

Resource Guide for Parents Regarding Chemical Use



Independent School District 720
Shakopee, MN 55379

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DEFINITIONS

ABUSE vs. DEPENDENCY

Chemical Abuse –

Chemical abuse occurs when a person tries drugs or alcohol, likes the effect on his/her body and continues to abuse the chemical in spite of recurrent problems such as:

- Failure to meet obligations at school, work, or home due to chemical use (i.e. failing grades, suspensions, etc.).
- Using drugs or alcohol in situations that could lead to physical harm.
- Being arrested for illegal chemical use. Interpersonal problems with family members and/or friends due to chemical use.

Note: For a more thorough list, please see the section titled "What a Chemical Problem May Look Like."

Chemical Dependence/Addiction –

Chemical dependence is different from abuse. Individuals with chemical dependence have additional symptoms as a result of their continued use of drugs and/or alcohol. These may include:

- Tolerance. This is when the body requires a greater amount of the drug(s) and/or alcohol over time to achieve the desired effect.
- Withdrawal. This is when a drug or alcohol user with tolerance experiences physical, psychological, or emotional distress caused by the sudden absence of the drugs or alcohol within his/her body.
- Using larger amounts of drugs or alcohol than intended. Desire to quit using drugs or alcohol, and/or unsuccessful attempts to reduce his/her use.
- Spending a lot of time and money to obtain the drugs and/or alcohol.
- Choosing to use drugs and/or alcohol over friends, family, work, sports or other healthy activities.
- Continued use in spite of mental and physical health problems due to chemical use.

DESCRIPTION OF CERTAIN DRUGS

Name of Drug: ALCOHOL

Also known as: Beer, wine, spirits, and liquor

Observable

Indications of Use:

Slurred speech; unsteady gait; loud voice; impaired motor control or clumsiness; flushed face; and smell of alcohol on breath

Effects of Use: Feelings of intoxication; sensory alteration; anxiety reduction; and possible increased heart rate

Duration of Effects: Variable, depends on dosage

Signs of Overdose: Vomiting; confusion; unconsciousness; shallow breathing; convulsions; and shock



Name of Drug: MARIJUANA

Also known as: Bud, reefer, pot, weed, ganja, 420, and dope

Observable

Indications of Use:

Smell of marijuana smoke on breath and clothes; bloodshot eyes; talkativeness; inappropriate laughter; dry mouth; and dilated pupils

Effects of Use: Enhanced sensory perception; relaxed state of well-being; impaired attention and short-term memory; impaired motor coordination; increased appetite; slowed internal clock;

increased heart rate; and increased blood pressure

Duration of Effects: 2-3 hours

Signs of Overdose: Anxiety; extreme drowsiness; slurred speech; and acute panic reaction.



Name of Drug: ECSTASY

Also known as: E, X, XTC, love drug, hug drug, designer drug, and lover's speed

Observable

Indications of Use:

Often seen stroking or massaging on another; dancing continually at "rave" parties; seen sucking on lollipops, tootsie-pops, or pacifiers to prevent teeth clenching

Effects of Use: Memory loss; very sensitive to touch; muscle tension; blurred vision; rapid eye movement; faintness; chills; sweating; clenching and grinding their teeth; heat exhaustion; dehydration; dangerously high body temperatures; anxiety; paranoia; depression; nervousness and insomnia; change in eating habits; change in sexual habits; and an increase in blood pressure and heart rate

Duration of Effects: 4-6 hours

Signs of Overdose: Dehydration; severe rise in body temperatures; heart failure or heat stroke; and permanent memory loss.



Name of Drug: METHAMPHETAMINE

Also known as: MDMA, meth, crank, crystal meth, and speed

Observable Indications of Use:

Talkativeness; high energy level/restlessness; dry mouth; dilated pupils; and sores on skin from scratching at "crank bugs"

Effects of Use: Loss of appetite; increased mental alertness; increased physical energy; insomnia; paranoia; distorted perception (auditory and visual); repetitive motor activity; sweating (at higher doses); palpitations (at higher doses); body tremors (at higher doses); increased heart rate; elevated blood pressure; jaw tension; and teeth grinding (with MDMA)

Duration of Effects: Methamphetamine: 8-12 hours, MDMA: 4-6 hours

Signs of Overdose: Convulsions; agitation; and heat stroke, extreme elevation in body temperature, and dehydration (with MDMA)



Name of Drug: TOBACCO

Also known as: Cigarette, smokeless tobacco, and chew

Observable Indications of Use:

Bad breath; smell of tobacco; shortness of breath; nagging cough; and discolored teeth

Effects of Use: Increased attention; stress and anxiety reduction; nausea; and dizziness

Duration of Effects: 30 minutes

Signs of Overdose: Nausea; vomiting; weakness; dizziness; pallor; and headache



Name of Drug: COCAINE

Also known as: Coke, blow, snow, C, flake, and nose candy

Observable Indications of Use:

Rapid speech/talkativeness; high energy level; restlessness; dry mouth; dilated pupils; redness around nose; and runny nose

Effects of Use: Increased mental alertness; increased physical energy; elevated mood/euphoria; loss of appetite; extreme weight loss with prolonged use; insomnia; paranoia; increased body temperature; increased heart rate; and elevated blood pressure.

Duration of Effects: 15 to 30 minutes for powder cocaine snorted, 5 to 10 minutes for crack cocaine.

Signs of Overdose: Heart palpitations; body tremors; heart attack; stroke; seizures; and respiratory arrest.



Name of Drug: HALLUCINOGENS

Also known as: Peyote, LSD, PCP, mushrooms, shrooms, and Special K

Observable Indications of Use:

Bewildered appearance, may appear out of touch with immediate environment; difficulty in speaking; garbled speech; disorientation; loss of coordination; easily agitated (with PCP); and dilated pupils.

Effects of Use: Poor perception of time, movement, temperature, and distance; synesthesia (blending of senses); hallucinations (at high doses); possible nausea; visual distortions (at low doses); perspiration or chills; body tremors; increased heart rate; elevated blood pressure; and increased pulse.

Duration of Effects: Depending on the amount of substance, up to 12 hours.

Signs of Overdose: Trance like stare; fearful or terrified state; psychotic episode; and with PCP only: drooling, eyes flickering up and down, seizures, dizziness, drop in blood pressure and respiration.



Name of Drug: HEROIN

Also known as: Opiates, narcotics, methadone, opium, and smack

Observable

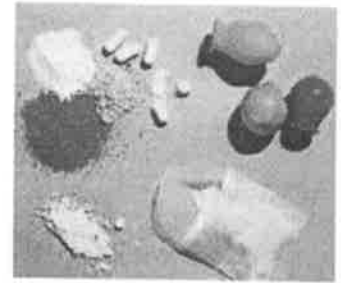
Indications of Use:

Droopy eyelids; sluggish, drowsy mannerisms; slowed speech; nodding off – periodically slipping into momentary lapses of sleep; constricted, "pinpoint" pupils that are not responsive to light; and possible track marks or infections at injection sites.

Effects of Use: Euphoria; pain relief; slowed breathing; slowed pulse rate; nausea; lowered blood pressure; and lowered body temperature.

Duration of Effects: Heroin: 4 to 6 hours, Methadone: up to 24 hours, Prescription analgesics: variable.

Signs of Overdose: Clammy skin; slow, shallow breathing; seizures; and coma.



**Name of
Drug:**

INHALANTS

Also known

as: Solvents

Observable

Indications of

Use:

A conspicuous strong, chemical odor; paint stains on face, body, or clothing; finding a stash of chemical products in unusual locations like a child's bedroom; purchasing increased amounts of household chemical products; drunk, dazed, dizzy demeanor; staggered gait; slurred speech; excitability followed by drowsiness; red or runny eyes or nose; and rash or sores around mouth.

Effects of Use: Blurred vision; euphoria with hallucinations; reduced muscle coordination; nausea; Intense headache; oxygen deprivation; irregular heartbeat; and increased heart rate.

Duration of Effects: 5 to 60 minutes after sniffing ceases.

Signs of Overdose: Loss of consciousness; respiratory arrest; cardiac arrest; and coma.



Name of Drug: ROHYPNOL

Also known as: Date-rape drug, roofies, rophies

Observable

Indications of Use:

Sluggish appearance; uncoordinated; and hangover-like effects.

Effects of Use: Short-term memory loss; makes users really relaxed; confused; spaced-out; lightheaded;

can take away all inhibitions; makes people do things they ordinarily would not do; produces amnesia-like effects; can be slipped into a drink without noticeable detection; and can be used to harm or sexually assault a person.

Duration of Effects: 4 to 8 hours, but hangover-like effects can be present for up to 72 hours.

Signs of Overdose: Loss of consciousness; passing out; and slip into a coma.



INCREASING/REDUCING THE RISK OF DEVELOPING A DRUG OR ALCOHOL PROBLEM:

Increasing the Risk:

- Early age of first use
- Feeling unloved by family, low mutual attachment with parents, ineffective parenting
- Chaotic home environment
- Poor social coping skills
- Perceived external approval of drug use (peers, family, community)
- Affiliation with deviant peers
- Working at a job or having above-average disposable income
- Past or current drug or alcohol problems within the family
- Past or current family emotional or physical abuse or neglect (especially depression)
- Diagnosis of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

Reducing the Risk:

- Feeling connected with and valued by family and other significant adults
- Parental supervision and involvement with child's activities
- High educational aspirations of parents and child
- Academic success
- Feeling connected with school and valuing academic achievement
- Strong bonds with social institutions (school, community, church)
- Personal disapproval of drug and alcohol use
- Personal belief that drug and alcohol use is dangerous and harmful
- Having parents who verbalize expectations about and consequences for using alcohol and other drugs

HOW TO HELP SOMEONE WITH A DRUG OR ALCOHOL PROBLEM:

- Don't confront a person about his or her use while the person is high or drunk. Wait until later when the effects of the drug have completely worn off.
- Expect to be put on the defensive. A person with a substance abuse problem will vehemently deny having one. The person may lash out at you and try to convince you that only you have a problem.
- State your intentions - that you are confronting the person out of caring and concern, not blame or judgment. You intend to be helpful and assist the person in regaining control over his or her life.
- State your motivation - that you are having the conversation, however difficult, because you care about him or her and what happens to him or her. If you didn't care, you wouldn't bring it up.
- Be firm in your presentation. Persist in trying to make the person realize that the situation is out of control. Come prepared with specific examples of out-of-control behavior.
- Present your observation of the person's behavior. Focus on what you see happening to the person and the lives of those around him or her. Be very specific.
- Express how the person's behavior makes you feel. Express your feelings clearly.
- State why you think the person needs help in stopping the addiction. Many other people have recovered from addiction and gone on to lead successful lives. Getting well and staying well often requires the help of others.
- State what you will do next. This could include assisting the person in getting help as well as involving other significant people in the person's life in an intervention.

FAMILY COMMUNICATION TIPS:

Speak in a calm voice.

Say what you mean and be prepared to listen. Try not to interrupt the other person.

Avoid sarcasm, whining, and threats or yelling.

Do not make personal attacks or be demeaning. Do not think your answer is the only answer. Try not to use words like "always" or "never."

Deal with the "now," not the past.

Do not try to get the last word.

If things get too heated, take a break and come back to the discussion later. Make allowances for the other person. Parents: remember what it was like to be a teen.

Teens: remember that parents frequently react strongly because they know the stakes are high.

Acknowledge that you are in this together. Build on your communication successes to address other subjects.



"Decisions." Students Against Destructive Decisions Newsletter December 2000: 4.

WHAT A DRUG PROBLEM MAY LOOK LIKE:

LAW

- ☐ Minor consumption
- ☐ Possession charges
- ☐ Getting busted
- ☐ Shoplifting
- ☐ Stealing
- ☐ Vandalism

SPIRITUAL

- ☐ Hopelessness
- ☐ Extreme self-centeredness
- ☐ "I don't care" attitude
- ☐ Negative change in values
- ☐ Drops interests, activities that use to be important
- ☐ Creative activities accompanied by drug use (art, music)

FAMILY

- ☐ Arguments
- ☐ Withdrawal from family
- ☐ Fighting
- ☐ Irresponsibility
- ☐ Coming in late or not at all
- ☐ Scapegoat behavior
- ☐ Physically/verbally abusive
- ☐ Dishonesty, sneakiness
- ☐ Defiant, hostile
- ☐ Secretive, silent
- ☐ Destruction
- ☐ Money or articles missing or disappearing

SOCIAL

- ☐ Negative change of friends
- ☐ Secretive about friends
- ☐ Social activities increasingly drug oriented
- ☐ Dropping activities not associated with drug use
- ☐ Unexplained coming/goings, phone calls, etc.
- ☐ Peer group using chemicals

EMOTIONAL

- ☐ Mood swings
- ☐ Flat affect
- ☐ Out of touch with feelings
- ☐ Extreme anger, depression
- ☐ Irritability
- ☐ Hopeless "who cares" attitude
- ☐ Defensive
- ☐ Non-communicative

JOB

- ☐ Chronic late arrival
- ☐ Inability to get along
- ☐ Irresponsibility
- ☐ Missing work regularly
- ☐ Accidents on the job
- ☐ Working below potential
- ☐ Getting fired

SEXUAL

- ☐ Negative changes in sexual values
- ☐ Promiscuity
- ☐ Seductive dress/talk/behavior
- ☐ STD's

SCHOOL

- ☐ Skipping school regularly
- ☐ Chronic tardiness
- ☐ A drop in grades
- ☐ Getting busted at school
- ☐ Change in attitude & behavior
- ☐ Conflict with school staff & students
- ☐ Suspension/detention
- ☐ Teachers express concern
- ☐ Drawings/notes
- ☐ Clothing/apparel
- ☐ Dropping extra-curricular activities
- ☐ Sleeping in class

PHYSICAL

- ☐ Lazy, lethargic
- ☐ Change in appearance
- ☐ Tired
- ☐ Hangovers, "sick"
- ☐ Broken bones
- ☐ Car accidents
- ☐ Red eyes/using Visine
- ☐ Blackouts/passing out
- ☐ Weight loss/gain
- ☐ Getting beat up or in fights
- ☐ Suicide talk or behavior
- ☐ Overdosing
- ☐ Caught high/drunken
- ☐ Finding

MENTAL

- ☐ Poor concentration
- ☐ Distracted
- ☐ Memory loss
- ☐ Lowered attention span
- ☐ Lack of motivation
- ☐ Poor concentration
- ☐ Distracted
- ☐ Memory loss
- ☐ Lowered attention span
- ☐ Lack of motivation

IS IT OK TO SEARCH YOUR CHILD'S ROOM/CAR/BACKPACK?

If you have the question about whether or not you should search your child's room, there probably are specific concerns or alarms that have been sounded for you. Searching your child's room, car, or backpack without their consent or knowledge can feel like a breach of trust.

Keep these three thoughts in mind:

1. The need to maintain and protect a child's safety health overrides their right to privacy.
2. Chemical abuse/dependency is a sneaky, cunning and dishonest process. Sometimes parents have to be less than forthright in getting to the bottom of the truth.
3. Be prepared to find something. Many times your gut intuitions are right and they need to be followed-up. So have a plan of what you will do if you find something.

You have two options available in doing a room search:

1. Search the room with your teen and spend a good deal of time going through some of the suggested steps in this packet.
2. Search his/her room alone and gather data for later intervention.
3. If you feel there is a total breach in the relationship with your child, it may be less volatile to search their room alone. You can deal with the confrontation later if you have confirmed your concerns by finding alcohol, drugs, or paraphernalia.

How to search a room:

1. Find a time when you can conduct an overall search. Look in areas that are the most hidden places in your teen's room. Some suggestion include: Shoebox, inside the face of a stereo speaker, underneath lamps, inside ceiling tiles, inside clothing pockets in closets, inside small containers in the room, (i.e. snuff boxes, 35mm film containers).
2. Make sure that you leave things as undisturbed as possible. If your child knows you are searching he/she will hide things even better.
3. When you are in his/her room at other times, take a few minutes to look beyond where you normally would look. (e.g. when putting laundry away, look in the back of the drawer or underneath clothing usually not worn). Look for signs of something out of the ordinary.
4. Look in other places of your home (e.g. out of season clothing, backpack, family room in basement, car, garage). Also, check places close to where the teen comes and goes (front closet, laundry room).
5. Drug paraphernalia is as revealing as finding actual drugs. You can tell what kinds of drugs a teen is using by the paraphernalia found. Look for the following items: rolling papers, piping/tubing of any kind, metal screens, roach clips, Visine, used foil, small thin metal cigarette (one-hitter), any sort of pipe or pipe devices, (e.g. metal, glass, wood, paper), and small containers used to store pot (chew containers, baggies, 35mm film containers). These containers may have brown powder or seeds in them.
6. Conduct repeated room searches over a period of time. Teens can be using for periods of time without actually possessing the chemicals.

What To Do If You Find Something

Confront your teen with the discovery and initiate some form of intervention. In this confrontation, a parent can tell something was found and not tell them specifically what it was or how it was found. Don't let them put you on the defensive. Make them do the work of explaining.

Possible Resources To Assist In The Confrontation/Intervention:

- Chemical health coordinator
- School Resource Officer/Police
- A therapist independent of the school district
- Your employee assistance program
- Clergy or youth minister
- Extended family member who has been in recovery or has a strong connection with your teen.

Typical Forms Of Defensiveness

- *Denial* - where your child outright lies to you even if there is overwhelming evidence to suggest you have "the goods" on them. Denial is a way to shut out the truth and protect their "using" Lifestyle.
- *Minimizing*- where your child makes the issue out to be nothing/not a big deal. Your teen will make you feel as if you are over reaching (i.e. "I only did it once, it was just a little bit. All the kids have tried it, you are out of touch.
- *Rationalizing*- where your child makes excuses for their behavior. Their "logic" may make sense to no one else, but they have justified their choices. This is where parents feel like their child makes no sense to them and cannot talk "rationally" anymore.

Beware of threats and bargains:

When teens run out of options they will often resort to desperate measures. They may threaten to run away, hurt themselves, never let you see them again, or some other threats that push your buttons of fear/loss. Other teens promise you they will become angelic or change in some global fashion. Both of these behaviors often are ploys in avoiding taking responsibility for the issues/problems that underpin why and how they are in trouble.

Getting help:

Many times parents by this point are feeling guilty or shameful for having "failed". Some parents are very angry and feeling estranged from their teen. This is not a time to isolate or go into denial yourself. It is time to access good information, get support for yourself, and engage in a process that can get to the bottom of what is impacting your teen/family.

IF YOU SUSPECT YOUR CHILD IS USING ALCOHOL OR OTHER DRUGS:

You are faced with a painful and scary reality that many parents are not ready for, or equipped to deal with. The feelings you have may be intense or overwhelming. It is important for you and your child that you not allow your feelings to cloud your decision making process.

This is a time for you to **CAREFULLY PLAN** your response to your child's possible chemical use and take positive action. Please be sure to check with your insurance provider about benefit coverage for evaluation and/or treatment.

At this point many parents ask "What Do I Do Now?" Some parents believe that chemical use by an adolescent is only experimentation and a normal part of the adolescent life stage. A phase they will grow out of. Others believe that if the adolescent gets into enough trouble they will stop using mind-altering chemicals on their own.

Our philosophy is that the use of mind-altering substances is such a risk to the emotional, psychological, spiritual, and intellectual development of a young person that their use cannot be tolerated for any reason. Addiction occurs in a very short period of time for adolescents (about six months). As a parent you have options:

- **Option One:** Ask your child to submit to a drug test.

This is a helpful tool to help the child build trust or to confirm the suspicions of a parent. A drug test can be administered through a medical facility or at a chemical dependency treatment program. Also, this can be a tool for students to remain sober. Students agreeing to random drug tests can use this fact to turn down the drugs offered by friends and to avoid further trouble.

- **Option Two:** Get a Chemical Dependency Evaluation for your child.

If your child is using drugs of abuse he/she has a relationship with chemicals. A chemical dependency evaluation done by an addiction counselor could give more information about the nature and extent of the relationship. If your child is experiencing family, legal, academic, or personal problems, or is working far below their potential, chemical abuse may be an underlying cause.

- **Option Three:** Enroll your child in a drug education program.

Drug education programs are designed to provide parents and adolescents with information about drug abuse and harmful consequences so that family discussions and family decisions can be made on an informational level and not on an emotional level.

- **Option Four:** Seek more information. As a parent you have a right to seek more information about your child and their chemical use. Contact his/her school to get progress reports from teachers, counselors, etc. Contact parents of your child's friends to learn more about his/ her friends and their habits and hobbies. Other parents may have concerns or information they could share with you to shed more light on your child's behavior and chemical use. Read books, magazine articles and any other sources of information about drugs of abuse.
- **Option Five:** Create or join a support group. Sharing your experiences with other parents will help to empower you and break the sense of isolation that can surround this issue. Other parents may have experiences or information that is helpful to you.

Study the options listed above. Rate the options from 1 to 5 (with 1 being the option you are most in favor of and 5 being the option you are least in favor of).

Rating Option

- ☐ Ask your child to submit to a drug test
- ☐ Get a chemical dependency evaluation for your child
- ☐ Enroll your child in a drug education program
- ☐ Seek more information
- ☐ Create or join a support group

Below list reasons you are attracted to the option you selected as most favorable:

- 1.
- 2.
- 3.
- 4.
- 5.

Below list reasons you were not attracted to the option you selected as least favorable:

- 1.
- 2.
- 3.
- 4.
- 5.

ABSTINENCE CONTRACTS:

One very important goal of raising an adolescent is to help them to achieve adulthood with their mental and physical assets intact. In other words to help them grow up safe and sane. Alcohol or other drug use threatens the physical safety and emotional well-being of a young person. Adolescents who repeatedly use mind-altering chemicals risk addiction or even worse, death. Addiction can occur very quickly for an adolescent (in about six months) and death can occur with one time use or with the use of small amounts of some chemical substances (i.e. cocaine, heroin, etc...) If you are concerned that your young person is thinking of becoming involved (or is already involved with) the use of alcohol or other drugs then an abstinence contract may help you head off this issue with your young person. Abstinence contracts can be an effective prevention and intervention tool for parents.

Purpose:

The abstinence contract is intended to provide your adolescent with an incentive to avoid chemical use or to terminate chemical use if that is already occurring. A formalized contracting process serves to provide written documentation of the agreement between you and your young person. The contract also helps clearly define your expectation for abstinence and outlines clear consequences for chemical use. Once the contract is initiated, any chemical use brings your adolescent into violation of the contract and into conflict with their choice to use chemicals. It can also provide a mechanism for young people to intervene on themselves if chemical use is problematic.

Abstinence Contracts Work Because:

Adolescents believe that they have absolute power and control over themselves, their decisions, and their world. When an adolescent is presented with a contract they more often than not will sign it out of sincere belief that they are in control of their chemical use. If they are able to refrain from chemical use the contract has worked. If the adolescent is not able to refrain from chemical use, then the contract works to help reduce their denial about chemical use and their relationship to it.

General Guidelines:

To promote the best chance of success for you and your adolescent, several guidelines need to be emphasized. These guidelines are as follows:

1. Be willing to follow through with the consequences of the contract. For the contract to be effective parents need to demonstrate to their young person that they possess a backbone and can stand up for an issue they are committed to.
- Keep it simple. To avoid confusion or points of conflict make the contract simple.

A basic abstinence contract only needs to contain four elements:

- A. Date of the agreement.
- B. Clearly spelled out expectation for abstinence.
- C. Clearly defined consequences to the contract.
- D. Signature of all parties agreeing to the contract.

- 2. Consequences need to be educational and a strong incentive to remain abstinent from alcohol or other drugs.
- 3. Use a business like approach to the contracting process. Keep a cool head. This is not intended to be a fight, argument, or power struggle between you and your adolescent.

Action Steps Required to Contract:

- 1. Before beginning to contract with your young person make a list of all the possible consequences you could use if your adolescent violates the contract. Make another list of all the reasons you would follow through with consequences and another list of all the reasons you would not follow through with the consequences if the contract is violated.
- 2. Prepare yourself for the meeting. What are the reasons your adolescent would give for not wanting to agree to abstinence or refuse to sign the contract? What will you do if your young person refuses to sign the contract and agree to be drug free?
- 3. Make an appointment to meet with your adolescent. Allow plenty of time for discussion. Make sure there are no time deadlines that will hinder the process.
- 4. Meet in a neutral area of the house. Remove distraction(s) from the meeting environment (i.e. TV, stereo, etc.). Avoid distractions such as phone, friends, siblings, etc.
- 5. As you begin, explain the purpose of the meeting to your adolescent and clearly outline your position on alcohol or other drug use by your young person and share your honest concerns with them.
- 6. Write out the contract in front of your adolescent. Do not bring a prepared copy of the contract to the meeting.
- 7. Make a copy for you and your adolescent. Everyone sign both copies. Give your adolescent their copy at the end of the meeting.
- 8. Disengage - Once the contract is presented and agreed to, the meeting is over. Don't bring in other issues. Back off and let the contract take over.
- 9. Don't lecture. Do not repeatedly refer to the contract. Constant references to the contract will build anger and resentment in your adolescent. Your adolescent will feel you are trying to trap them. The goal is not to trap your adolescent, but to let them make choices, knowing what the consequences are going to be if they choose to use alcohol or other drugs.

10. Monitor the contract. Remember don't repeatedly bring up the contract. Back off and monitor your adolescent's behavior and activities. If the adolescent uses alcohol or other drugs and you become aware of it, enforce the contract.

11. Enforce the contract. If your adolescent violates the contract, enforce the consequences immediately (there must not be a delay). Do not allow your adolescent to attempt to renegotiate the terms of the contract after it has been violated. You must act decisively.

12. Use escalating consequences. If the contract is violated and the consequences have been instituted, then renegotiate a new contract with stricter even more severe consequences.

Examples of Consequences:

- ⊗ Lose use of vehicle
- ⊗ Grounding, or lose drivers licence
- ⊗ Get chemical dependency evaluation
- ⊗ Participate in drug education program
- ⊗ Lose TV/Stereo, etc.
- ⊗ See counselor
- ⊗ Participate in chemical dependency treatment

Examples of Abstinence Contracts:

(Current Date)

By signing this contract, I, Robert Smith, agree to remain alcohol and other drug free. If I violate this agreement, I agree to lose the use of the car for one month.

Signature of adolescent Signature of parent

OR

(Current Date)

By signing this contract, I, Robert Smith, agree to the following:

1. To remain alcohol and other drug free,
2. To not be present at parties or other gatherings where alcohol and other drugs are being used, and
3. To not participate in illegal activity.
- 4.

If I violate this agreement, I will go see a counselor and follow the counselor's recommendations.

Signature of adolescent Signature of parent

Jensen, John. "The Intervention Papers." Fargo, ND: Professional Resource Network Publishing. 1998.

CHECK LIST FOR PARENTS:

This list represents the symptoms of parents who love their child and want to believe everything is okay. Yet, they may be experiencing what is commonly referred to as "denial." Parents caught in this subtle trap are doing "all the wrong things for all the right reasons" including compromising their own values and lifestyle while directing all their own attention, thoughts, and efforts towards their child.

1. Do you and your spouse frequently disagree or argue about your child's behavior?
2. Do you often worry about your child's problem?
3. Have you ever tried to cover up or make excuses for your child's behavior instead of
4. discussing the situation with your spouse, friend, or school personnel?
5. Do you feel frustrated because no matter how hard you try, nothing seems
to change
your child's behavior?
6. Do you feel relieved when your child leaves the house?
7. Do you feel anger or general dislike for your child?
8. Are you afraid that you may have become a
failure as a parent?
9. Have you tried to change your behavior in
hopes that it would cause a change in your child's
behavior?
10. Do you give money to your child without your spouse's knowledge?
11. Do you have a growing fear that your child "is out of control?"
12. Do you fear that your child might injure him/herself or others?
13. Do you "bargain" with your child in an attempt to change behavior?
14. Do you feel disappointed that you had to compromise your own values or
lower your
expectations concerning your child?
15. Do you find yourself desiring to spend less time at home to avoid
conflicts with your child?
16. If you check a number of these symptoms, you may be caught in this trap,
and could be creating an environment that rewards and reinforces
inappropriate teen behaviors, rather than stopping them.
17. A good first step towards intervention is to seek professional help
concerning your own particular situation.
18. Please remember to check with your insurance carrier regarding coverage
for professional help.