse can lead to addiction. Addiction is not just a behavior choice, but is the result of changes to the brain that make it extremely difficult for a youth to quit without support. This support is available in many different forms, depending on what is right for your family and child.

Signs that a youth is using substances

There are many signs that a child may be using alcohol and other drugs. Keep in mind that these can also be signs of a mental health issue or even normal teen development.

Signs of substance abuse in a young person may be difficult to detect given the common presence of mood changes, erratic sleeping patterns and changes in hobbies or interests in many teens. A parent's best defense is an ongoing dialogue with teens concerning their friends and activities. Parents who wait until they notice warning signs might wait too long.

Since these can also be signs of mental health or other serious issues, it is important to have a child evaluated by a professional, such as a mental health or **AODA** provider who has been trained to identify substance abuse issues. Note that not all doctors or health care providers have been trained in substance abuse and addiction, and you should look for someone who has.

A few common signs include....

- Changes in Behavior:
- Missing school, declining grades or discipline problems
- Dropping old friends and getting new ones
- Dropping or losing interest in activities such as sports
- Increased secrecy (about friends and/or activities)
- Unusual borrowing of money
- Sudden mood changes, aggressiveness, irritability, being argumentative and uncooperative
- Restlessness, excessively talkative, rapid speech
- Irresponsible behavior, poor judgment
- Depressed, withdrawn, tired
- Forgetfulness, slurred speech or difficulty expressing thoughts
- Lack of coordination, poor balance
- Eats or sleeps differently
- Stops personal care, such as showering and other grooming habits
- Has trouble focusing
- Has red-rimmed eyes or is constantly sick
- More Direct Evidence of Substance Use:
- Increased use of incense, room deodorant or perfume (to hide smoke or chemical odors)
- Increased use of eye drops (to mask bloodshot eyes or dilated pupils)
- New use of mouthwash or breath mints (to cover up the smell of alcohol)
- Drug paraphernalia such as pipes, rolling papers, beer cans, liquor bottles, drug bottles, and/or lighters
- Increased accumulation of inhalable products and accessories such as hair-spray, nail polish, correction fluid, etc.
- Missing prescription drugs—such as narcotics, stimulants and mood stabilizers
- Odors on your child's person, clothes, or in house

For more information, please see the resources on page 34.

What to do when you suspect or know your child is using alcohol or other drugs

The suggestions below come from an excellent brochure entitled, "Suspect Your Teen Is Using Drugs or Drinking? A Brief Guide to Action for Parents" by **PARENTS: The Anti-Drug**. The brochure contains lots of valuable information and can be obtained by going to: www.theantidrug.com/pdfs/ei/parents_brochure.pdf or by calling **Wisconsin Family Ties** at 1-800-422-7145.

Educate yourself

It is normal for parents in this situation to feel confused, angry, frustrated, afraid and guilty. First, learn as much as you can. Check out www.theantidrug.com or www.freevibe.com or www.erowid.org for information on drug and alcohol use by teens. Or, you can call the National Clearinghouse for Alcohol and Drug Information (NCADI) for free pamphlets and fact sheets. They'll even send the information in a plain envelope, if you wish. Call 1-800-788-2800.

Have "The" Talk — Let Them Know You Know

The next thing you can do is sit down and talk with your child. Be sure to have the conversation when all of you are calm and have plenty of time. This isn't an easy task. Your feelings may range from anger to guilt, or you may feel that you have "failed" because your kid is using drugs. This isn't true. By staying involved, you can help them stop using drugs and make choices that will make a positive difference in their lives. For tips on how to talk, or **intervene** with your child, go to: www.drugfree.org/Parent/HowToHelp/Articles/How_to_Step_In_and_Help.aspx

Tell your child what you see and how you feel about it

Be specific about the things you have observed that cause concern. Make it known that you found drug paraphernalia (or empty bottles or cans). Explain exactly how their behavior or appearance (bloodshot eyes, different clothing) has changed and why that worries you. Tell them you've noticed they have new friends that you don't necessarily know or approve of.

Set ground rules and consequences

It is important to set clear ground rules in your family about drug and alcohol use — e.g., in this family, we don't smoke marijuana — and to let your kids know you will enforce these rules. You will want to have consequences that are reasonable and enforceable — such as a new, earlier curfew, no cell phone or computer privileges for a period of time, or less time hanging out with friends. You may want to get them involved in new activities that will keep them busy and help them meet new people.

What to do when you suspect or know your child is using alcohol or other drugs *(Continued)*

When you need outside help

If you don't think you can solve this on your own, the best thing you can do for your child is seek out professional help. You don't want to deny that there is a problem or not ask for help because you are ashamed or embarrassed. No treatment professional will blame you or want you to blame yourself if your child has developed a problem. The truth is that many parents find themselves in this position, and you are not alone. Wisconsin Family Ties can help. Go to www.wifamilyties.org or call Wisconsin Family Ties: 1-800-422-7145

The sooner you get help for your child, the better!

The sooner a teen gets into treatment, the shorter the substance abuse career. If you've known for a while now, but didn't know what to do, that is okay. Remember it is never too early or too late to take action regarding your kid's drug use. Parents are the most important part of a kid's life; your actions on their behalf can make a difference. Your child may not be happy that you took action, but their health and future are of greater importance than their temporary unhappiness. Do not hesitate to act. This may be a life-threatening situation. They are fortunate you found out!

Get involved in your child's treatment and recovery

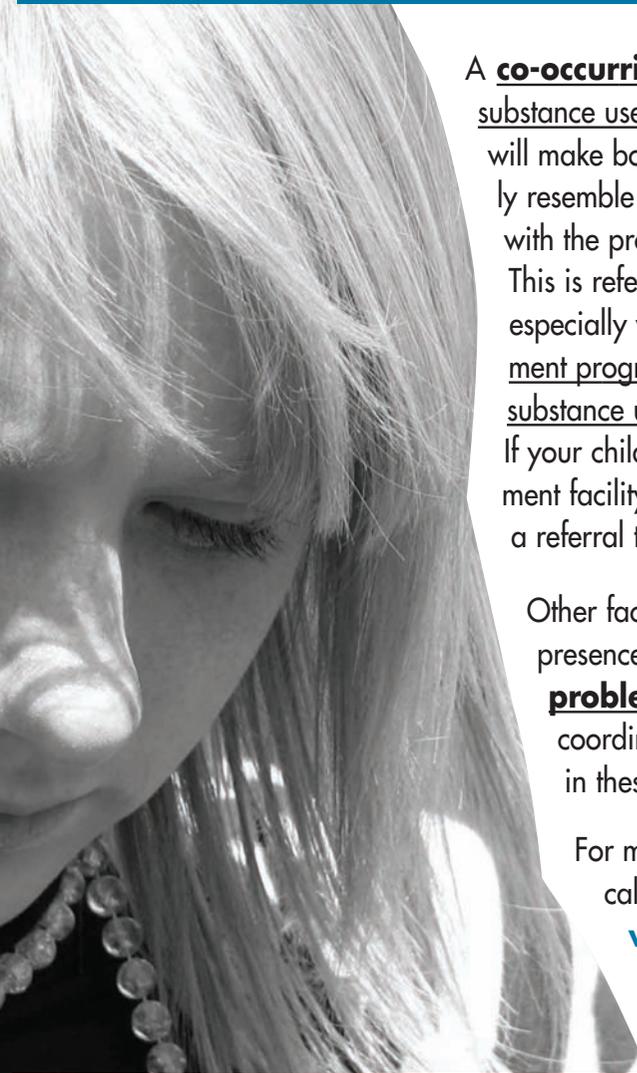
Parental involvement in services leads to the best outcomes for youth. Family therapy is especially critical in treatment for adolescents. Parents need to be involved in **treatment planning** and **follow-up care** decisions for the adolescent.

The continuum of substance use and abuse

There is a scale or continuum of substance use and abuse: **abstinence** (not using the substance at all), **experimental use, early abuse, abuse, dependence** (also known as addiction), and **recovery**. Where your youth is on this scale will help your family decide, in partnership with a provider, what type of treatment might be necessary for your child.

Other areas that a professional uses to diagnose drug dependence and addiction:

- Is s/he using substances that are extremely dangerous?
- How young did s/he start using alcohol and/or other drugs?
- How long does s/he use the substances and how much does s/he use?
- Is s/he using large amounts of substances in a short period of time?
- Is s/he using substances in inappropriate situations or places?
- Is s/he having negative social or emotional consequences of use?



A **co-occurring disorder** is when there is a mental health issue and a substance use issue at the same time. The mental health issue and substance use together will make both diagnosis and treatment harder. The effects of substance abuse often closely resemble a mental health disorder, or a youth may be using substances to help to deal with the problems from the mental health issue.

This is referred to as **self-medication**. A co-occurring disorder should be looked for especially when there are frequent **relapses** or episodes of drug use. A good treatment program will assess for and then treat both the substance use and the mental health issue(s) in an integrated fashion.

If your child has a co-occurring disorder, and you have selected a substance abuse treatment facility that does not also specialize in mental health, ask for a referral to mental health services.

Other factors that increase the risk of a youth using substances are the presence of **developmental disabilities** or **chronic physical problems**. Treatment of youth with these issues requires good coordination with other treatment providers and doctors who specialize in these areas.

For more information on co-occurring disorders (also called **dual diagnosis**), call **WFT** or contact Mental Health America at (800) 969-6642 or go to:

www.mentalhealthamerica.net/index.cfm?objectid=C7DF9405-1372-4D20-C89D7BD2CD1CA1B9

Finding help in Wisconsin

The first step towards getting help for your child is to schedule an **assessment**. Some agencies specialize in assessments and then make referrals to independent treatment programs.

Other agencies may offer both assessments and treatment options through their program.

The assessment is intended to evaluate where your child is on the continuum of substance use or abuse and what treatment options would best meet his or her needs.

Before making an appointment for an assessment, you may want to inquire about whether or not the agency provides referrals to outside treatment programs depending on what is best for your child, or if they will only be assessing whether your child is a good match for their treatment program. Some facilities offer a wide variety of treatment options, where others may only offer outpatient services, for example. If your child has developed a dependence on alcohol or other drugs, he or she may require a more rigorous treatment program than **outpatient treatment** can provide.

How much help does my child need?

Treatment providers will first conduct a thorough assessment of your child to try to determine the best treatment for him or her. This involves an extensive interview and perhaps some other testing. The counselor may also ask you as parent(s) or caregiver(s) for information regarding medical history and behavioral observations. The counselor will discuss the assessment results with you and your child to develop an appropriate treatment plan. Insurance, other funding and confidentiality matters will be discussed as well. Ask plenty of questions.

Treatment options include:

- Prevention/Early Intervention
- Detoxification
- Partial hospitalization or day treatment
- Outpatient and intensive outpatient treatment
- Outpatient services in the adolescent's home when therapeutically necessary
- Inpatient treatment/hospitalization (may be a locked facility)
- Residential treatment
- Half-way house or transitional residential treatment
- Methadone clinics (opioid/narcotics treatment):
Must Be 18 Years or Older
- Therapeutic communities
- Aftercare (also called "follow-up care" or "continuing care")

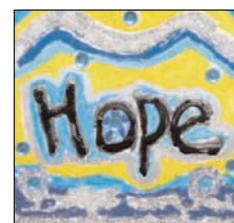
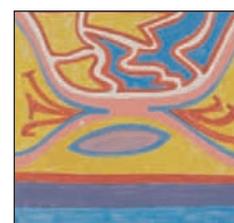
*See page 41 for definitions of these treatment options.

There are varying levels of treatment available when a youth has a substance abuse issue. The level of treatment that is right for your child will depend on the information gained in the assessment related to the severity of substance use, abuse or dependence and other factors such as emotional well being. More severe problems require more in-depth treatment.

Most treatment strategies keep the youth in the home and with the family. In severe cases, medical care may be required before treatment can begin. There are out-of-home treatment programs available for youth called **residential treatment**. Discuss with your provider or team if out-of-home treatment is the right choice for your youth and family's needs.

If the youth is covered by private pay insurance, treatment plans should be developed working in close partnership with your provider and insurance. In any case, family members (parents/caregivers) should be actively involved in the development of the **treatment plan**.

You are the expert when it comes to your child. You know your child better than anyone else.



A plan for treating substance abuse or addiction is developed using a treatment or service plan. This plan will outline the goals you and your youth have for reducing substance use and developing positive behaviors.

Family and friends are an important part of the treatment process. A youth's drug-free family, friends and social circle can help them reach their goals. A successful treatment program will address all parts of a youth's life. This means treatment will address any associated medical, psychological, social, vocational, and legal problems along with the substance use.

Therapeutic treatment types (modalities)

There are several types of treatment that research has shown work well with adolescents. Treatments that research shows are effective are called **evidence-based practices (EBPs)**. Keep in mind that no one treatment works for everyone.

Here are some examples of commonly used EBPs (this list is not exhaustive; see page 43 for descriptions of these treatments):

- Behavioral Contracting and Drug Testing
- School and Vocational Training
- Multi-Systemic Therapy
- Brief Strategic Family Therapy (BSFT)
- Motivational Enhancement Treatment/Cognitive Behavioral Therapy (CBT)
- Relapse Prevention and Management
- Twelve-Step Treatment

Evidence-based practices are a good thing. They increase our odds at success, because they have been tested and shown to work for many people. However, just because a treatment has been shown to work for participants in research studies does not mean it will work for everyone.

While exploring different treatment programs, keep in mind that one size DOES NOT fit all. Adolescents need treatment that is specifically tailored to meet their developmental needs and not just based on adult models of treatment. Some EBPs have been found to work with boys and not girls and vice versa. Others work well for some ethnic populations and not for others. For more information, go to: www.hbo.com/addiction/treatment/351_adolescent_treatment_is_different.html

Another thing to consider is some treatment programs will collect data to evaluate their own program to see if it is working, or will have support from service user and practitioner experiences. When these **program evaluations** show good outcomes for people who have been in these programs, we call this **practice-based evidence (PBE)**.

Sometimes desperate times call for desperate measures. Some treatment options out there are not considered evidence-based practices, nor are they supported by practice-based evidence. This doesn't necessarily mean they don't work; it may just mean there hasn't been time or money to do tests to prove that they work. If you have the desire and financial means to pursue **alternative** (non-traditional) **treatments**, no one is saying you shouldn't. It may be a good idea to talk to others who have tried these treatments to see what they have to say about them first.

The treatment plan should discuss:

- Anything that might keep your family or your youth from participating in treatment.
- Realistic goals set by both your family and your youth that address all social, medical, mental health and substance related issues.
- Immediate, specific steps to take.
- Your family's strengths, culture, resources and supports.
- Any goals required by another agency, such as child welfare, juvenile justice, or the educational system.
- Opportunities to learn new skills in order to stay drug free.
- What drug testing methods, if any, will be used and how often.
- Options for during and after relapse (should that occur).

How to locate a treatment provider in Wisconsin

For a directory of adolescent treatment providers in Wisconsin, go to: www.projectfreshlight.org/treatment-directory.pdf or call **Wisconsin Family Ties** at 1-800-422-7145.

It may also be helpful to talk with other parents about their experiences with treatment providers. Who do they recommend and who do they not recommend? Talk to your insurance company, local law enforcement, juvenile justice workers, school personnel, social workers, health care providers or religious leaders to see if they have recommendations.

Once you have located potential treatment providers, you may want to ask questions in person or over the phone to help you select the specific treatment provider or facility that is best for you.

Please see the worksheet on page 44 for additional questions to consider when selecting a treatment provider. Asking questions that are important to you will help you determine the program that is the best fit for your child and family.

How family members can help a youth enter treatment

Family and friends play a critical role in motivating individuals to enter and stay in treatment. Few adolescents seek out treatment on their own. It is important for parents, other family and friends to provide encouragement and support for an adolescent to enter treatment. Research has shown that treatment doesn't need to be voluntary to be effective.

Ask a treatment provider for tips on how to motivate your child to enter a treatment program and what they will do to keep your child in the program once he or she is there. Some treatment providers have told us that part of their job is to help you get your child into treatment. Take advantage of your treatment provider's expertise by teaming up with them to get your child to enter and stay in treatment.

Some treatment providers may offer families formal **interventions**. Some examples include **The Johnson Intervention** and the **Community Reinforcement and Family Training (CRAFT)**. Talk to treatment providers in your area and ask if they offer these or other intervention services.

For additional tools and tips for parents, go to www.drugfree.org/Parent.

Adolescent treatment programs with the best outcomes generally:

- Treat a large number of adolescents
- Do comprehensive assessments
- Use evidence-based practices (EBP) or practice-based evidence (PBE)
- Offer specialized educational, vocational and psychiatric services
- Employ counselors who have experience working with adolescents
- Offer a larger menu of youth-specific services (art therapy, alcohol and other drug-free recreational services)
- Are perceived by clients as empathetic allies in the recovery process
- Include families as an integral part of the plan (assessment, treatment planning, and treatment itself)
- Provide family/parent services (family therapy, parent support groups, etc.)
- Utilize drug testing to promote honesty and keep kids on track

Consent to voluntary treatment

State Statute (SS) Chapter 51 is the State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act and describes Wisconsin legislative policies in these areas. Section 51.48 allows for parents to have their children under the age of 18 tested for drugs and assessed for alcohol and other drug use. Consent of the minor for AODA testing, assessment or treatment under this section is not required. Treatment, as a rule, needs to be the least restrictive form of treatment consistent with the minor's needs.

The laws that govern authority for admission, consent, and discharge from treatment of minors in Wisconsin are based on the primary purpose of the treatment sought. Even if your child has co-occurring disorders and is being treated for both, one will be considered primary and one secondary. "Parent" in this section is defined as a parent with legal custody of the minor. These laws are outlined on the client rights website: <http://dhs.wisconsin.gov/clientrights/minors.htm>, are different between inpatient and outpatient treatment and break down like this:

Inpatient Substance Abuse Treatment (SS) 51.13

If your child is entering treatment for the primary purpose of AODA treatment, the substance abuse laws will apply. Wisconsin law requires only a parent or legal guardian to file an application for admission to AODA treatment for a minor (person under the age of 18). The law states that if a parent or legal guardian consents to AODA treatment, the minor may not refuse it and cannot be discharged until the parent/guardian agrees to it. However, some treatment facilities are strictly voluntary and unlikely to admit an adolescent without their consent.

Inpatient substance abuse treatment	Minor's age	Authority needed from:
Voluntary admission	Under 18	Parent/guardian only
Consent for treatment	Under 18	Parent/guardian only
Discharge	Under 18	Parent/guardian only

On the other hand, if a child 14 years or older seeks out inpatient substance abuse treatment and the parent/guardian cannot be found or is unreasonably withholding consent for the admission, the court may approve the admission after a hearing if it finds that the admission is proper. If a minor under 14 years of age applies for treatment and the parent/guardian cannot be found or if there is no parent with legal custody, the court can approve the admission after holding a hearing.

Consent to voluntary treatment *(Continued)*

Inpatient Mental Health Treatment (SS) 51.13

If your child is entering treatment for the primary purpose of mental health treatment, the mental illness laws will apply. For children with mental health and developmental disabilities, parents have authority for admission, consent, and to request discharge to mental health treatment for their child until age 14.

Once the child turns 14, authority for admission is needed from both the parent and the child. However, if the minor refuses admission, the parent or guardian can admit the minor anyway. The court must then hold a hearing to determine the appropriateness of the admission. Even though a parent/guardian can admit a minor age 14 and older to an inpatient mental health treatment facility over the minor's refusal, the minor must still consent to mental health treatment (along with the parent). Either a parent or a child age 14 or older can request discharge from mental health treatment. However, if the minor requests discharge but the parent/guardian refuses it, the director can hold the minor by stating in writing that the minor is in need of services, the facility has appropriate treatment, and inpatient treatment is the least restrictive treatment consistent with the minor's treatment needs. At the same time, the minor can then petition a court for discharge if the minor is not discharged by the facility within 48 hours of his/her discharge request.

Inpatient mental health, developmental disability treatment	Minor's age	Authority needed from:
Voluntary admission	14 or older	Parent/guardian and minor*
	Under 14	Parent/guardian only
Consent for treatment	14 or older	Parent/guardian and minor**
	Under 14	Parent/guardian only
Discharge	14 or older	Parent/guardian or minor***
	Under 14	Parent/guardian only
<p>* If the minor refuses, the parent/guardian can admit the minor anyway. However, the court must then hold a hearing to determine the appropriateness of the admission.</p> <p>** Even though a parent/guardian can admit a minor age 14 and older to an inpatient mental health treatment facility over the minor's refusal, the minor must still consent to treatment.</p> <p>*** If the minor requests discharge but the parent/guardian refuses it, the director can hold the minor by stating in writing that the minor is in need of services, the facility has appropriate treatment, and inpatient treatment is the least restrictive treatment consistent with the minor's needs.</p>		

Consent to voluntary treatment *(Continued)*

Outpatient Substance Abuse Treatment (SS) 51.61 (6)

Outpatient substance abuse treatment is very similar to inpatient. If a parent or guardian agrees to it, a minor (under the age of 18) can be required to participate in AODA treatment. As long as their child is under the age of 18, the parent/guardian can file the application for admission and provide consent.

Outpatient substance abuse treatment	Minor's age	Authority needed from:
Voluntary admission	Under 18	Parent/guardian only
Consent for treatment	Under 18	Parent/guardian only

Where outpatient and inpatient AODA treatment differ is the age when minors can get AODA services without their parents consent. For inpatient, this age is 14 or older, but for outpatient this age is 12 or older. Specifically, a minor 12 years or older can be provided with some limited outpatient AODA treatment (assessment, counseling and detox for less than 72 hours) without their parent or guardian's consent or knowledge. Even a minor under 12 years of age can get limited treatment (like detox) without a parent or guardian's consent, but only if the parent/guardian cannot be found or the minor does not have a parent/guardian.

Outpatient Mental Health Treatment (SS) 51.14, (SS) 51.61 (6)

Like inpatient treatment, if your child is entering outpatient treatment for the primary purpose of mental health treatment, the mental illness laws will apply. For children with mental health and developmental disabilities, parents have authority for admission and consent to mental health outpatient treatment for their child until age 14.

Once the child turns 14, authority for admission and consent for treatment is needed from both the parent and the child. However, if the minor refuses to consent, the parent or guardian can admit the minor anyway. The withholding of consent for outpatient treatment by either the parent/guardian or the minor age 14 or older can be reviewed by a mental health review officer. Each county juvenile court is required to appoint someone to act as a mental health review officer to hear such cases.

Consent to voluntary treatment *(Continued)*

Outpatient mental health, developmental disability treatment	Minor's age	Authority needed from:
Voluntary admission	14 or older	Parent/guardian and minor*
	Under 14	Parent/guardian only
Consent for treatment	14 or older	Parent/guardian and minor**
	Under 14	Parent/guardian only

* If the minor refuses, the parent/guardian can admit the minor anyway. However, the case must be reviewed by a Mental Health Review Officer (MHRO).

** Even though a parent/guardian can admit a minor age 14 and older to an outpatient mental health treatment facility over the minor's refusal, the minor must still consent to treatment. At the minor's refusal, the treatment director for the clinic where the minor is receiving treatment must petition the county Mental Health Review Officer (MHRO) for a review. The review will determine if:

- The refusal of consent is unreasonable
- The minor is in need of treatment
- The treatment is appropriate and the least restrictive treatment available
- The treatment is in the minor's best interests

If all of these are found to be true, the minor's outpatient mental health treatment will be approved. However, the minor can then petition the Juvenile Court for a judicial review.

If a minor 14 years or older wants outpatient mental health treatment, but the parent/guardian is unable to agree to it or will not agree to it, the minor can petition the county Mental Health Review Officer (MHRO) for a review.

Other Information

Talk with your treatment provider about their consent policies and what your options are for getting your child into treatment.

Ask your county crisis center or corporation counsel (county attorney), or Disability Rights Wisconsin, for more information. In small, rural communities, your crisis unit might be the local police.

A listing of county crisis centers and/or hotlines and county corporation counsels (county attorneys) can be found on the Wisconsin Family Ties website at www.wifamilyties.org

For more information on the rights of minors in Wisconsin, call the Client Rights office at (608) 266-2000 or go to: <http://dhs.wisconsin.gov/clientrights/minors.htm>

What if we need court ordered treatment?

If you are unable to get your child into voluntary treatment, there are 2 types of **involuntary admissions** (treatment against their will) to consider.

One option is a civil commitment under **Chapter 51** of the WI state **statutes**. Keep in mind that an **involuntary commitment** can have a substantial impact on a person's life. It may mean loss of freedom, loss of the ability to make certain treatment decisions and subsequent stigma and discrimination. Another thing to consider when exploring a civil commitment is that a minor's family will be billed for the treatment provided under a civil commitment. At the same time, the type and location of treatment will be determined by the county and court and not your family for a minimum of 6 months.

Chapter 51 may be used when the person is believed to meet the standard for commitment: (1) has a mental illness or developmental disability or is drug dependent (2) is a proper subject for treatment (3) meets one or more of the 5 standards for dangerousness

There are 3 options for starting a commitment under Chapter 51:

A **3-party petition** can be filed by 3 adults requesting the court to start a civil commitment proceeding for someone else (family member, friend, etc.). At least one of the 3 adults must have some personal knowledge of the person's behavior and the other two must have some basis for their belief that the person may meet the standard for commitment. When pursuing this option, you should realize there is no guarantee that the judge in your county will accommodate your request. Contact your county crisis center or corporation counsel (county attorney) for more information. It is likely that you will have to convince them involuntary treatment is necessary in your child's case, and that they will have to complete and submit this petition on your behalf.

Another option is **emergency detention**. Emergency detention is initiated by the police and not a parent or guardian. In this case a law enforcement officer detains a person whom he or she observes as behaving in such a way that leads the officer to believe that the person may meet the commitment standard (or someone else who has observed the individual's behavior may report this to the officer). Once the person is detained for 72 hours, a court hearing must be held to determine if there is probable cause to believe that the person meets the treatment standard.

The third option under Chapter 51 is a **treatment director's hold** and only applies to persons already in a psychiatric hospital or treatment facility. At the time of discharge, a patient may be detained by the treatment director or his/her designee if he/she believes that the person meets the standards for commitment. By the end of the next business day, a statement must be filed with the court to start the commitment proceeding.

Chapter 51 of the Wisconsin State Statutes can be found at:
www.legis.state.wi.us/statutes/Stat0051.pdf

...court ordered treatment *(Continued)*

***NOTE TO PARENTS: Civil commitment of people with alcoholism is covered by a different section of the statutes (51.45) and has some what different standards and time procedures. Ask your county **crisis center** or **corporation counsel** (county attorney) for more information, or contact your county AODA service coordinator. (The AODA service coordinator for each county and their contact information can be found on the Wisconsin Family Ties (WFT) website at: www.wifamilyties.org. Regional contacts for the state of WI are also included on this website.)

Another option is for parents to file a **Child in Need of Protection and/or Services (CHIPS)** or a **Juvenile in Need of Protection and/or Services (JIPS)** with their county under Wisconsin State Statute Chapter 48. Most people think about a "CHIPS" or "JIPS" as something the court may file against parents when the county believes parents can't or won't take care of their child properly. However, parents can obtain and fill out the paperwork for a "CHIPS" or "JIPS" themselves if they need services for their child that they cannot supply (due to child refusing treatment, lack of financial resources, etc.) or if the parent is unable to control the juvenile.

The intent of a "CHIPS" or "JIPS" is to keep kids safe whether it is filed by the court or by a parent. It is for a child or juvenile in need of protection and/or services from the court. Children whose parent/guardian petition the Court for assistance in securing special treatment or care for the child falls under **State Statute (SS) 48.13(4)**. Children who are suffering from an alcohol or other drug abuse impairment, exhibited to a severe degree, for which the parent/guardian is neglecting, refusing, or unable to provide treatment falls under **State Statute (SS) 48.13(11m)**.

Paperwork is available through county courts/social services offices and can be filled out by parents themselves. The key is to be very specific about problems and previous failed attempts to secure necessary services. Documentation to support reports will be needed when the parents appear in court, but not for the initial filing. Make sure you log incidents in order to provide documentation. Contact your county Department of Human Services or Crisis for more information.

Chapter 48 of the Wisconsin State Statutes can be found at:
www.legis.state.wi.us/statutes/stat0048.pdf

***NOTE TO PARENTS: If involvement with juvenile justice, filing of a CHIPS or JIPS petition, or other circumstances leads to an **out of home placement** for your child in the state of Wisconsin, it is possible that any private insurance you have and your family could be billed. In fact, parents could be billed for up to 17% of their income in the event of an out of home placement. Consider this before taking action. Another consideration is that you don't lose custody by filing a CHIPS petition, but you can lose decision making control. The court and county will have a lot of control over what type of treatment your child gets, where it takes place, etc. Call **Disability Rights Wisconsin** at (608) 267-0214 for more information.

Ask your county **crisis center** or **corporation counsel** (county attorney), or **Disability Rights Wisconsin**, for more information. In small, rural communities, your crisis unit might be the local police. A listing of county crisis centers and/or hotlines and county corporation counsels (county attorneys) can be found on the **Wisconsin Family Ties** website at www.wifamilyties.org

Juvenile justice

If you are concerned about your child's alcohol or other drug use and they are involved in the **juvenile justice system**, you may want to make it known to the juvenile justice workers that you are concerned about your child's use of alcohol and other drugs. Often the juvenile justice system does not screen for or know about your child's alcohol or other drug abuse. They may be able to order AODA treatment in place of fines, jail time or other sentences or as a condition of probation or parole. If your county has an adolescent **drug court** this may happen more easily [but at the time this guide was created, only one county in Wisconsin had an adolescent drug court].

If you think your child needs AODA treatment and your child refuses, you may decide to get the law involved. Some parents have made the tough decision of calling the police on their child as a last resort to protect them. A decision to call the police should be well thought out. Once juvenile justice is involved, it can be like you've opened Pandora's Box and you won't be able to undo it. There may be costs to parents such as attorneys' fees, out-of-home placements, education/medical costs or AODA services/treatment. Talk with your local law enforcement, juvenile justice workers, school personnel, social workers and health care providers to see if they have advice or can provide assistance. Of course, you should never hesitate to call 911 in an emergency.

There is an option under the **juvenile justice code 938.34 (6)(am)**, where a minor can be sent to AODA rehabilitation involuntarily for 30 days. So far, only 2 counties have set precedent by using this option in Wisconsin. There is another option for outpatient AODA treatment under **juvenile justice code 938.34 (6)(a) or (6r)**. Again, talk with your county crisis center or corporation counsel (county attorney) for more information.

A listing of county crisis centers and/or hotlines and county corporation counsels (county attorneys) can be found on the **Wisconsin Family Ties** website at www.wifamilyties.org

Chapter 938 can be found at: www.legis.state.wi.us/statutes/Stat0938.pdf

***NOTE TO PARENTS: If involvement with juvenile justice, filing of a CHIPS or JIPS petition, or other circumstances leads to an out of home placement for your child in the state of Wisconsin, it is possible that any private insurance you have and your family could be billed. In fact, parents could be billed for up to 17% of their income in the event of an out of home placement. Consider this before taking action. Another thing to consider is that you may not lose custody, but you can lose decision making control. The court and county will have a lot of control over what type of treatment your child gets, where it takes place, etc. You may want to call Disability Rights Wisconsin at (608) 267-0214 for more information. Individuals – both minors and adults - receiving services for **substance abuse** in the state

Confidentiality

of Wisconsin have the right to have their treatment information kept **confidential**. Federal and State laws protect his or her privacy in treatment. Before the counselor can talk to anyone (including you) about your child's treatment, the program must first have his/her permission in writing. In fact, a treatment provider is not even able to confirm or deny that your child is a client without your child's written consent. If you and your child want family involvement in treatment, your child will need to sign a "**release of information**" or "**disclosure authorization**" form. You may want to talk to your child and be sure he/she understands that you would like to be involved in the treatment program. If you want a team working together (doctor, mental health provider, social worker, juvenile justice worker, etc) with the AODA treatment provider, your child (and possibly you, too) will have to sign releases for that as well.

***NOTE TO PARENTS: For substance abuse treatment, parents need consent of the minor to access records in most circumstances. However, the treatment program may release certain information to parents if "minor lacks rational choice regarding consent" and/or if there is a threat to life or physical well being. For mental health treatment, parents do not need consent of the minor to access records.

How to pay for services in Wisconsin

Persons with health insurance should contact their health plan organization to get a list of approved AODA providers and services, and to obtain any required referrals for services. Most private health insurances will cover some form of substance abuse treatment. See worksheet on page 46 for questions to ask your health insurance company when seeking treatment.

If your child has Medicaid, BadgerCare, or BadgerCare Plus, you will most likely want to find a treatment provider or facility that accepts one of these programs.

If you do not have private insurance or your insurance coverage is limited, there are a number of other places to start. Some treatment programs will provide services on a **sliding-scale** based on your income and ability to pay. If paying for treatment is a barrier to obtaining services for your child, seeking out a program that offers a sliding-scale or contracts with your county may be a priority for you.

*Notice that the adolescent treatment provider directory www.projectfreshlight.org/treatment-directory.pdf indicates for each treatment provider if they offer:

- Mental health services
- Sliding-scale
- Services covered by Medicaid
- Services covered by a county contract

Your county as a resource

You may be able to receive Alcohol and Other Drug Abuse (AODA) services funded by the county you live in. Most alcohol and other drug abuse services funded by counties are provided for persons without health insurance or the financial ability to pay for services. Generally, persons without health insurance can contact service providers directly to determine their intake policies, service costs, and availability of county funding if your family is eligible.

The AODA service coordinator for each county and their contact information can be found on the Wisconsin Family Ties (WFT) website at: www.wifamilyties.org Regional contacts for the state of WI are also included on this website.

What is a county 51.42 agency?

Chapter 51 of the Wisconsin (state) statutes requires each county to provide mental health and substance abuse services for its residents on an ability-to-pay basis. These county agencies either provide services directly or sometimes contract with private providers. 51.42 agencies go by various names, such as Human Services or Community Services. County 51.42 agencies are good sources of information for consumers. Contact your County 51.42 agency to see if they can help you access or pay for treatment for your child.

Comprehensive Community Services (CCS) counties

Some counties in Wisconsin have implemented CCS programs to increase access to supportive services for children, adolescents and adults with mental health and/or substance use disorders. If your county has a CCS program, you may want to call your CCS representative to find out how they can help you access services for your child.

To find out if your county has a certified CCS program and, if so, how to contact your CCS representative, visit: http://dhs.wisconsin.gov/MH_BCMH/CCS/ccsapproved.htm

To learn more about CCS go to: http://dhs.wisconsin.gov/MH_BCMH/CCS/index.htm

The recovery process

What results can we expect from treatment?

Many parents hope their child will be completely abstinent from alcohol and other drugs following treatment. However, cutting down on alcohol and other drug use to about half of what it was prior to treatment is a more realistic description of what happens. Research has found that an adolescent's substance use at 90 days after treatment is a good indicator of what their substance use will be at 1 year after treatment.

The earlier the treatment intervention takes place, the better the outcomes. This means that as soon as you are aware that your child may have a problem, you should seek out help.

All treatment programs and methods explore the process of **recovery**. Recovery is more than just stopping use of a substance. It is learning to live a healthy life without substances. There are many views on the meaning of recovery, and it is a process that has setbacks and often does not progress quickly. Different treatments name stages of recovery differently, but the generally accepted stages are:

- a period of acknowledgement of the problem
- a time when things seem to be going well and quickly
- a stage when old behaviors come back and need to be re-addressed—often a time of relapse
- a period of adjustment as new issues are explored and addressed
- a stage where a person can move to stable recovery

Your child should leave treatment with a **long-term recovery plan**. Become familiar with that plan so you can support your son or daughter in sticking to it.

Keep in mind that relapses are the rule rather than the exception. Relapse should not be viewed as a failure; instead it is an opportunity to use the tools and skills learned in treatment to get back on track again. Following a lapse in abstinence, the recovery plan and/or relapse prevention strategies may need to be altered accordingly. Adolescents are more likely than adults to have brief lapses before moving into stable recovery. A minor relapse does not necessarily mean that an adolescent will get worse or return to pre-treatment levels of substance use. Your encouragement and support can help your child get back on track to recovery.

Moving towards stable recovery

Alcohol and other drug addiction is a chronic physical disorder. This means that like diabetes, hypertension or other chronic illnesses, ongoing care and intervention may be needed to keep your child on track, especially if your child has multiple risk factors. Many people who struggle with addiction(s), like other chronic illness, need many periods of treatment over time to get better.

The good news is that common outcomes for adolescents following treatment include:

- Increased emotional health
- Improved functioning in the family
- Improved functioning in the school and community

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A study looking at adolescent substance use 90 days following discharge from treatment found that:

- 17% reported no use or problems
- 53% reported minor relapse/isolated use
- 18% reported moderate relapses/weekly use
- 11% reported major relapses/heavy or daily use

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Continuing care

Your child is most vulnerable to relapse during the first 90 days following treatment. This makes ongoing contact and support from the treatment provider or others - called **“aftercare”, “follow-up care”** or **“continuing care”** - a crucial component for success. Ask if your child’s treatment provider will provide monitoring and recovery check-ups after **discharge** from treatment and if there are continuing care groups at the treatment agency that your child can continue with.

Importance of the recovery environment

Family and social factors play a major role in whether your child will relapse or continue in recovery.

Alcohol and other drug use in the home, family problems, homelessness, fighting, and victimization make relapse more likely

Alcohol and other drug use, violence, and illegal activity in your child’s circle of friends will make relapse more likely

When families participate in self help groups and structured activities, chances are better that your child will continue on in recovery

When your child’s friends are in treatment, recovery, and working, chances are better that your child will continue on in recovery

It is recommended that adolescents change their circle of friends following treatment. This is easier said than done, and most adolescents are unable to completely comply with this recommendation. Getting linked up with other adolescents in recovery is an important step, and recovery meetings are a good way to go about it. Look for recovery meetings that are specifically for teens or that have high teen participation. Ask your treatment provider about meetings in your area.

Adolescent substance users frequently complain of being bored. Help them identify activities that will broaden their interests and structure their time. Part-time or full-time jobs are good for recovery and for avoiding boredom. Encourage participation in pro-social activities in the school and wider community (jobs, volunteer work, snowboarding, music or art clubs, horseback riding, etc.).

Find out if there are recovery supports in your community that your child can utilize such as:

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Marijuana Anonymous (MA)
- Smart Recovery
- recovery homerooms at school
- in-school recovery meetings
- recovery schools (At the time that this guide was written, Wisconsin had 1 recovery school in Madison, WI: Horizon High School at www.horizonhs.org or 608-335-0387)

The recovery process *(Continued)*

Good parenting can help prevent substance use and abuse, but it can also help prevent relapse. It is not too late to implement powerful parenting practices after your child has started using substances. For parenting tips and evidence that parents are powerful, refer back to the sections entitled: "Preventing substance use: talk to your kids about alcohol and other drugs", "Parents are powerful", and "Authoritative parenting" located on pages 6-7 and pages 10-12.

Keep in mind that you cannot control your son or daughter, and that in the end it is their choice whether they resume using substances.

If you suspect relapse

Parents should be concerned anytime they see a return of old attitudes and behaviors previously associated with substance use. If you suspect or know that your son or daughter has relapsed, contact your treatment provider for guidance on how best to respond to the situation. Just because your child may have been discharged from treatment doesn't mean you have to go it alone. Continue to work in partnership with your child's treatment provider to re-evaluate and refine your child's long-term recovery plan. Remember that your child's treatment plan should have included options for during and after **relapse** (what to do when s/he falls off the wagon). In this case, you can consult the treatment plan for guidance as well.

Parents can do the following things to support their child's recovery:

- Support involvement in relationships and activities that do not involve alcohol or other drugs.
- Refrain from using alcohol or other drugs in the home.
- Become involved in your child's recovery activities; help with transportation.
- Avoid family activities that conflict with key recovery activities.
- Actively monitor your child's recovery progress.
- Recognize and praise positives in your child's post-treatment adjustment.
- Participate in your own family recovery meetings and/or family therapy.
- Help your child develop pro-recovery supports outside the family.
- Talk with them about short and long-term goals and develop plans to accomplish them.
- Express your concerns with "I statements" and not accusations. For example, "When one of your old friends calls, I worry that they are trying to get you back into drugs."

Remember that in order to provide the best care for your child, you first need to care for yourself.

It is important to be a good example. Kids often pick up their coping strategies by watching their parents. If a child sees a parent drink an alcoholic beverage or smoke a cigarette every time they are overwhelmed, they will probably imitate the same behavior. So, be mindful of your own reactions to stress and set a good example for your children. If you personally need help with an addiction, now is a good time to seek it out. It is hard to expect something of your child that you can't or won't do for yourself.

If you think you may need help for your own alcohol use, try the Drinker's Checkup at www.drinkerscheckup.com. The screening is free, and the full program is only \$25.

Stress Reduction

To care for yourself and reduce stress:

- eat a balanced diet
- take a hot bath
- exercise
- get enough sleep
- listen to music
- write in a journal
- see a counselor
- credit yourself for your accomplishments

Support Groups

Support groups can offer you a chance to connect with others who face similar struggles, and share your feelings and frustrations. By attending support groups yourself, you will be role-modeling healthy behavior for your child. Here are some of the support group options in Wisconsin:

- Al Anon www.al-anonfamilygroups.org
- Families Anonymous www.familiesanonymous.org
- Wisconsin Family Ties: call 1-800-422-7145 to locate a support group in your area.

For a more complete listing, see our resources section on page 37.

Community Supports

Reach out and recruit the help and support of people in your community:

- | | |
|-------------------------------------|----------------------------|
| ■ family | ■ school personnel |
| ■ friends | ■ social workers |
| ■ other parents who have been there | ■ health care providers |
| ■ local law enforcement | ■ religious leaders |
| ■ juvenile justice workers | ■ health insurance company |

Family therapy

Substance abuse can and usually does affect every member of the family for decades and generations. Addiction is a family disease and tends to run in families. Successful treatment cannot take place in isolation. Family therapy can be a helpful tool in combating addiction. Family therapy has been shown to:

- help convince the AODA abuser that there is a problem and a need for change/treatment
- help support families during treatment for substance abuse
- help the family learn new ways to go on in life without chemicals during recovery

Research has shown that family therapy can be especially beneficial when the abuser is an adolescent. You may want to consider family therapy for you and your loved ones.

If your family is experiencing a possible substance abuse issue, there are many places to find more information. You can start by exploring the resource list on pages 34-38.

Meanwhile, please remember the 7 Cs:

I didn't **Cause** it.

I can't **Cure** it.

I can't **Control** it.

I can **Care** for myself by:

- **Communicating** my feelings
- Making healthy **Choices**
- **Celebrating** myself

For more information, support, advocacy, training or referrals, call Wisconsin Family Ties toll free at **1-800-422-7145** or go to our website at www.wifamilyties.org

¹ Brown, S. A., et al. (2000). Neurocognitive Functioning of Adolescents: Effects of Protracted Alcohol Use. *Alcoholism: Clinical & Experimental Research*, 24(2), 164-171.

² Spear, L. (2006). The Adolescent Brain and Alcohol: Developmental Studies of Alcohol Sensitivity in an Animal Model.

³ Tapert, S. (2006). Effects of Heavy Drinking on the Adolescent Brain.

⁴ Winters, K. C. (2004). Effects of Drugs of Abuse on the Developing Brain.

⁵ Dennis, M. L. (2005). Advances in Adolescent Substance Abuse Treatment and Research

⁶ SAMHSA, Alcohol Treatment and Adolescents: Fact Sheet

⁷ SAMHSA, Keeping Youth Drug Free, 2002.

⁸ Baumrind, D. (1991). The Influence of Parenting Style on Adolescent Competence and Substance Use. *Journal of Early Adolescence*, 11(1), 56-95.

⁹ Risberg, R., White, W. (2003). Expectations Versus Outcomes. *Student Assistance Journal*, Spring, 16-20.

Hotlines

Disability Rights Wisconsin - Statewide resource for individuals, families, service professionals and others concerned with disability issues (including alcohol and other drug abuse).

Madison

131 W. Wilson St., Suite 700
Madison, WI 53703
608-267-0214
TTY: 888-758-6049
Fax: 608-267-0368
Toll Free: 800-928-8778

Milwaukee

6737 W. Washington St., Suite 3230
Milwaukee, WI 53214
414-773-4646
TTY: 888-758-6049
Fax: 414-773-4647
Toll Free: 800-708-3034

Rice Lake

801 Hammond Ave.
Rice Lake, WI 54868
715-736-1232
TTY: 888-758-6049
Fax: 715-736-1252
Toll Free: 877-338-3724

Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Treatment (CSAT), treatment facility locator and national helpline:

(800) 662-HELP

(800) 487-4889 (TDD)

The Anti-Drug -Information on substance abuse for parents, including detailed signs of use to look for:

(800) 729-6686

Wisconsin Drug Tip Line, WI Department of Justice.

Call 1-800-622-3784 to anonymously report criminal activity related to drugs and weapons.

Wisconsin Family Ties

1-800-422-7145

Provides information, referral, resources, advocacy, and support for parents of youth with mental, emotional, behavioral or substance use disorders.

Resources for more information *(Continued)*

Websites

Alcoholics Anonymous (AA)

www.alcoholics-anonymous.org

Al-Anon/Alateen

www.al-anon.alateen.org

Offers support for families and friends of alcoholics.

Center for Substance Abuse Treatment (CSAT)

csat.samhsa.gov

Includes a substance abuse treatment facility locator and more.

Co-dependents Anonymous (CoDA)

www.codependents.org

Click on "Locate a Meeting" and then select "Wisconsin" from the pull-down menu for meeting locations, dates, and times.

Conduct Disorders

www.conductdisorders.com

Click on "Teens and Substance Abuse" link at the top of the page.
This is an online message board for parents/family members.

Disability Rights Wisconsin

www.disabilityrightswi.org

Statewide resource for individuals, families, service professionals and others concerned with disability issues.

Drug Free AZ

www.drugfreeaz.com

Information for parents, children, and teens regarding substance use, abuse and treatment.

Families Anonymous (FA)

www.familiesanonymous.org

Families Anonymous is a group of concerned relatives and friends whose lives have been adversely affected by a loved one's addiction to alcohol or drugs.
Click on "Meeting Directory" and then "Wisconsin" for meeting locations, dates, and times.

Freelance writer Judith Kirkwood blogs about adolescent addiction

www.motherwarriors.blogspot.com

Focus Adolescent Services

www.focusas.com

Websites *(Continued)***Impact**

www.impactinc.org

Helps people access substance abuse treatment & prevention resources.

Marijuana Anonymous (MA)

www.marijuana-anonymous.org

MOMSTELL

www.momstell.org

MOMSTELL's mission is to promote awareness and eliminate the stigma of drug and alcohol abuse through education, prevention, and treatment.

Narcotics Anonymous (NA)

www.na.org

National Inhalant Prevention Coalition (NIPC)

www.inhalants.org

Provides facts, referral and an information clearinghouse.

National Institute on Drug Abuse (NIDA)

www.drugabuse.gov

Science-based info, with specific sections for Students and Young Adults, Parents and Teachers, and Researchers, Physicians and Other Health Professionals on one site. Comprehensive information on drug use and abuse, including lists of commonly used drugs.

Office of National Drug Control Policy (ONDCP)

www.whitehousedrugpolicy.gov

Includes information on drugs, treatment, "street terms", grants, policy and state and local news.

Parents. The Anti-Drug

www.theantidrug.com

Information on substance abuse for parents, including detailed signs of use to look for.

Partnership for a Drug Free America

www.drugfree.org

Project Fresh Light

www.projectfreshlight.org

A Wisconsin project to improve adolescent substance abuse/co-occurring disorder treatment; the site has current research news, a provider directory and links for consumers and providers.

Resources for more information *(Continued)*

Websites *(Continued)*

Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Drug Abuse Treatment

www.samhsa.gov

Shoulder-to-Shoulder

www.shouldertoshoulderminnesota.org

Offers parenting advice for parents of adolescents.

State Council on Alcohol and Other Drug Abuse (SCAODA)

www.scaoda.state.wi.us

A statutorily mandated council that provides leadership and coordination regarding alcohol and other drug abuse (AODA) issues confronting the state of Wisconsin.

Wisconsin Association On Alcohol & Other Drug Abuse (WAAODA)

www.waaoda.org

Advocates on behalf of prevention and recovery issues.

Wisconsin Clearinghouse for Prevention Resources

wch.uhs.wisc.edu

Wisconsin Division of Mental Health & Substance Abuse Services (DMHSAS)

dhs.wisconsin.gov/programs/disabilities.htm

Offers information on services and resources available in Wisconsin.

Wisconsin Family Ties (WFT)

www.wifamilyties.org

Provides information, referral, resources, advocacy, and support for parents of youth with mental, emotional, behavioral or substance use disorders.

Books

Buzzed: Straight Facts About the Most Used & Abused Drugs,

by Cynthia Kuhn, Jeremy J. Foster, and Leigh Heather Wilson, 2003.

Parenting Your Out-Of-Control Teenager: 7 Steps to Reestablish Authority and Reclaim Love,

by Scott P. Sells, Ph.D., 2001.

A clear, compassionate book filled with real-life solutions to real-life problems.

See www.difficult.net for more information.

Why Gender Matters: What Parents, Providers and Educators Need to Know About Gender Differences

by Leonard Sax, M.D., Ph.D., 2005.

www.whygendermatters.com

How to Keep Your Teenager Out of Trouble and What to Do if You Can't

by Dr. Neil I. Bernstein, 2001.

72 Hour Hold

by Bebe Moore Campbell, 2005.

Training for professionals or parents on substance abuse

Alcohol and other drug issues workshops offered

by UW-Madison Professional Development and Applied Studies:

www.dcs.wisc.edu/pda/aoda/index.html

Take Home Message for Parents:

Adolescent AODA Treatment

Parents can help through early education about drugs, open communication, good role modeling, and early recognition if problems are developing. If there is any suspicion that there is a problem, parents must find the most appropriate intervention for their child.

The decision to get treatment for a child or adolescent is serious. Parents are encouraged to seek consultation from an AODA or mental health professional when making decisions about substance abuse treatment for children or adolescents.

Parents and families must be informed consumers and should be involved in their child's recovery. **Here are some important things to consider:**

No single treatment is appropriate for all teens. It is important to match treatment settings, interventions, and services to each individual's particular problems and needs. This is critical to his or her ultimate success in returning to healthy functioning in the family, school, and society.

Effective treatment must attend to the multiple needs of the individual — not just the drug use. Any associated medical, psychological, social, vocational, cognitive and legal problems must be addressed.

Remaining in treatment for an adequate period of time is critical for treatment effectiveness and positive change. Each person is different and the amount of time in treatment will depend on his or her problems and needs. Research shows that for most individuals, **the beginning of improvement starts at about 3 months into treatment.** After this time, there is usually further progress toward recovery. Length of stay in a residential program can range from 8 to 18 months, depending upon the individual's willingness, commitment and financial resources.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment. In therapy, teens look at issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding behaviors, and improve problem-solving skills. Behavioral therapy also facilitates interpersonal relationships and the teen's ability to function in the home and community.

Addicted or drug-abusing individuals with co-occurring mental disorders

should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, individuals should be assessed and treated for the co-occurrence of the other type of disorder.

Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticement in the family, school setting, or juvenile justice system can increase rates of entering into and staying in treatment and the success of drug treatment interventions.

Recovery from addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence. Parents should ask what aftercare treatment services are available for continued or future treatment.

Information provided by the American Academy of Child and Adolescent Psychiatry (AACAP) and the National Institute of Drug Abuse, and adapted from Focus Adolescent Services.

Treatment Options: Defined

Early Intervention (EI): The adolescent sees an intervention specialist and participates in substance-related educational and skills-building programs.

Detoxification: The individual is supervised during the initial withdrawal from alcohol and other drugs. Adolescent detoxification must occur in a hospital setting if withdrawal symptoms are life threatening or severe in nature.

Outpatient Treatment: The adolescent attends from one to nine hours of individual and group counseling per week (may include skills groups).

Intensive Outpatient Treatment: The adolescent attends from nine to twelve hours of counseling and skills groups each week.

Partial Hospitalization or Day Treatment: The adolescent attends residential groups a minimum of 12 hours per week that consist of at least 3 hours a day, 4 days a week, while returning home each evening to sleep.

Residential Treatment: The adolescent lives at the treatment facility while participating in day and evening treatment and recovery support activities.

Inpatient Treatment: 1) medically managed - The adolescent lives at a general or specialty hospital with 24 hour nursing care and availability of all the resources of a hospital. Services are directly managed, or administered, by a physician; **2) medically monitored** – The adolescent lives at a community or hospital based 24-hour treatment facility that includes nursing care, observation and monitoring under the supervision of a physician.

Half-way House or Transitional Residential Treatment (or “group home” or “independent living”): The adolescent lives at a clinically supervised, peer-supported therapeutic environment with clinical involvement. Intensive case management may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution, counseling, housekeeping and financial planning.

Methadone Clinics (opioid/narcotics treatment): This option is only available to those 18 and older. The individual attends a methadone clinic and receives Methadone Maintenance Therapy or Buprenorphine Detoxification for addiction to narcotics.

Therapeutic Community: This is a participative, group-based approach to long-term mental illness and/or drug addiction that includes group psychotherapy as well as practical activities, and which may or may not be residential with the clients and therapists living together.

Aftercare (also known as “follow-up care” or “continuing care”): The adolescent participates in ongoing contact and support from the treatment provider or others community supports after discharge from primary treatment.

Treatment in all levels of care can involve many different service components, including:

Skills groups on topics such as emotions, communication, anger and stress management, drug education, self esteem, HIV/TB education, relapse-prevention, family relationships, leisure activities, and basic life skills

Individual and group counseling

Family education and counseling

Working with other agencies or individuals who are involved in the client’s life (e.g., probation officers, school personnel, the family physician or psychiatrist, and social workers)

This ensures a broad treatment approach that involves all people who have an interest in the young person’s well-being. Each adolescent has personal goals and objectives that the adolescent, the family, and the counselor identify and review throughout treatment.

Evidence-based Practices for Adolescents: Described

(List is not all inclusive)

Behavioral Contracting and Drug Testing

Contracts can give youth a sense of control and a feeling of ownership over the treatment. Often contracts are developed in the team setting in order to make the goals agreeable to everyone. These contracts can be reinforced by cautious use of drug testing, which can help keep a youth from denying an issue, teach them the health risks of the behavior, and to see if they are learning the skills they need to stay substance free. Drug testing is not a punishment and should be consented to by both the youth and their guardian, if they are still a minor.

School and Vocational Training

Part of realistic goal setting, focusing on school and vocational training provides an area of achievement for the youth and can protect a youth from future substance use.

Multi-Systemic Therapy (MST)

This family-oriented, home-based program is often used with youth with juvenile justice issues. It promotes positive social behavior and changes how youth function in their natural settings, such as home, school, and the neighborhood. MST recognizes the importance of family and community. The primary goals are to reduce criminal activity; reduce anti-social behavior -including substance use- and to reduce jail and out-of-home placement.

Brief Strategic Family Therapy (BSFT)

This is a problem-focused approach that works to eliminate substance use factors. It works to strengthen families, and reduce problem behaviors in children and youth. It concentrates on assisting the entire family to improve family relations.

Motivational Enhancement Treatment/Cognitive Behavioral Therapy (CBT)

This treatment works with individual youth in helping them move through areas of change:
 Seeing no problem- Person is not thinking of stopping and does not think they have a problem
 Thinking about change- May want to change, but not considering it soon
 Getting ready to change- Starting to commit to change
 Changing- Actively working to change and practicing new behaviors
 Keeping the change- Develops new lifestyle to avoid relapse
 It respects a person's personal decision-making ability.

Relapse Prevention and Management

Relapse prevention is a necessary part of all therapeutic programs to help the youth acquire the coping skills for handling cravings. Substance abuse and dependence come from chronic (long-term) behavior, and changes, with regard to dependence on drugs, come slowly. Successful treatment recognizes relapse as a part of recovery, and includes helping the youth with management of relapse as part of the goals.

Twelve-Step Treatment

Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups can be a useful addition to treatment, and attendance is frequently encouraged. These programs have youth work on specific steps toward recovery. Attendance at self-support groups (AA or NA) and finding a sponsor - who can be another person in recovery from substance use problems - can lend support when needed. Twelve-step programs and self-support groups offer several benefits including a no-substance-using peer group, available sponsors, and other types of supports, all critical to the youth's recovery. A youth should only attend support groups designed for their age range.

Questions to consider when selecting a treatment provider

What kinds of services do you offer adolescents who have alcohol/other drug problems (outpatient, inpatient, residential, etc.)?

Can you assess and treat my child's mental health problems at the same time as his/her substance problem?

How do you specifically address the needs of adolescents (as opposed to adults)?

How long have you been working with teens and how many on your staff are devoted to working with teens?

What types (modalities) of treatment do you offer? Have there been any research studies or program evaluations to support this type of treatment?

What evidence do you have that your program is effective?

How is the family involved in the assessment, treatment planning, and treatment process? Do you offer parent/family services?

How long will treatment last? Is the duration determined up front or according to progress? Who decides when it is time to conclude treatment?

Questions to consider when selecting a treatment provider *(Continued)*

What things do you do to help adolescents engage and stay in treatment?

Do you have aftercare or a continuing care program for when this treatment ends?

What happens if my child is not successful here? What other options do we have?

How much does this cost and how much will I have to pay?

Are there federal, state, county, or grant funds to help pay for this treatment?

Do you accept Medicaid, private insurance, or offer a sliding-scale based on my income or ability to pay?

What happens if my insurance runs out before treatment is complete?

What can we expect during the intake (assessment), and what do we need to do or bring to prepare for it?

Questions to ask your health insurance company

If you have health insurance, you should contact your insurance company [Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO), or Medicaid] to find out:

Do I need a referral from my child's primary care physician?

What "network" of treatment facilities or providers is covered by my child's health insurance plan?

What happens if my child goes to someone outside of the approved "network"?

What services are paid for by my child's health insurance plan (office visits, medications, outpatient, inpatient, or residential)?

Are there limits to the number of visits my child can have?

Is there an annual deductible that we pay before the plan pays?

Does my child's health insurance plan exclude certain diagnoses or pre-existing conditions?

Is there a lifetime dollar limit or annual limit for substance abuse and/or mental health coverage and, if so, what is it?

Overall, what will I actually pay for services?

How you can make a difference

As a parent affected by your child's substance abuse, you understand this issue and have the power to make positive changes in the state of Wisconsin to help our kids. This is a matter of showing our strength and the way to do that is to work together. We need to come together as parents, family members and professionals to improve the quality of, and access to, adolescent substance abuse treatment in Wisconsin.

Stigma and embarrassment around substance abuse often hold people back from speaking out for change and telling their stories. We need to get beyond that and have our stories heard. Our stories can help our legislators to appreciate the scale of this problem in Wisconsin and to allocate the resources and create the policies we need to work towards resolution.

Team up with **Wisconsin Family Ties (WFT)**, **Project Fresh Light (PFL)**, and the **State Council on Alcohol and Other Drug Abuse (SCAODA)**.*

Here is what parents are telling us is critically important in order to appropriately care for kids with substance use disorders. Talk to your legislators about the need for:

- More prevention. Every dollar spent on prevention saves 4 dollars on treatment.
- More insurance coverage or other funding for treatment to prevent financial crises in families
- Longer treatment stays
- Integrated treatment for co-occurring mental health / substance use disorders
- Adolescent and gender-specific programming
- Continuing care and community supports following discharge from primary treatment
- Transition plans back to school and community following discharge from primary treatment
- Drug and family courts
- Counties to implement a Comprehensive Community Services (CCS) program
- Support for families
- Counties to have a WFT family advocate
- Routine screening/assessment in schools and the juvenile justice system
(GAIN and POSIT assessment tools are available through Project Fresh Light)

The **Wisconsin Clearinghouse on Prevention Resources** has a great section on community advocacy. To learn more, go to: <http://wch.uhs.wisc.edu/11-Action/11-Action-main.html>

Register on line to receive email notifications on state legislation relevant to substance abuse using the **Wisconsin Legislation Notification Service**: <http://notify.legis.state.wi.us/Home.aspx>

The state of Wisconsin **Department of Health Services (DHS)** lists substance abuse policy resources at: <http://www.dhs.wisconsin.gov/substabase/>

*For more information or to get involved, go to: www.wifamilyties.org or call **WFT**: 1-800-422-7145

Abstinence is when a person refrains from using any drugs or alcohol.

Abuse of alcohol or other drugs is using drugs repeatedly in a way that is harmful or risky.

ADD stands for Attention Deficit Disorder.

ADHD stands for Attention Deficit Hyperactivity Disorder.

Addiction is a state of physical or emotional dependence on alcohol or other drugs.

Advocates are persons that help you by letting others know what is necessary to meet your needs.

Aftercare (also known as “continuing care” or “follow-up care”) is continued treatment and monitoring that takes place after discharge from primary treatment.

Alternative treatments are non-traditional treatments that may or may not be supported by research evidence.

AODA stands for Alcohol and Other Drug Abuse.

ATODA stands for Alcohol, Tobacco and Other Drug Abuse.

Assessment is an extensive interview and perhaps some other testing to measure or assess an individual’s level of substance use, abuse, or dependence (addiction).

At-risk means that the person is more likely to experience problems than others his or her age due to issues in their life.

Chapter 48 is a Wisconsin State Statute (formal, written, state law). It is the Children’s Code and describes Wisconsin legislative policies in this area.

Chapter 51 is a Wisconsin State Statute (formal, written, state law). It is the State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act and describes Wisconsin legislative policies in these areas.

Chapter 51.42 agencies go by various names, such as Human Services or Community Services. Chapter 51 of the Wisconsin (state) statutes requires each county to provide mental health and substance abuse services for its residents on an ability-to-pay basis. County 51.42 agencies oversee these services.

Glossary *(Continued)*

Chapter 938 is a Wisconsin State Statute (formal, written, state law). It is the Juvenile Justice Code and describes Wisconsin legislative policies in this area.

Chronic physical problems are long term physical problems such as acne, a missing or dysfunctional limb, epilepsy, cerebral palsy, etc.

Club drugs are a loosely defined category of recreational drugs which are associated with use at dance clubs, parties, and raves.

Community-based are services provided in or near the community you live in.

Confidential is used to describe communication between a person and a professional that is “privileged” or private and may not be discussed or divulged to unauthorized third parties. Laws differ according to age and risk of harm to self or others.

Continuing care (also known as “aftercare” or “follow-up care”) is continued treatment and monitoring that takes place after discharge from primary treatment.

Continuum of substance use is a scale that ranges from abstinence (not using the substance at all), experimental use, early abuse, abuse, dependence (also known as addiction), and recovery.

Co-Occurring Disorder is when there is a mental health issue, not caused by substance use, and substance use together.

Co-pay is the part of the health care bill that a family has to pay after their plan or program has paid its share.

Corporation counsel (or “county attorney”) is the title given to the chief legal officer of a county in Wisconsin, who handles civil claims against the county, including negotiating settlements and defending the county when it is sued.

Crisis is a situation that requires the help and support of professionals to help calm the individual.

Crisis Center or **hotline** is a resource available in most areas for someone to call or go to when they are facing an unstable and dangerous situation.

Dependence is a state of physical or emotional addiction to alcohol or other drugs.

Detox or **Detoxification** is the initial withdrawal from alcohol and other drugs achieved through abstinence to clear a drug or drugs from the body.

Developmental disability is a term used to describe life-long disabilities attributable to mental and/or physical or combination of mental and physical impairments, manifested prior to age twenty-two. Examples include mental retardation, cerebral palsy, autism spectrum disorder, various genetic and chromosomal disorders such as Down syndrome and Fragile X syndrome, and Fetal Alcohol Spectrum Disorder.

Discharge is when a patient leaves a hospital or other treatment facility after his or her treatment is completed.

Disclosure authorization (or “release of information”) is a form that a person in treatment fills out to give permission in writing for treatment staff to talk to family or other professionals about his or her treatment.

Drug courts are specialized courts designed to handle cases involving offenders who abuse addictive substances. The judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities work together to break the cycle of addiction.

Early abuse is when an individual moves beyond recreational drug use and begins abusing drugs repeatedly in a way that is harmful or risky.

Early Intervention means trying to disrupt a substance use career early, before the individual bottoms out and before the addiction becomes so normal that it is almost impossible to cure.

EBP stands for Evidence-Based Practices. These are practices that have been supported by more than one research study as being effective treatments.

Experimental use is occasionally using alcohol or other drugs out of curiosity or for recreation.

Follow-up care (also known as “continuing care” or “aftercare”) is continued treatment and monitoring that takes place after discharge from primary treatment.

Gateway drugs are drugs such as cigarettes that allow for more experimentation to occur with harder and more dangerous drugs such as marijuana, cocaine, methamphetamine, etc.

Glossary *(Continued)*

Half-way house (or “**independent living**”, “**group home**”, “**transitional residential treatment**”) is a transitional living arrangement where drug users are placed immediately after their release from a primary institution such as a prison, hospital or rehabilitation facility. The purpose of a halfway house is to allow the persons to begin the process of reintegration with society, while still providing monitoring and support; this is generally believed to reduce the risk of recidivism or relapse when compared to a release directly into society.

Individualized is an approach of looking at the specific and individual needs of the child or youth and their family.

Inpatient treatment is where an individual lives at a general or specialty hospital with 24-hour care that is either medically monitored or medically managed.

Intervention or **to Intervene** is an orchestrated attempt to compel a subject to “get help” for an addiction or other problem.

In-school recovery meetings are meetings for substance abusers in recovery that take place on school grounds.

Involuntary admission is the practice of using legal means or forms to admit a person to a hospital or treatment facility against the will or over the protests of that person.

Involuntary commitment is the practice of using legal means or forms to commit a person to a hospital or psychiatric ward against the will or over the protests of that person.

Juvenile justice is the court system specifically created and given authority to try and pass judgments for crimes committed by persons who have not attained the age of 18.

Long-term recovery plan is a plan that a person in treatment develops, along with their treatment provider (and maybe their family) to help prevent relapse and stay on the road to recovery.

Medicaid is a federally funded program that pays for medically necessary care for low-income children and their families.

Medically necessary are services that are necessary to meet the person’s health needs and to prevent their condition from getting worse.

Mental illness is a psychological or physiological pattern that occurs in an individual and is usually associated with distress or disability that is not expected as part of normal development or culture. Examples include mood disorders, anxiety disorders, psychotic disorders, eating disorders, developmental disorders, or personality disorders.

Methadone clinics (opioid/narcotics treatment) is a clinic where an individual receives Methadone Maintenance Therapy or Buprenorphine Detoxification for addiction to narcotics.

Minor is the legal term for a child under the age of 18 in the state of Wisconsin.

Multi-disciplinary means a team made up of persons with different expertise, training, and focus.

Opioid (or "narcotic") is a chemical substance that has a morphine-like action in the body, often used for pain relief.

Out of home placement is when children are placed away from their homes for care and treatment by courts and counties due to delinquency, alcohol and other drug problems, or other issues.

Outpatient and intensive outpatient treatment is characterized by between 1 and 12 hours per week of individual, group, and skills counseling.

Partial hospitalization or day treatment is characterized by residential groups a minimum of 12 hours per week that consists of at least 3 hours a day, 4 days a week while returning home each evening to sleep.

Pharm parties is the term mixing and taking of (usually prescription) pharmaceutical drugs.

PBE stands for practice-based evidence and is when a program or practice can show good outcomes for people who have been in these programs as evidenced by service users and observed by practitioners.

Prevention refers to avoiding the development of a disease, in this case, substance addiction.

Primary care doctors are pediatricians or family care doctors who provide routine medical care to help your child stay healthy.

Glossary *(Continued)*

Program evaluation is a formalized approach to studying and assessing treatment programs and determining if they 'work'.

Recovery is learning to live a healthy life without substances.

Recovery homerooms are central meeting rooms at a high school where young people in recovery can meet in a supportive environment.

Recovery schools are high school or college programs designed to support young people in recovery from addiction. The idea is to offer a "protective cocoon" that supports recovery as students work toward graduation.

Relapse is when a person who stopped using substances starts to use them again.

Release of information (or "disclosure authorization") is a form that a person in treatment fills out to give permission in writing for treatment staff to talk to family or other professionals about his or her treatment.

Residential is a placement where an adolescent lives outside of the home.

Residential treatment is treatment where the individual lives at the treatment facility while participating in day and evening treatment and recovery support activities.

Self-medication is the self administration of substances not prescribed by a physician or in a manner not directed by a physician.

Service or Support Plan is a plan developed by all of the professionals involved with a child and family - with the family - to outline what the family feels they need to take care of their child.

Sliding scale is when an agency charges for services based on income and the ability of the individual or family to pay.

State Statute (SS) 48.13 is the section of Chapter 48 that includes legislative policies on jurisdiction over children alleged to be in need of protection or services. Sections 4 and 11m of 48.13 are especially relevant to the information in this guide.

Glossary *(Continued)*

Street drugs are drugs that are taken for non-medicinal reasons (usually for mind-altering effects). Street drugs are obtained and often manufactured illegally. They are often distributed in urban areas, but are also available in suburban and rural areas, and tend to be grossly impure and may cause unexpected toxicity.

Substance abuse of alcohol or other drugs is using drug repeatedly, often leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others.

Substance addiction is a state of physical or emotional dependence on alcohol or other drugs.

Substance use is the occasional and responsible use of alcohol or legal drugs.

Therapeutic means a treatment that is intended to be helpful in getting the person back to as close to normal as possible.

Therapeutic Community is a participative, group-based approach to long-term mental illness and/or drug addiction that includes group psychotherapy as well as practical activities, and which may or may not be residential with the clients and therapists living together.

Transitional residential treatment (or "halfway house", "group home", "independent living") is a transitional living arrangement where drug users are placed immediately after their release from a primary institution such as a prison, hospital or rehabilitation facility. The purpose of a halfway house is to allow the persons to begin the process of reintegration with society, while still providing monitoring and support; this is generally believed to reduce the risk of recidivism or relapse when compared to a release directly into society.

Treatment plan is an outline of the goals that you and your youth have for reducing substance use and developing positive behaviors. These plans include problems, goals, strengths and resources of the individual and family, objectives of treatment, interventions to be used, and any external support systems (school, juvenile justice, etc).

Use (in terms of alcohol and other drugs) is the occasional and responsible use of alcohol or legal drugs.



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