



**Identifying When a Child Needs Help:
Mental Health and Substance Abuse**

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Adult Children at Home

A generation of parents across the United States are experiencing adult children returning home to live with them. While multigenerational households are common in many cultures, this trend goes against Western expectations of independence for adult children. Some experts refer to these parents as “nesters” and the move home is being referred to as a “nesting syndrome.” Others have termed these adults as “boomerang children.”

The dynamics of the family continue to change during this time. It is important that the family discusses the situation honestly to ensure that all parties understand the arrangement, its duration, house rules, and everyone’s expectations.

Why Adult Children Return Home

They may return home for many reasons:

- After college when unable to find employment
- After military service to re-adjust after deployment
- After a divorce due to financial difficulties or child-care issues
- After a job termination due to financial issues

Finances

If an agreement is reached that an adult child can return home, all parties must understand household expenses.

In an effort to minimize family conflicts over money, discussions about financial arrangements should be made early. Questions and answers should be as specific as possible. Some things to consider:

- How much money are the parents willing to contribute?
- Will this financial help be considered a gift or a loan?
- How much money can the adult child contribute to the household expenses?
- Will he/she be responsible for full room and board?
- Will room and board increase year to year, based on his/her ability to pay?
- Will he/she pay separately for utilities?
- Will he/she shop separately for groceries?
- Will he/she cook meals?
- Will he/she help out with household tasks? If so, which ones?
- Will he/she use the family car? If so, how often and how much will he/she contribute toward gas and other car expenses?
- Will the living arrangement expire with his/her employment or when he/she is financially stable to live on his/her own?

Parents may want to keep these arrangements as a business situation. If the adult child agrees to pay for a share of household expenses, have the agreement in writing so all parties are clear about financial obligations.

Having something in writing is particularly helpful when the adult child is unable to contribute to any household expenses. If the agreement is in writing, there is less ambivalence about expectations.

While written contracts may be legally enforceable, parents should consider the potential strain on the relationship that could result from taking legal action against the adult child.

Co-habitation

Parents have often established their own routines after children move out, only to have them altered when an adult child returns to live with them. Personal space and time management will change for all parties. These issues should also be discussed, and guidelines should be established so every family member has the same understanding of household rules. Issues include:

- Chores (who does what chores and when?)
- Defined personal space (e.g., Is everyone allowed access to all rooms in the home? Can every one share technology gadgets belonging to the adult child?)
- Noise level for music and television
- Quiet hours
- House rules regarding language (such as swearing), smoking or alcohol use
- Household standards for cleanliness
- Meal times and cooking responsibilities
- Bed time
- Rules regarding overnight guests
- Privacy
- Where personal possessions should be stored (e.g. If the adult child has excess furniture, can it be kept in the garage or basement or should a storage unit be rented?)
- Who will pay for insurance coverage for personal possessions? If it falls under the parent's household insurance, will the adult child pay for it?

In some cases, having a weekly family meeting helps communication between all parties.

In situations where an adult child returns home with his/her children, the situation can become complicated. Clarification should be made regarding responsibilities, such as:

- Babysitting
- Picking up the grandchildren from school
- Meal times for grandchildren
- Discipline and ground rules for grandchildren
- Financial support for grandchildren (e.g. If money is provided for diapers, clothes, school, etc. will this be a gift to the grandchild or a loan to the adult child?)

Timeline

Parents and children should also discuss the duration of the living arrangements. Topics to discuss:

- Does either party foresee this move as permanent?
- Discuss any deadline for moving out. For example, moving out immediately upon finding employment or six months after staying in the job; moving out after reaching a specific savings amount; moving out on a specific date regardless of the employment status or financial situation.
- Does the adult child need to report back to the parents regarding job interviews and its results, show monthly bank statements?

Resources

- Administration for Children and Families: www.acf.hhs.gov
- Financial Literacy & Education Commission: www.mymoney.govr

Learn the 5 Signs of Suffering

Nearly one in every five people has a diagnosable mental health condition, according to the U.S. Department of Health and Human Services. Often our friends, co-workers, neighbors and family members are suffering emotionally and don't recognize the symptoms or won't ask for help. And sometimes we're the ones who are suffering and won't admit it.

Five signs that may mean you or someone you know might need help

Their personality changes.

You may notice sudden or gradual changes in behavior. That can mean acting in ways that don't seem to fit the person's values, or the person may just seem different.

They seem uncharacteristically angry, anxious, agitated or moody.

You may notice more frequent problems controlling their temper or that they seem irritable or unable to calm down. People in more extreme situations of this kind may be unable to sleep or may explode in anger at a minor problem.

They withdraw or isolate themselves from other people.

Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities he or she used to enjoy. In more severe cases, the person may start failing to make it to work or school. Unlike someone who is naturally introverted, this sign is marked by a change in typical sociability, as when someone pulls away from the social support he or she typically enjoys.

They stop taking care of themselves and may engage in risky behavior.

You may notice a change in the level of personal care or an act of poor judgment on his or her part. For instance, someone may let his or her hygiene deteriorate, or the person may start abusing alcohol or illicit substances or engage in other self-destructive behaviors that alienate loved ones.

They seem overcome with hopelessness and overwhelmed by their circumstances.

Have you noticed someone who used to be optimistic and now can't find anything to be hopeful about? That person may be suffering from extreme or prolonged grief, or feelings of worthlessness or guilt. People in this situation may say that the world would be better off without them, suggesting suicidal thinking.

If you recognize that someone is suffering, what should you do?

The answer is simple: reach out, connect, try to inspire hope and, above all, offer help. Show compassion and caring and a willingness to find a solution when the person may not have the will or drive to help himself or herself. It may take more than one offer, and you may need to reach out to others who share your concern about the person who is suffering.

You can help change the conversation about mental health issues and stigma associated with it by learning the 5 signs. And if you or any member of your household needs help, your employee assistance program is designed to provide short-term counseling services, work-life assistance, and other guidance to help you and your family handle concerns constructively before they become major issues.

Source: The above information was provided by the Campaign to Change Direction, a collection of groups joined together in a national campaign to raise awareness of and provide education about mental health issues. You can learn more at www.changedirection.org.

Mental Health First Aid: Helping Someone Who is Suffering

Whenever people face mental health issues resulting from loss of a loved one, trauma, or any other reason, they need to talk about it in order to heal. To talk, they need willing listeners. Unfortunately, many of us try to avoid listening to people in pain. We may feel like we have enough troubles of our own or be afraid of making matters worse by saying the wrong thing.

What Typically Happens

Sometimes we excuse ourselves by assuming that listening to people who are hurting is strictly a matter for professionals, such as psychotherapists or members of the clergy. Professionals can help in special ways and provide the suffering individual with insights that most of us are not able to offer. But to get that help, individuals in crisis often need guidance. It is natural to feel reluctant or even afraid of facing another person's painful feelings. But it is important not to let this fear prevent us from doing what we can to help someone who is suffering.

Mental Health First Aid

Just as CPR guides someone with no medical experience in assisting a friend, family member, co-worker or even strangers with a physical crisis, Mental Health First Aid helps you assist someone experiencing a mental health crisis, such as suicidal ideation or substance use issues. In both situations, the goal is to help support the victim until appropriate professional help is identified.

Mental Health First Aid follows three basic steps:

- Recognize the signs and symptoms of mental health problems
- Intervene to provide initial help
- Guide the person to appropriate professional help

As with CPR, there are instruction classes in Mental Health First Aid certification, which teach participants to assess risk, listen to and support a person in crisis, and identify appropriate professional help and other support.

Even without certification, however, there are some simple things anyone can do to help someone dealing with a mental health crisis.

What to Do

Although each situation is unique, the most important thing to do is simply be there and listen and show you care.

- Find a private setting where you will not be overheard or interrupted. Arrange things so there are no large objects, such as a desk, between you and the person.
- Keep your comments brief and simple so you do not get the person off track.
- Ask questions which show your interest and encourage the person to keep talking. For example, "What happened next?" or "What was that like?"
- Give verbal and non-verbal messages of caring and support. Facial expressions and body posture go a long way toward showing your interest. Do not hesitate to interject your own feelings as appropriate.
- Let people know that it is OK to cry. Some people are embarrassed if they cry in front of others. Handing over a box of tissues in a matter-of-fact way can help show that tears are normal and appropriate. It is also OK if you get a bit teary yourself.

What Not to Do

Do not be distressed by differences in the way people respond. One person may react very calmly, while another expresses strong feelings. One person may have an immediate emotional response while another may be "numb" at first and respond emotionally later.

Emotions are rarely simple. People who are suffering loss often feel anger along with grief. Unless you see signs of actual danger, simply accept the feelings as that person's natural response at the moment. If a person is usually rational and sensible, those qualities will return once their painful feelings are expressed. It is natural to worry about saying the wrong thing. People will understand if you say something awkward in a difficult situation. Use this to guide you:

- Do not offer unsolicited advice. People usually will ask for advice later if they need it; initially it just gets in the way of talking things out.
- Do not turn the conversation into a forum for your own experiences. If you have had a similar experience, you may want to mention that briefly when the moment seems right. But do not say, "I know exactly how you feel," because everybody is different.
- Do not say anything which tries to minimize the person's pain such as, "You shouldn't take it so hard" or "It could be a lot worse."
- Do not say anything which asks the person to disguise or reject his or her feelings such as, "You have to pull yourself together."

The 5 A's Model of Intervention

The 5 A's model was developed by the National Cancer Institute to help people quit smoking, but it is often used as a model for intervention in the hopes of bringing about behavior change. The 5 A's stand for:

Ask

Are you ready to do something to change?
Can I help?

Assess

How bad is the problem and how can we help?

Advise

Make clear, specific, personalized recommendations

Assist

Help where and when you can

Arrange

Refer to them to supports at work, such as your EAP, or in the community

Afterward

Once you have finished talking, it may be appropriate to offer simple forms of help such as:

- Checking about basic things like eating and sleeping
- Sharing a meal may help the person find an appetite
- Giving a ride to someone too upset to drive may mean a lot
- Ask what else you can do to be of assistance.

After you have talked to someone who is hurting, you may feel as if you have absorbed some of that person's pain. Take care of yourself by talking to a friend, taking a walk or doing whatever helps restore your own spirits.

Caregiving: When Mental Illness Takes Over

At times, those suffering from schizophrenia, bipolar disorder or similar mental illnesses will resist treatment, believing that their delusions or hallucinations are real and that help is not required. This may require their caregivers—who often are family or friends—to take an active role in their safety and treatment.

In such situations, however, a patient's civil rights can hinder attempts to provide treatment. Laws protecting patients from involuntary commitment have become very strict, and the efforts of families and community organizations to get help for severely ill people may be stymied.

Information for Caregivers

The laws vary from state to state, but generally when people are dangerous to themselves or others due to mental disorders, the police can assist in getting them emergency psychiatric evaluations and hospitalization, if necessary. In some places, staff from a local community mental health center can evaluate an individual's illness at home if the patient will not go in for treatment voluntarily.

Sometimes only the family or others close to the affected person will be aware of strange behavior or ideas that the person has expressed. Because a patient may not volunteer such information during an examination, family members or friends should ask to speak with the person evaluating the patient so that all relevant information can be taken into account.

Ensuring that a person with mental illness continues to get treatment after hospitalization also is important. A patient may discontinue medications or stop going for follow-up treatment, often leading to a return of the psychotic, delusional or obsessive symptoms. Too often, people with severe mental illnesses such as schizophrenia end up on the streets or in jail, where they rarely receive the treatment they need. Encouraging the patient to continue treatment and assisting him or her in the treatment process can positively influence recovery.

For the individual with schizophrenia or dementia, bizarre beliefs or hallucinations can seem quite real. Those close to people with schizophrenia often are unsure how to respond when patients make statements that are clearly false.

Instead of going along with a person's delusions, family members or friends can tell the person that they do not see things the same way or do not agree with his or her conclusions, while acknowledging that things may appear otherwise to the patient. It also may be useful for those who know the person with such disorders to:

- Keep a record of what types of symptoms have appeared
- What medications (including dosage) have been taken
- What effects various treatments the person had

By knowing what symptoms have been present before, family members may know what to look for in the future. Families even may be able to identify early warning signs of potential relapses, such as increased withdrawal or changes in sleep patterns. Thus, the return of psychosis may be detected early, and treatment may prevent a full-blown relapse. Also, by knowing which medications have helped and which have caused troublesome side effects, the family can help those treating the patient to find the best treatment more quickly.

In addition to their involvement in seeking help, family, friends and peer groups can provide support and encouragement to the person with a severe mental illness. It is important that goals be attainable. A patient who feels pressured or repeatedly criticized will probably experience stress that may lead to a worsening of symptoms.

Like anyone else, people with severe mental illness need to know when they are doing things right. In the long run, a positive approach may be more helpful and effective than criticism.

Resources

- National Institute of Mental Health (NIMH): www.nimh.nih.gov
- National Alliance on Mental Illness: www.nami.org
- American Academy of Child and Adolescent Psychiatry: www.aacap.org
- Brain & Behavior Research Foundation: <http://bbrfoundation.org>

What is dual diagnosis?

A person with a dual diagnosis – sometimes referred to as co-occurring disorders – has both a mental disorder and a substance abuse problem. These conditions occur together frequently. In particular, alcohol and drug abuse tend to occur with:

- Depression
- Anxiety disorders
- Schizophrenia
- Personality disorders.

Sometimes the mental problem occurs first, and this leads people to abuse alcohol or drugs. Other times, the substance abuse causes emotional and mental problems.

According to the National Alliance on Mental Illness, almost 44 million people a year experience mental illness. About 10.2 million adults in the U.S. have a dual diagnosis of mental illness and substance abuse.

Someone with a dual diagnosis should be treated for both conditions. For the treatment to be effective, the person needs to stop using alcohol or drugs. Treatments may include behavioral therapy, medicines and support groups.

There is evidence that integrated treatment can be effective:

- People with a substance abuse problem are more likely to receive treatment if they have a co-occurring mental disorder.
- Research shows that when people with dual diagnosis successfully overcome alcohol abuse, their response to treatment improves significantly.

Resources

- National Alliance on Mental Illness: www.nami.org
- Mental Health America: www.nmha.org
- National Institutes of Health: www.nih.gov
- U.S. National Library of Medicine: www.nlm.nih.gov

Living with an Alcoholic

Being the partner, child or other family member of an alcoholic can seem like riding an emotional roller coaster. But those living with an alcoholic can begin their own recoveries if they are willing to come to terms with their situation, get educated on the facts and take advantage of support resources that are available to support themselves and the loved one suffering from alcoholism.

Understanding Alcoholism

Alcoholism is a chronic progressive disease. That means that it rarely gets better without professional help or intensive support and it tends to get worse over time. There is mounting evidence that a genetic component increases an individual's tendency to abuse alcohol. A family history of alcoholism is very common among those with drinking problems.

An alcoholic continues to abuse alcohol even after negative consequences occur, such as the onset of health problems, drunk-driving arrests, the loss of a job and breakups in relationships. Alcoholics exhibit other symptoms, including:

- Lack of control over their drinking: Alcoholics Anonymous defines an alcoholic as someone who cannot safely predict what will happen after the first drink.
- Increased tolerance: Needing to drink more to become intoxicated
- Physical dependence: Experiencing withdrawal symptoms when one stops drinking
- Denial of a problem: Continuing to drink despite negative consequences
- Making excuses for drinking

Signs that a family member is abusing alcohol include:

- Drinking alone
- Using alcohol to cope, relieve pain or relax
- Feeling guilty about drinking
- Organizing his or her life around opportunities to drink
- Missing work or events because of drinking
- Experiencing blackouts or memory lapses
- Becoming moody, agitated or violent during or after drinking
- Denying a problem despite evidence to the contrary
- Being unable to drink moderately

Your Role in the Disease

Loved ones of an alcoholic can pay a heavy price for the person's drinking. The alcoholic's behavior can provoke a range of emotions in those close to him or her, from anger and fear to guilt and embarrassment. Children especially can suffer because they often are ignored, abused or neglected by alcoholic parents. Many families deny the truth and hide the illness from outsiders. Some take out their anger on other family members or friends.

Typically, most loved ones of alcoholics fall into two categories: enablers and helpers. An enabler supports an environment that allows the alcoholic to continue drinking. Often referred to as codependent, an enabler repeatedly tries to rescue the alcoholic from his or her problems and shares in the denial. An enabler often covers up for the alcoholic's mistakes, making excuses and lies to protect the drinker from the consequences of his or her actions, such as calling in sick to the alcoholic's workplace with an excuse.

A helper truly encourages the alcoholic to acknowledge his or her illness and to seek treatment. The helper learns all he or she can about the illness and seeks help himself or herself. The helper supports the alcoholic through the stages of recovery and appreciates his or her efforts to become alcohol-free. The helper also sets limits and follows through with consequences for the alcoholic's continued drinking.

Options

There are many actions the loved one of an alcoholic can take to help cope:

- Accept the reality of the situation. Acknowledge that the person has a drinking problem and that they cannot change him or her. Only the alcoholic can choose to change himself or herself.
- Get out of danger. If the alcoholic is abusive or poses a danger, they should remove themselves from the environment immediately, call 911 in an emergency, and ask about legal and safety options, such as a shelter.
- Sort through their feelings. Talk to a therapist and concentrate on getting help for themselves before trying to help the alcoholic.
- Get educated on alcoholism by reading up on the illness.
- Appeal to the drinker. Try to talk to the alcoholic about the problem in a calm, non-threatening manner when he or she is sober. See if the drinker is willing to admit that he or she has a problem and seek treatment. If so, assist him or her in getting help immediately.
- Consider intervention. Family members, friends and co-workers may decide to confront the drinker about his or her problem. During a typical intervention, those close to the alcoholic describe how that person's drinking is negatively affecting those around him or her and encourage the drinker to get help. Interventions work best when coordinated by an alcohol-abuse professional.
- Find support in others. Join a support group like Al-Anon (for family members), Alateen (for teenage children) or ACOA (for adult children of alcoholics).

Supporting a loved one in recovery from a drinking problem can be both incredibly challenging and emotionally rewarding. Alcoholism is a life-long disease. Family members of an alcoholic must be aware that relapses may occur following treatment, but they should resolve to get the help and support they need throughout the recovery process.

Resources

- Al-Anon Family Groups: www.al-anon.alateen.org

Helping a Drug or Alcohol Abuser

If you suspect a family member or friend is abusing drugs or alcohol, there are many telltale signs that can help confirm your suspicions. Watch for these common and not-so-common signals that may indicate a drug problem, and learn how to intervene in a positive way. You can help save a life.

Understanding the Appeal of Drugs

Millions of people abuse and are addicted to drugs. Millions have also learned to kick their habits. Drug use can affect anyone, regardless of age, sex, ethnicity, social and income status, or lifestyle. Reasons why people start and continue to use drugs may include:

- Peer pressure
- Hereditary predisposition to drug or alcohol addiction
- Depression
- Mental illness
- Physical, sexual or emotional abuse
- Low self-esteem
- Family problems
- Stress
- Curiosity

Ease of access and social acceptance continue to make drugs and alcohol appealing choices. Drugs often are available from classmates at school or co-workers at the job site. With drugs being more popular and easier to obtain than ever, many people fall victim to substance abuse.

Signs of Drug Abuse

Watch for these warning signals that may indicate substance abuse:

- Sudden changes in behavior
- Irritability
- Hostility and outbursts of anger
- Depression
- Dramatic mood swings
- Paranoia
- Covert or secretive behavior
- Lying or withholding the truth
- Unpredictability
- Continued requests to borrow money or receive favors
- Missing items of value in the household

Also, watch out for these physical signs:

- Red, glazed or dilated eyes
- Speech deviations: talking too fast or too slow, or slurred or incoherent speech
- Slow or abnormal reflexes
- Decrease in responsibility
- Tardiness or absence from school or work
- Lack of interest or motivation in school or work
- Poor school marks or performance problems at work
- Social withdrawal from family, friends and peers
- Dropping out of favorite extracurricular or after-work activities
- Grinding teeth and other nervous behaviors

You may notice sudden or dramatic changes in:

- Personality and attitude
- Friends
- Hobbies and interests
- Style of clothes, hair or music
- Sleep routines
- Eating habits

Also look for the following tangible evidence:

- Possession of drug paraphernalia: needles, pipes, smoking materials, etc.
- Possession of large amounts of cash
- Needle marks on arms or other parts of the body
- Smell of alcohol or marijuana on the breath or clothing
- Observed associations with known drug abusers or dealers

Experts caution, however, that many of these signs may only suggest, and not prove, that the person is using drugs. Be careful about what you assume, and try not to jump to conclusions. Look for a recurrence of these signs over a prolonged period of time to substantiate your suspicions.

How to Talk to Someone You Suspect

If you believe that a family member, loved one or close friend is using drugs, show that person you care by attempting to talk to him or her about a potential problem. If you suspect your child is using drugs, do not hesitate to intervene immediately and help him or her get into treatment. When it is time to approach your friend or loved one, consider these tips:

- Think about what you want to say and how you want to say it ahead of time.
- Pick the right time and place, preferably a quiet, private setting when the person is not under the influence.
- Consider a professionally assisted intervention. In this action, a therapist helps you and other concerned family members, friends or co-workers put together a united front to gently confront the substance abuser and help him or her enter rehabilitation. Intervention by a group can thwart the alcoholic's or addict's tendency to rationalize his or her behavior or blame you.
- Adopt the voice of a caring friend, not a judgmental or preachy lecturer. Speak calmly and clearly.
- Express your beliefs and observations that you suspect the person is using drugs.
- Demonstrate your concern. Stress that you care about the person's safety and well-being.
- Offer to help the person enter rehabilitation. If it is your child, insist on getting help together as a family. If it is a relative or friend, offer to accompany the person to counseling and treatment sessions, and pledge your support through the recovery process.
- Do not expect your talk to go smoothly. The person may deny that he or she is using drugs, resent your suspicions and react angrily.
- Remember that it is not your job to change the person. The drug abuser must want to change and be willing to seek treatment. Keep in mind, however, that it is your responsibility to get help if your child is abusing drugs.

Resources

- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Cocaine Anonymous: www.ca.org
- Marijuana Anonymous: www.marijuana-anonymous.org
- Narcotics Anonymous: www.na.org
- National Council on Alcoholism and Drug Dependence: www.ncadd.org
- National Institute on Drug Abuse: www.nida.nih.gov
- Alcoholics Anonymous: www.aa.org
- National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov

Substance Abuse Interventions

An intervention is a proactive confrontation, usually used as a last resort for people who want to help a loved one get assistance for an extremely serious substance abuse or addiction problem. Objective feedback is given to the abuser so he or she can see the damage being done to himself or herself, as well as to others.

What are the types of interventions?

There are four basic types of interventions:

- **Simple:** Sometimes the person just needs to be asked to stop doing whatever is causing him or her problems. Asking someone to please stop doing drugs sometimes works; many people respond because they are asked to seek assistance by someone who cares about them.
- **Crisis:** Crisis interventions happen during dangerous situations. The person has either been an immediate danger to themselves or others. They must be confronted to create a safe situation for themselves, their family, friends and others around them.
- **Classical:** The goal of a classical group intervention is for the group of family members and friends to have their loved one find treatment or enter rehabilitation immediately.
- **System:** This focuses on the family, friends and support system of the troubled person. Everyone in the family must change their ways to stop supporting and enabling self-destructive behaviors. Everyone in a person's life must be educated on appropriate ways to act if a recovery plan will be a success. The actions of people within the support system are equally as important as those of the troubled loved one.

What is the objective of an intervention?

The objective of the intervention is to help a person stop the self-destructive, downward spiral of addiction, chaos and crisis in an organized fashion. Options are presented during interventions so the troubled person can begin on a path to recovery. The person should recognize the reality of the situation and be willing to accept treatment.

How is an intervention done?

Family and friends, and sometimes colleagues, co-workers or religious advisors, join together with an expert (interventionist) in a meeting without the troubled person.

The discussion focuses on each individual's concerns about the person. Facts and notes are often written down so each participant can later refer to them during the intervention. The intervention is organized so each person will know what to say to their loved one. Also, predictions on how the person will react are taken into consideration. Interventionists give suggestions on how to anticipate reactions and address them. A rehearsal may occur with the interventionist so every person can properly prepare.

Should the troubled person be aware of the intervention ahead of time?

People with an addiction should not know an intervention is going to happen to them. For addicts, denial is a huge part of their life. If the addict knew about the intervention ahead of time, he or she would avoid it at any cost. An intervention works best because it has the element of surprise and forces the troubled person into a situation where he or she must listen to those in attendance.

What can a family expect to happen?

Family and friends are sometimes apprehensive about doing an intervention because they are already at a high level of frustration and anger. They might blame each other or themselves for what is happening with their troubled loved one. They might feel betrayed, confused, guilty and/or defensive.

Because interventions are typically the last resort, family and friends may be exhausted from trying to get help. They are tired of rehashing situations and problems. A great deal of pain surfaces during interventions because relationships have become so strained.

What is required of the participants?

Each intervention varies depending on the reaction of the troubled person and his or her willingness to listen. Also, be sure the person is sober and coherent, and address him or her in a calm tone.

There are several aspects common to most interventions:

- Family members and friends define the problem and provide specific examples of harmful behaviors and their impact on others.
- A list of activities and actions that will no longer be tolerated by the loved one are discussed. Present the consequences that the troubled person will face should he or she continue bad behaviors. (Always offer up consequences that can and will be enforced by participants; do not offer empty threats.)
- People should be good listeners but avoid agreeing with the troubled person. Understand that he or she has a right to express thoughts or feelings, but remain firm in what is requested of the individual and the consequences for not adhering to those demands.

Understand that an intervention is a difficult process, and be prepared for any reaction. A loved one might burst into tears, become violent, or sit in silence and ignore everyone else as they speak. The interventionist will have tactics to deal with each scenario.

After the intervention, it is best that the troubled person head directly to rehabilitation or other treatment. Be supportive, and emphasize that this is a helpful act. Have arrangements set up, and demand that the person adhere to this part of the intervention. Spell out specific consequences if the loved one refuses. For example, if he or she is required to move out of the house immediately if refusing treatment, be sure to have luggage packed to present to the loved one.

Resources

- National Institute on Drug Abuse: www.nida.nih.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov

Tips for Parents Considering a Private Residential Treatment Program

Parents with troubled children may consider a private residential treatment program. While they offer young people a range of services, it is important that parents understand what is offered in the program and how it might benefit the unique interests of their child.

Types of Programs

Private residential treatment programs offer a range of services including:

- Drug and alcohol treatment
- Confidence building
- Military-style discipline
- Psychological counseling for a variety of addiction, behavioral and emotional problems

Many of these programs are intended to provide a less-restrictive alternative to incarceration or hospitalization, or an intervention for a troubled young person. These programs go by a variety of names, including:

- Therapeutic boarding schools
- Emotional growth academies
- Teen boot camps
- Behavior modification facilities
- Wilderness therapy programs

No standard definitions exist for specific types of programs. The programs are not regulated by the federal government, and many are not subject to state licensing or monitoring as mental health or educational facilities, either.

The Government Accountability Office (GAO) found cases involving serious abuse and neglect at some of these programs. Many programs advertise on the Internet and through other media, making claims about:

- Staff credentials
- The level of treatment a participant will receive
- Program accreditation
- Education credit transfers
- Success rates
- Endorsements by educational consultants

It is always important for parents to take precautions that before enrolling a child in a private residential treatment program:

- Ask questions
- Ask for proof or support for claims about staff credentials, program accreditation and endorsements
- Do a site visit
- Get all policies and promises in writing

Questions to Ask

Here are some questions to ask representatives of any program.

1. Are you licensed by the state?

If the answer is yes, find out what aspects of the program the license covers: educational, mental/behavioral health and residential?

If the program claims to be licensed, get the name of the state agency that issued the license and contact the agency to verify that the license is current. Often, the licensing will be through a state Department of Health and Human Services or its equivalent. If the program's representative cannot provide the name of the licensing agency, consider it a red flag.

If the program is unlicensed and you still want to consider it, contact the state Attorney General, the Better Business Bureau and the local consumer protection office where the program is located.

Regardless of whether a program is licensed, when contacting any of these groups:

- Ask for copies of all publicly available information, including any complaints or actions filed against the program, site visit evaluations, violations and corrective actions.
- Pay particular attention to any reports of unsanitary or unsafe living conditions, nutritionally compromised diets, exposure to extreme environmental conditions or extreme physical exertion, inadequate staff supervision or a low ratio of staff to residents, medical neglect, physical or sexual abuse of youth by program staff or other residents and any violation of youth or family rights.

2. Do you provide an academic curriculum?

If so, is it available to all program participants? Do you have teachers who are certified or licensed by your state? Some programs may offer only self-study or distance education.

Sometimes, educational options are not made available until a resident has reached an advanced phase of the program. In addition, some programs may claim that academic credits will transfer to the resident's home school and count toward a high school diploma. Check with the board of education in the state where the program operates – and with your state board if you live out-of-state – to verify that academic credits will transfer.

3. What about accreditation?

Several independent nonprofit organizations, like the Joint Commission (JACHO), the Council on Accreditation (COA), and the Commission on Accreditation of Rehabilitation Facilities (CARF), accredit mental health programs and providers.

- JACHO accredits and certifies more than 15,000 health care organizations and programs in the U.S. (www.jointcommission.org)
- COA is an international child- and family-service and behavioral healthcare organization that accredits 38 different service areas, including substance abuse treatment, and more than 60 types of programs. (www.coanet.org)
- CARF International is an independent accreditor of human services providers in areas including behavioral health, child and youth services, and employment and community services. (www.carf.org)

Ask whether all components of the program are accredited, for example, the base program, the drug and alcohol component, and the wilderness program. Then contact the accrediting organization for confirmation.

The organizations above grant accreditation and certification after evaluating the quality of services provided by a treatment program. Parents and guardians should be aware that some other organizations that claim to accredit schools may serve merely as membership organizations, and may not conduct site inspections or otherwise evaluate the quality of the programs they certify. If a treatment program claims to be certified or accredited, parents and guardians should contact the accrediting organization and ask about the standards the organization uses when issuing a certification.

4. Do you have a clinical director? What are his or her credentials?

Typically, a clinical director is responsible for overseeing, supporting, and maintaining the quality of care for the program. A clinical director may have an advanced degree in a related field, like clinical psychology, and may be involved in providing individual therapy, assessment and consultation, staff training and development, and managing or supervising the components of the program.

5. What are the credentials of the staff, especially the counselors and therapists, who will be working with my child?

Do they have appropriate and relevant advanced degrees like a Masters in Social Work, a license to do clinical social work (LCSW), a Ph.D., or an M.D.? Are they certified or licensed within the state? If they are, by what agency or organization?

Ask to see copies of relevant documents, and consider contacting the certifying or licensing organization to confirm the staff credentials.

6. How experienced is your staff? Have they worked at other residential treatment programs? If yes, where and for how long?

Ask to see current certifications in CPR and other emergency medicine. For wilderness programs, also ask for proof of relevant training and expertise.

7. Do you conduct background checks on your employees?

If the answer is yes, find out who does the background check and how extensive it is. Call the company to confirm that it provides background check services for the treatment program. If the answer is no or the program does not conduct background checks, consider it a red flag.

8. What are the criteria for admission? Do you conduct pre-admission assessments? Are they in person, by phone or over the internet? Who conducts them?

If your child has serious addiction problems or psychological issues, take special care to ensure that the program is equipped to deal with them. Discuss the appropriateness of the program with your child's psychologist, psychiatrist, or other healthcare provider.

9. Will you provide an individualized program with a detailed explanation of the therapies, interventions, and supports that will address my child's needs? When is this done? How often will my child be reassessed?

Ask whether your child will have group or individual therapy sessions. If the answer is yes, ask how often the sessions will take place and who will conduct them. Once enrolled, confirm with your child that the promised level of care is being received.

10. How do you handle medical issues like illness or injury? Is there a nurse or doctor on staff? On the premises? Will you contact me? Will I be notified or consulted if there's a change in treatment or medication?

Ask for copies of procedures the program follows on dealing with medical emergencies.

11. How do you define success? What is your success rate? How is it measured?

Some programs make specific success claims in their advertising materials. To date, there is no systematic, independently collected descriptive or outcome data on these programs.

12. How do you discipline program participants?

Ask about policies and procedures for discipline.

13. Can I contact my child when I want? Can my child contact me when he or she wants?

Some programs prohibit, monitor or otherwise restrict verbal or written communication between you and your child. Find out what is allowed and prohibited before you enroll your child.

14. What are the costs? What do they cover? What is your refund policy if the program does not work out?

Private residential treatment programs often charge hundreds of dollars per day. While health insurance sometimes may pay a limited amount, for the most part, the child's family is responsible for paying the fees and bills.

15. Do you have relationships with companies and individuals that provide educational and referral services?

Some companies may provide services that claim to match troubled kids with an appropriate treatment program. Be aware that although some of these services represent themselves as independent, they may not be. They may actually be operated or paid by one or more of the treatment programs. Ask the service if it receives commissions from the treatment programs.

Resources

- State Attorney General: www.naag.org
- The Better Business Bureau: www.bbb.org
- The Government Accountability Office's (GAO) Report to Congress: www.gao.gov
- The Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment: <http://astart.fmhi.usf.edu>

Some content on this page was gathered from documents found on the website for the Federal Trade Commission: www.ftc.gov

Here when you need us.

Call:

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App: GuidanceNowSM

Web ID:

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