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Questions and Answers about Adolescent Substance Use Problems and their Treatment

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This is one of two pamphlets that were written specifically for parents and guardians of adolescent substance users. This pamphlet—Pamphlet 2—is designed for the parent whose adolescent will be entering treatment. Pamphlet 1 is designed more for the parent who has questions about substance use or is participating in an initial substance use assessment. Some of the same questions and answers appear in both pamphlets.

Introduction

When an adolescent develops alcohol or other drug-related problems, every aspect of their personal, family, and social life can be affected. It is normal for parents discovering such problems to feel confused, angry, frustrated, afraid, and guilty. Many parents are also unsure about how they should respond to this problem and what community resources might be of help.

There are several steps that parents can take in responding to adolescent substance use. They can educate themselves about adolescent substance use problems, become familiar with various

intervention options, and learn how they can help resolve the problem. This pamphlet is intended to provide information that can help with this process. It answers many commonly asked questions about adolescent substance use and the treatment of substance use problems.

If you have additional questions, please call Chestnut Health Systems (CHS) at (309) 827-6026 and ask to speak to one of our case managers. The case manager can answer your questions and help you decide if your son or daughter would benefit from professional assessment and treatment services.

I. Identifying Substance-related Problems

What are the differences between those young people who grow out of substance use problems (i.e., are able to stop using without any formal treatment) and those for whom these problems continue to get worse?

Why some adolescents experiment with alcohol and drugs and mature out and others develop severe and prolonged

substance use problems is not fully understood. Youth who resolve substance-related problems on their own do seem to differ significantly from those who require treatment for such problems. Members of the latter group are more likely to have:

- family histories of alcohol and other drug problems;
- begun substance use at an earlier age;
- more severe substance problems;
- serious co-occurring psychological problems;
- less family and social supports for problem resolution;^{1,2} and
- physical changes from continued drug use that make it more difficult to quit using as the brain adapts to the presence of the drug. There are real changes in how the brain functions.

When do we need professional help for a substance use problem?

Treatment programs are for adolescents who have lost voluntary control over their alcohol or drug use and whose use is creating problems in their life. Parents should seek professional help for their son or daughter when alcohol and other drug use continues in spite of adverse consequences and when the natural resources of the family, extended family, and the community (e.g., Alcoholics Anonymous, Narcotics Anonymous, faith-based support groups) have not been sufficient to resolve the problem. Unfortunately many adolescents are unwilling to become involved with social support groups or the family does not know how to address substance use issues. There are early intervention programs designed for youth who are at an early stage of problem development. The goal of these programs is to intervene before more formal and sustained treatment is necessary. Keep in mind that many substance-involved youth have not yet lost voluntary control, but are in need of better decision-making skills and/or education about the effects that substances can have on one's life.

Professionals can help determine if

an early intervention program or more formal treatment services are most appropriate for your son or daughter. Parents are strongly encouraged to contact treatment professionals when in doubt about the seriousness of their adolescent's substance use. A comprehensive assessment will determine the extent of substance use problems and the presence of any other problems that may contribute to their difficulties (e.g., emotional or behavioral problems).

What if my son or daughter does not want to stop using alcohol and other drugs?

Motivation to stop using alcohol or other drugs is not a precondition for seeking professional help. Adolescents nearly always enter treatment due to the influence of others, whether it be parents, the school, court services, or another community system.³ Most adolescents entering treatment do not want to quit or are ambivalent about the prospects of stopping their alcohol and drug use. After all, substance use is a behavior that has met needs for them and that they enjoyed. But through education and support, many young people reassess their relationship with alcohol and drugs and develop a desire to live a more fulfilling, drug-free life. The goals of treatment are to help the adolescent become aware of the need for change, help them move toward making changes, and to learn how to maintain the changes over time.⁴

II. Getting Help

How is it decided if my child needs treatment and what kind of treatment he or she will receive?

There are standard criteria developed by the American Psychiatric Association⁵ used to identify substance use problems. The assessment interview and information gathered from you and any other referral sources (e.g., court services) helps determine whether your son or daughter meets criteria for treatment and what kind of

treatment might be most appropriate. Following this evaluation, the staff at Chestnut will provide you their conclusions and recommendations. Not all adolescents who are assessed are recommended for treatment and some are referred elsewhere for other services such as family counseling or for a psychiatric evaluation.

The treatment recommendation for substance problems can range from an hour of individual counseling each week to residential treatment. As problem severity increases, so does the intensity of treatment that may be required. The level of intensity of care is based on guidelines developed by physician members of the American Society of Addiction Medicine⁶ (ASAM) that are used by treatment providers throughout the United States.

Why do central Illinois service providers refer adolescents for treatment to CHS?

CHS is a major provider of treatment in central and southern Illinois. Referrals are made to CHS because:

- It is one of the oldest specialized adolescent programs in the country;
- It is one of the largest adolescent treatment facilities in the state;
- It provides financial assistance for those who cannot afford treatment;
- It has a reputation for working successfully with a wide variety of adolescents and their families; and
- CHS has been identified as an exemplary program by an independent review board⁷ and has evaluated many of its services through federal funds.⁸

What if there is a waiting list at CHS and we need to get our adolescent into treatment as soon as possible? What can we do?

CHS can usually provide all levels of outpatient services in a timely manner, but

because of its reputation, CHS often has a waiting list for adolescent and adult residential treatment services. CHS staff will work with you to obtain whatever level of services will best suit your family. If the need is for residential services and CHS has a waiting list, our staff will help you find other residential services in Illinois or will provide intensive outpatient treatment or outpatient treatment until a residential admission can be arranged.

III. Treatment Components and the Role of the Family in Treatment

What is treatment? What activities occur during treatment?

There are different levels or types of treatment. Adolescents may begin in one type and then be transferred to another type. The types of treatment are:

- **Early Intervention (EI):** The adolescent sees an Intervention specialist and participates in substance-related educational and skills-building programs at their school. CHS has EI specialists in many area schools.
- **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 eight hours of individual and group counseling per week, including skills groups.
- **Intensive Outpatient Treatment:** The adolescent attends from nine to twelve hours of counseling and skills groups each week.
- **Day Treatment:** The adolescent attends residential groups from approximately 8 am to 9 pm, Monday through Friday and some weekend groups 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.

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.

How long are treatment services provided at CHS?

The length of treatment services varies by the type of treatment. The average length for outpatient treatment is four months, for intensive outpatient treatment it is four to six weeks, for day treatment it is two to six weeks, and for residential treatment it is one to four months. Often adolescents will participate in more than one type of treatment (e.g., residential treatment followed by intensive outpatient or outpatient services). The counselor, adolescent, and the adolescent's family jointly decide when discharge from treatment is appropriate.

This decision is based on the adolescent's progress while in treatment.

What are the backgrounds of treatment counselors?

Many primary counselors at CHS have completed or are completing a Master's degree in the behavioral sciences such as counseling or social work, and are in the process of obtaining licensure by the state of Illinois. Some counselors have Bachelor's degrees and have earned or are working on becoming a state-certified addictions counselor. Any staff person who provides direct services to the clients must be certified or licensed by the state within two years of their date of hire. Some staff members are also in long-term recovery. All CHS staff participate in regular continuing education and training.

Will my child be taking any medications? If so, will he/she need to continue taking medication after treatment?

An adolescent may take medication as part of his or her treatment if a psychiatrist or physician prescribes it and both the parent/guardian and the adolescent agree with the recommendation. The potential benefits and risks and side effects of any medication are explained before the decision to use it is made. Some of these medications may need to continue to be taken after treatment.

Most of the time medications are used for treating co-occurring disorders that may be related to the onset or intensity of substance use, such as depression or Attention-Deficit/Hyperactivity Disorder (ADHD). Adolescents in treatment are monitored as to their need for a psychiatric evaluation that may lead to the recommendation for medication.

Will my child be locked up during his/her treatment? If not, can he or she leave at any time?

CHS is not a locked facility and clients can leave at any time. However, the doors

and windows are alarmed. The alarms alert staff if an adolescent runs or leaves their residential unit. When possible, staff will try to help the adolescent re-assess their decision to leave. Of course many adolescents face legal and family consequences if they leave treatment before a mutually agreed upon discharge date.

Will my son or daughter be safe while they are in treatment (free from exposure to drug use, violence, intimidation, sexual harassment)?

We try very hard to create a safe environment that is structured and consistent. Adolescents are monitored at all times, and staff members are trained to deal with aggressive behavior before it becomes a serious problem. CHS staff strive to ensure that alcohol and drugs are not brought into the facility. Respect for others is an overriding principle of CHS services and is stressed to both staff and clients. But in fact, drugs are occasionally brought into the facility by adolescents. And on rare occasions, adolescents are involved in fighting. Such situations are responded to immediately. It is fair to say that CHS staff do their best to be on guard for these problems.

How will I know if my son or daughter is doing well in treatment and is making positive changes?

You will be expected to stay in frequent contact with your son or daughter's counselor through telephone calls and scheduled meetings. You may also be asked to attend the Family Night program each Tuesday night and/or to participate in regular family counseling sessions. Your counselor will keep you informed of your son or daughter's difficulties and progress. Parents of youth in intensive or outpatient treatment will receive a check sheet every week that provides a summary of the adolescent's progress. For parents whose son or daughter is in residential care, how your son or daughter behaves on weekend passes is often a good indicator of how they are doing

in treatment. Parents are also provided urine screen results that confirm abstinence or identify any continuing drug use.

Will I learn how best to help my son or daughter?

Yes, through sessions with your child's counselor and/or through the Family Night program. The Family Night program or family counseling sessions are designed to help you more effectively deal with your son or daughter and to understand what goes on in treatment. Family counseling sessions provide opportunities for you to discuss parenting issues and how to be supportive. Particular attention is given to the support systems that will be required to sustain the gains your child has made during their treatment at CHS.

What can parents do during the time the adolescent is in residential treatment?

First of all, enjoy the increased peace and quiet at home! You can clarify your expectations/rules with the adolescent while they are still in treatment. Talk with your son or daughter about how they can rebuild trust and gain greater freedoms. The adolescent's counselor will help you do this. Attending the Family Night program and/or family counseling sessions will help you deal with your anger, fear, and uncertainty.

Let your son or daughter know that you appreciate his or her commitment to participate in treatment. Remember, it is normal for adolescents to be unsure or ambivalent about stopping alcohol and drug use. It is important that you let your child know in a calm way where you stand on substance use and the rules that need to be followed in your home. Arguments and ultimatums are rarely effective in convincing adolescents to stop using.

Becoming more aware of the positive changes in your son or daughter will probably take some practice on your part, but it is a very good way for you to help the adolescent maintain the positive changes they are making while in treatment. This may require a change in your attitude and focus.

Ask your son or daughter about changes they are making, openly acknowledge and celebrate these changes, and talk about how you can be supportive.

What will treatment cost? What do these costs include?

Treatment costs are covered either by insurance, grants, public aid, or by self-pay. Grants are available to those who qualify and cover up to 95% of the cost of treatment. Most individuals qualify for financial assistance. The rates insurance companies pay vary widely. If you have insurance, talk with them about your coverage for the specific level of care that is being recommended. For specifics about the cost of treatment at CHS, you can contact the Client Intake Assistant at 309-827-6026. You also will meet with the Client Intake Assistant during the admission process. This person can answer your questions about costs.

Treatment fees have been designed to include nearly all the costs incurred during treatment. The most common other cost is for urine tests that are used to test for substance use during treatment. Some insurance providers do not cover the costs of these tests. Medical costs such as from injuries or for medication may not be covered. Our financial staff will work with you and your insurance provider to see if services for your son or daughter can be covered by various public funds and grants that support treatment services at CHS.

IV. Post Treatment Issues: Beginning the Recovery Process

What happens after treatment?

What happens after treatment is critical to maintaining the recovery of your son or daughter and is addressed during treatment. At CHS, each adolescent develops a “recovery plan” that identifies what he/she needs to do after leaving treatment to sustain long-term recovery. The recovery plan details the activities that will guide your child and your family during

the weeks and months following treatment. You and your adolescent are encouraged to contact the adolescent’s counselor if any questions or concerns arise following discharge from residential or outpatient treatment.

The most critical period in predicting long-term recovery is the first 90 days following treatment, so every effort is made to positively shape this initial post-treatment period. It is during this period that your son or daughter will either revert back to old attitudes, behaviors, and relationships or strengthen new attitudes and behaviors and find people in the community (e.g., AA/NA members, family doctors or psychiatrists, school teachers and counselors, coaches, probation officers, church members, non-using friends, and supportive family members) to support the changes initiated during treatment.

What should we do to prepare for our son or daughter’s return home from residential treatment?

Talk with your son or daughter about returning home while they are still in treatment. Discuss trust issues, house rules, the client’s continuing care and recovery plan, and your expectations about communication (e.g., honesty, openness) among family members. Sometimes a simple contract is helpful in clearly identifying expectations and mutual responsibilities. The Family Night program and/or family counseling sessions address these issues and will offer you considerable guidance.

Many parents find it helpful to meet with other parents whose children are in recovery. These meetings are sometimes available through a treatment center or through groups like Al-Anon or Families Anonymous.

Should we remove all alcohol and other drugs from our home?

Relapse prevention is about reducing the risk of relapse. Many “persons, places, and things” become associated with drug

use for your son or daughter. Avoiding these “triggers” reduces the risk of relapse. We have found that adolescents who reside in homes in which alcohol and other drugs are openly consumed have lower post-treatment recovery rates than adolescents residing in homes with no such use.⁹ The removal of such items from your home is not a signal that you don’t trust your child; it is a sign of your commitment to do everything you can to support your child’s recovery.

What should I anticipate when my son or daughter leaves treatment? How can I support my child’s recovery process?

You may be worried that your son or daughter will return to using. While this is understandable, it is important that you project an image of “cautious optimism” as a means of projecting hope and support to your child. You can provide optimism, hope, and support at the same time you provide consistency and structure by way of clear expectations and parental supervision.

You and the adolescent can continue to maintain contact with your counselor after treatment ends. Adolescents attend many groups that directly address developing a recovery environment—a system of social supports that will help them maintain sobriety as they move back into a “normal” lifestyle. Many clients leave treatment while still involved with the legal system. This is generally a good situation since legal supervision and random urine screens help deter relapse.

Perhaps the most common concern that parents struggle with is their son or daughter wanting to associate with old using friends. Keep in mind that most adolescents who relapse do so through associating with drug-using friends. It is probably not surprising that most adolescents do not want to change friends or think that they need to.¹⁰ It is strongly recommended that parents encourage the development of new, recovery-supportive social relationships. Encourage your son or daughter to spend time with friends who do not use and to try new activities where they might make new, non-using friends.

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.

It is difficult to find the line between being supportive of your child and wanting to control your son or daughter’s life. Drawing that line at a place that is tolerable and helpful to you and your child is difficult. How to best achieve this is a frequent topic of Family Night and family counseling sessions. The key is mutual communication about what you and your child are feeling. Once mutual goals and communication are established, parents and children are often pleasantly surprised at the insights and suggestions offered to each other.

Will I ever be able to trust my son or daughter again?

It is reasonable for you to expect your son or daughter to earn back your trust. Discuss with them what specific behaviors would be needed for them to do so. Help them understand that it will take time and consistent success on their part before they earn back your full trust.

What signs of continued progress should we expect following treatment? What are some indicators of a successful treatment experience?

Recovery is a long-term process and treatment is only a first, though important, step in this process. Success is best measured in terms of reduced life problems and enhanced quality of personal and family life. Some reasonable expectations and indicators of success include:

- Abstinence or significantly reduced use of drugs and alcohol (many adolescents move into recovery by incremental improvements before achieving full recovery stability);
- Better management of strong emotions;
- Improved academic and work

performance;

- A shift from anti-social to pro-social attitudes and behaviors;
- Improved family communication and relationships;
- Increased clarity and motivation related to personal goals;
- Decreased contact with the drug culture (e.g., former drug-related relationships, places, music, dress);
- Increased capacity for caring and respect toward others; and
- Follow-through on recovery social support meetings.

What warning signs should I watch for that would indicate a continuing problem following treatment? How should a parent respond if relapse occurs?

The key is to focus on the overall functioning of your son or daughter rather than on a single troublesome attitude or behavior. Warning signs of relapse can be reflected in what your child is or is not doing. The former include physical and emotional changes, changes in interpersonal relationships (e.g., increased detachment from or conflict in family relationships, social isolation or resumption of pro-drug peer relationships), and changes in functioning (e.g., decreased academic or vocational performance). The latter include failure to maintain pro-recovery relationships and activities. Parents should be concerned anytime they see a return of old attitudes and behaviors previously associated with drug use and related problems. Typically when relapse occurs, problems will surface in more than one life areas. The period of greatest risk for relapse is the first 30 days following the completion of treatment.^{9, 11, 12}

If you believe or know your son or daughter has relapsed, we encourage you to contact your CHS counselor who can provide guidance on how best to respond to this situation. Many adolescents experience relapse of varying degrees of duration and intensity before establishing stable, enduring recovery. The key is to intervene early and

decisively in ways that solidify this recovery process. Perhaps most important is the understanding that post-treatment relapse does not signal a complete failure but the need to re-evaluate and refine the long-term recovery plan.

How can relapse be prevented?

There are several things you can do to help prevent the adolescent's return to alcohol and drug use:

- Continue to acknowledge the positive attitudes and behaviors exhibited by your child;
- Express your concerns about relapse warning behaviors not as accusations but as "I statements". For example, "When one of your old friends calls, I worry that they are trying to get you back into using drugs."
- Encourage participation in pro-recovery relationships and activities;
- Help with recovery activities via transportation; avoid family activities that conflict with key recovery activities;
- Model pro-recovery relationships and activities by participating in your own family recovery activities (e.g., Al-Anon or Families Anonymous meetings);
- Talk with them about their short and long-term goals. Help them develop plans to accomplish their goals; and
- Accept that you cannot control your son or daughter, and that in the final analysis, it is their choice whether they resume using.

What will help my child maintain the gains he or she made during treatment?

An adolescent's adjustment during the first ninety days following completion of formal treatment is very important to the long term outcome of treatment. Youth who have made a good adjustment in this period tend

to sustain this stability over time. Activities that can enhance this adjustment include participation in continuing care groups at the treatment agency, involvement in mutual aid societies (e.g., Alcoholics Anonymous and Narcotics Anonymous), participation in pro-social activities in the school and wider community, and developing and maintaining relationships that are supportive of recovery.

Participation in recovery mutual aid groups is consistently associated with post-treatment abstinence in adults, and there is mixed research findings about adolescent participation in self-help.¹³⁻¹⁶ There is some evidence to suggest that as severity of substance use problems increases, the appropriateness of participating in self-help groups increases. In other words, adolescents who are recommended for residential treatment would likely profit more from self-help group attendance than those who were recommended for a less intensive level of treatment such as outpatient.

Support groups like AA and NA have long served as a source of mutual support for recovery. AA was founded in 1935 and has a worldwide membership of more than 2 million. Over 51,000 weekly AA meetings are held in the United States and over 103,000 worldwide. NA was founded in 1953 and has more than 31,000 weekly meetings in over 100 countries. Both AA and NA have young peoples' meetings in many communities in the U.S. While there are secular alternatives to AA and NA (e.g., Women for Sobriety, Secular Organization for Sobriety) and more explicitly religious alternatives (e.g., Alcoholics Victorious, Overcomers Anonymous), few of these alternative groups have special support groups for adolescents and young adults.

Some helpful sources of information for you include the national offices of Alcoholics Anonymous (212-870-3400), Al-Anon (888-4AL-ANON), and Narcotics Anonymous (888-773-9999). Locations and times of local meetings can be obtained by calling the listing of these groups (i.e., "Alcoholics Anonymous" or "Narcotics Anonymous") in the yellow and white pages of your phone book. Local meeting schedules are available at the meetings and

often at treatment facilities.

Will my son/daughter go to mutual support meetings (e.g., AA or NA) forever?

This varies considerably. Some youth choose to continue their affiliation with recovery support groups as they get older, while others are able to disengage from such groups while sustaining their personal recovery. What will be important is for your son or daughter to develop a personalized style of recovery that works.

V. Does treatment work?

What can we realistically expect for the emotional energy, time, and money that we will invest in treatment?

Adolescent treatment can be measured in terms of several potential post-treatment outcomes: abstinence, reduced frequency and intensity of drug use, reduced alcohol- and other drug-related problems, and changes in personal health, personal achievement (academic/vocational performance) and interpersonal relationships. The major reviews of adolescent treatment research have drawn the following conclusions:

- All studies report significant reductions in the frequency and intensity of alcohol and other drug use following treatment.³ Most studies also report significant reductions in related problems (psychological adjustment, school performance, family relationships, criminality) following treatment.¹⁷ Treatment is superior to no treatment even when abstinence is not achieved, with post-treatment drug use reductions of around 50% of pre-treatment levels among those adolescents who use following treatment.¹⁸
- A review of studies that monitored adolescents following treatment found an average abstinence rate of 38% at one year following

treatment, with different programs varying in abstinence rates. The rate of sustained abstinence after one year following residential treatment was 14-47% (data was from four studies). Adolescent outpatient rates of sustained abstinence were even lower. Only a minority of outpatients achieve abstinence at the time they are discharged from treatment.¹⁸

- No single treatment modality has proven its superiority over other treatment modalities in controlled studies. There is no clear indication at present regarding which particular modality is best for a particular individual. This is why programs like CHS combine many interventions to achieve the best possible outcomes.
- Post-treatment relapse rates for adolescents are high and can fluctuate over time, suggesting the need for sustained monitoring and support following primary treatment.^{12, 19}

Are outcomes for young people following treatment different than for adults?

Adolescents and adults who enter treatment can be divided into five outcome groups:

- those who completely abstain following treatment;
- those whose use and problems quickly return and remain at pre-treatment levels;
- those who experience brief lapses shortly after treatment but move into stable recovery;
- those who do well for a time after treatment but then relapse back to active addiction; and
- those who vacillate between periods of recovery and periods of relapse.

What distinguishes adolescents from adults is the smaller number of adolescents who maintain complete abstinence following

treatment and the larger number who have brief lapses before moving into stable recovery. In a study of 600 adolescents treated for cannabis abuse or dependence, only 9% achieved sustained abstinence the year following admission to treatment, while 51% experienced some period of recovery during that year. Again, this indicates the need for continued monitoring and support following the completion of primary treatment.

Something else that we know about adolescents is that adolescents who have minor relapses are more like adolescents who do not relapse rather than like those who have moderate or major relapses.⁹ This suggests that a minor relapse does not necessarily mean that an adolescent will get worse or return to pre-treatment levels of substance use. Encouragement and support can help the adolescent get back on track.

What factors influence treatment outcomes? How are outcomes influenced by characteristics of youth undergoing treatment?

Factors most consistently related to positive treatment outcome include lower problem severity, fewer emotional/psychological problems, better pre-treatment school performance, treatment completion, participation in post-treatment continuing care, employment, and family and peer support for sustained recovery. Some studies have found post-treatment outcomes influenced by the number of drug-using friends during the first six months following treatment.²⁰ Five factors have been linked to post-treatment recovery for adolescents: involvement with a drug-free peer group, mutual aid group involvement, family support for abstinence, work/job support for abstinence, and school involvement.¹¹ Program characteristics associated with improved outcomes include a larger budget, more experienced staff, and program comprehensiveness (range of services).²¹

Are residential programs more successful than outpatient programs?

Residential/inpatient and outpatient treatment outcomes cannot be compared. In most programs, adolescents admitted to the former have more severe substance use problems and are more likely to have additional life problems.²⁰

Are there predictable stages of family recovery?

It is our experience that the period of greatest change within the family is the first year of recovery. This is the period in which trust is being re-established and when recovery shifts from a fragile experiment to a stable lifestyle. The good news is that recognizing the problem and participating in treatment and recovery mutual aid activities can strengthen families.

What do I do now?

Your son or daughter may not be motivated to change his or her substance use patterns, or he or she may be ambivalent about stopping drug and alcohol use. Adolescents may argue, beg, manipulate, try to cut a deal, make promises, and/or threaten in an attempt to avoid entering treatment. You need to follow through with the recommendation for treatment. You cannot make him or her stop using, but you can set limits as to what he or she must do in order to avoid consequences. Consequences might include not being able to remain in your home or not allowing your son or daughter to get their driver's license. Many parents also have the legal system as a "motivator" for their son or daughter to follow through with the treatment recommendation. Use the legal system (i.e., contact the probation officer; report illegal activities) to help the adolescent understand the seriousness of his or her problems and the consequences of the choices he or she makes (e.g., jail or treatment).

You have already taken steps that indicate you are supportive of your son or daughter. Bringing your son or daughter in for an assessment and talking with staff about the treatment recommendation are interventions in themselves. You have let

your adolescent know that you see his or her substance use and related problems as unacceptable. It may be a long road. Keep in mind that CHS staff members will do all they can to support you and help your son or daughter learn to live without using substances. If you have any questions, call (309) 827-6026. Someone will help you. We have been assisting families like yours for the past thirty years.

Sources for Further Information

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www.alcoholics-anonymous.org
(Alcoholics Anonymous)

www.chestnut.org (Chestnut Health Systems)

www.jcrinc.com (Joint Commission on Accreditation of Healthcare Organizations. Information is available on how to choose a quality behavioral health care provider.)

www.na.org (Narcotics Anonymous)

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