

Resources for more information

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.

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

Resources for more information *(Continued)*

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

News & facts on substance abuse, computer issues, communication & hot topics.

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)
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.

The Anti-Drug
www.theanitdrug.com
Information on substance abuse for parents, including detailed signs of use to look for.

Wisconsin Association On Alcohol & Other Drug Abuse (WAAODA)
www.waaoda.org
Advocates on behalf of prevention and recovery issues.

Wisconsin Clearing House for Prevention Resources
wch.uhs.wisc.edu

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

Resources for more information *(Continued)*

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, PhD. 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.

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, Workman Publishing, New York).

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/hhi/aoda.htm

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.

Take Home Message *(Continued)*

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.

Treatment Options: Defined *(Continued)*

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(s) 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 for us to appropriately care for our 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 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 become CCS
- Support for families
- Counties to have a WFT family advocate
- Routine screening/assessment in schools, 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 and Family Services (DHFS)** lists substance abuse policy resources at: <http://www.dhfs.state.wi.us/substabase/Provider/AlcoholPolicyResources.htm>

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

Glossary

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.

Glossary *(Continued)*

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.

Glossary *(Continued)*

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.