

CONTINUINGCARE

A Parent's Guide to Your Teen's Recovery from Substance Abuse



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My Child's Finished Addiction Treatment – Now What? Answers to Your Most Pressing Questions

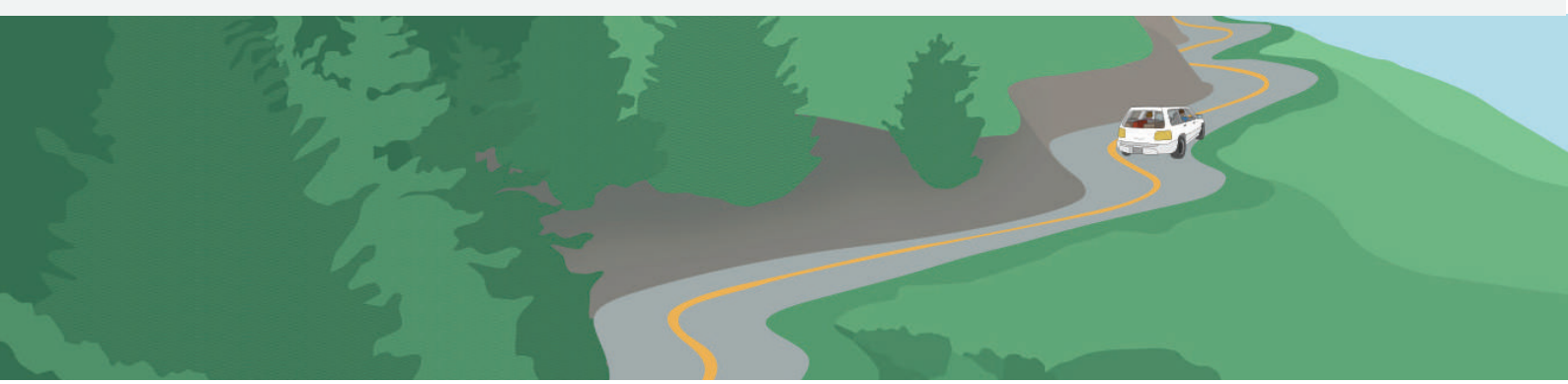
Many parents feel uncertain and ill-prepared when their child has completed inpatient or outpatient addiction treatment. You probably have many questions about how to best support your teen's recovery and you may be feeling extra pressure.

We put this guide together to answer those questions. We want to give parents hope that they can find tools and supports to make their families stronger, and deal with the complex and challenging situations that parents and children experience during the days, months and years after treatment. Unfortunately, there is very little scientific evidence for parents on how to best support their child's recovery. All of the information you'll find here, however, is based on well-established behavioral principles, clinical experience and related research.

Keep in mind that each parent, child and family is unique. You'll need to take into account your family's strengths and weaknesses, the severity of your child's substance use and the presence of co-occurring disorders. Most families will benefit from support and other professional help after their teen finishes treatment, including family therapy. Sometimes the situation is complex and requires the help of a skilled professional who can help you learn about the options that are best for your family.

Please note that the information you'll find here does not take the place of a health professional whom you should collaborate with to help your teen manage his or her addiction.

We hope this guide will help you figure out what might best support your recovery journey together.



Your son or daughter has just completed an addiction treatment program. Congratulations to you and your child on taking the important step of starting treatment – and getting through it! Now what?

Many parents expect their child to be “fixed” when he or she finishes a treatment program. Unfortunately, this is not a realistic expectation. For many adolescents, substance dependence is a chronic condition that will require management into adulthood, and for some, throughout life. This is typical of chronic disorders. For example, if treatment for asthma or diabetes were stopped, a relapse would likely occur. Because addiction is also a chronic illness, this is equally true.

The good news is that with good continuing care that is appropriately adjusted to individual needs, an adolescent should be able to manage his or her condition. Your child may initially need your help, but eventually he or she should be able to manage it without you, as he or she matures.

Treatment, when it works well, does three things:

1. Treatment educates the patient about the diagnosis and the chronic nature of the disease.

Treatment helps the patient understand and accept the idea that substance use disorders are chronic conditions much like asthma or diabetes and that he or she will need to continue to monitor and manage this condition.

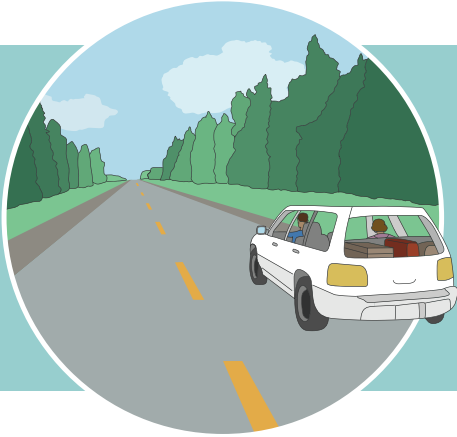
2. Treatment provides an opportunity for patients to stabilize physically and emotionally and to learn about the strategies and skills to prevent relapse.

In the case of inpatient treatment, patients also are given a period of time when they are not using drugs or alcohol. This period of abstinence is important because it allows the patient a time to think clearly about the fact that he or she has a substance use disorder. Parents sometimes find that having their child in residential treatment gives them time to decompress and to figure out next steps.

3. Treatment involves the construction of a continuing care plan — a roadmap to move forward — for how to manage the condition, how to stay abstinent and what will be required to achieve that goal.

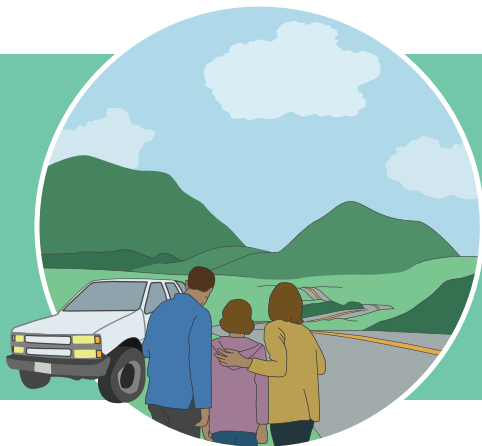
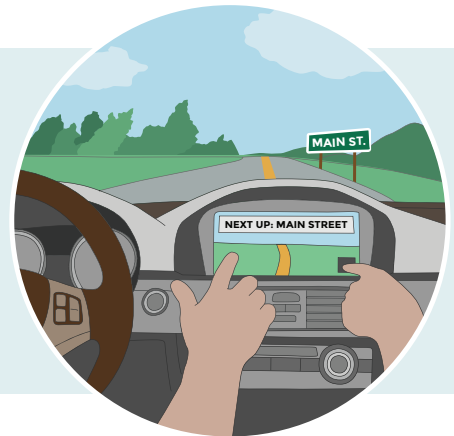
It is important to note that developing a continuing care plan and providing continuing care are not the same thing. For example, the treatment program may create a detailed continuing care plan, but refer outside the program for continuing care services.

THIS GUIDE IS DIVIDED INTO FOUR SECTIONS:



The first section describes the meaning of continuing care and what expectations you should have as a parent regarding continuing care. One of the main take-home messages is that as a parent, you are part of your child's critical support system.

The second section provides practical tips on how to encourage your teen to attend continuing care activities.



The third section discusses why and how you should talk to your teen about alcohol and drug abstinence after completing the initial treatment program. It also tries to help you set realistic expectations about the possibility of relapse — and what to do if relapse occurs.

In the fourth section we discuss the importance of monitoring your child's behavior and emotional states after the initial treatment program — and how to best set rules, monitor and communicate with your child.



SECTION 1: CONTINUING CARE



What is meant by continuing care? Can the treatment center that provided my child's treatment be of any help? Do all treatment programs have continuing care services?

Continuing care is the phrase used to describe the activities that can occur after someone finishes addiction treatment. Sometimes the term “aftercare” is used. Continuing Care can involve:

- Direct communication with the treatment program after the patient leaves
- Outpatient counseling sessions (group or individual)
- Phone follow-ups
- Activities that take place in community support organizations

Optimal but less frequently available continuing care options include:

- Drug testing and feedback
- Counseling or family therapy for parents and adolescents
- Social skills training
- Case coordination with schools and probation officers

“Continuing Care is the support plan following addiction treatment.”

Usually the nature and extent of continuing care varies by treatment facility. Some treatment centers offer very little continuing care, others will offer more. Most recommend a continuing care plan, often a 12-step program or less intensive care.

Ideally the time to start thinking about continuing care services is during treatment.

Should I ask about the continuing care services that a treatment program offers?

Definitely. When choosing a treatment program for your child, be sure to ask if continuing care is offered. Parents should discuss the treatment program's policies on developing a continuing care plan and the details of that plan.

“When choosing a treatment program for your child, be sure to ask if continuing care is offered.”

Ask the treatment staff questions about what will happen after the program ends as early as possible during the treatment process. This way, you will know what to expect and can explore alternatives to continuing care and community support services if the treatment program is not able to provide the needed support or give you referrals.

What does a good continuing care plan involve for an adolescent?

An ideal continuing care plan should involve:

- A counselor or support group and at least twice weekly sessions for the first month
- At least weekly sessions for the next two months
- Twice monthly sessions for at least four more months

Better plans would include:

- Continued regular checkups and monitoring via drug testing provided by a professional. The intensity of the continuing care should adjust based on the results of the checkup.
- New activities your child enjoys that will bring him or her into contact with friends who don't drink alcohol or use drugs.

“Sticking to a support plan is not an easy thing to do, and will require effort and support from all involved.”

If the treatment program does not provide a continuing care plan, then you and your child will need to develop one, preferably with a counselor or medical professional. If your child has a probation officer, you may be able to work with this individual.

It is not always easy for teens to stick to a continuing care plan and it will likely require effort and support from all involved.

How do I know how often my teen should receive some kind of continuing care after he or she has completed a treatment program?

The amount of care required after finishing a treatment program depends on the severity of the individual's addiction.

More severe cases — indicated by perhaps earlier onset, dependence on multiple types of drugs, experiencing prior treatment episodes and relapses — might require more intensive and frequent outpatient continuing care sessions.

“A continuing care plan should be adjusted periodically based on progress.”

The continuing care plan should be adjusted periodically based on progress. What the treatment program offers usually depends on its level of resources.

Do treatment programs offer any services to support parents?

Some treatment programs do offer support groups for parents after their child finishes the treatment program.

Some parents find family support groups — such as Al-Anon, Nar-Anon, Families Anonymous and Smart Recovery — to be helpful, so consider looking for support groups available in your area.

“Just being with other parents who are experiencing the same things that I did, was very empowering...You need to take care of yourself too because you've got to stay strong; you've got to be stronger than your kid through this. Because if you don't ...how are you going to help your child?”

- Carol Allen

What about Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings for my teen? How essential is it that he or she goes to meetings?

Research shows better outcomes for adolescents who attend AA/NA meetings after completing an initial treatment program. The tricky thing is finding a meeting that is geared toward a younger age group.

You can start by asking for referrals – here are some places to start:

- Ask your child’s treatment program to help you find an AA/NA meeting that would meet your child’s needs.
- Contact the local AA/NA central office, and ask them to recommend good meetings for teens.
- Ask another self-help group office for recommendations – or perhaps at family support meetings that you attend.
- Ask other parents for recommendations for teen-friendly meetings.

“As parents, we have to change our thoughts on what use to be – what OUR plans were for our children.” – Denise Mariano

Also keep in mind that the AA/NA central office – as well as an organization called Young People in Recovery – can arrange to have a young person who is well-established in recovery contact your child, and take him or her to a meeting.

What’s most important is that your child finds a meeting that he or she likes. Often it may take visiting several meetings to find a good fit.

“Help your child find a meeting that is geared toward a younger age group.”



SECTION 2: ENSURING FOLLOW-THROUGH

What can I do to help my child follow-through on the recommended continuing care plan?

1. Plan ahead. While your child is still in treatment, you should ask about continuing care plans and request a clearly negotiated continuing care plan before the program ends. The plan should involve the treatment team, your child, you, your family and other friends and responsible adults (if possible and if necessary).

“While your child is still in treatment, ask about continuing care plans and request a clearly negotiated plan before the program ends so that you can support your child in sticking to the plan.”

If the treatment program does not have a continuing care plan or does not share the plan with you, ask your child if a continuing care plan was developed. It would probably be best to approach this issue in a supportive way, for example, telling your child, “I am proud of you for sticking with and completing the treatment program. I want to do everything that I can to support these accomplishments and help you maintain the achievements you made in treatment.

“My son is passionate about music. If he attended extra support group meetings in a given week, I would reward him with a \$5.00 or \$10.00 music gift card so he could download some songs or an album he really wanted. I would do the same if his therapist told me he had a particularly good session. The rewards helped encourage my son to share openly with others, and doing so eventually became second nature to him.”

- Dean D., parent

2. Support your child in sticking to the continuing care plan. So, if the plan involves attending counseling sessions or a support group, be aware of the meeting schedule and check to make sure that it is easy to get to the sessions. If the plan requires taking a bus an hour each way, it's probably too difficult. So, if your child needs a ride and you are able to provide it, do so.

You can also help by finding ways to give rewards as soon as possible each time your child performs one of the steps in the plan. Rewards can be as simple as verbal praise for doing well, preparing your child's favorite meal to celebrate an accomplishment or giving your child an added privilege. Make sure that whatever you plan it is something that your child really likes or wants.

How can I make sure my child goes to appointments after finishing treatment? Is that important?

Yes, it's very important.

You can also help your child attend follow-up appointments that are suggested by the adolescent's treatment program or other health care provider by providing reminders, support and transportation.

Transportation has been cited as a major barrier to continuing care. Many adolescents coming out of treatment don't have a driver's license and some live in areas where public transportation is either not accessible or expensive. If you cannot provide transportation to continuing care, you may want to help your child find transportation – perhaps a sibling, neighbor or extended family member could pitch in.

Although providing support is important, especially at first, it is also good for teens to learn that they need to be an active participant in their health care and not leave all the responsibility up to their parents. Because addiction can be a chronic, recurring problem for some individuals, it is important that children learn self-care skills that will follow them into adulthood. The level of responsibility for self-care that you place on your child, of course, can vary by age and maturity, but some level of participation, even at younger ages, can be helpful in developing good habits for later.

“Adolescents need to be an active participant in their health care and not leave all the responsibility up to their parents.”

Some people believe that by helping your child to attend appointments after treatment, you are enabling; and this is true – but in a good way. You are enabling your child to engage in the continuing care plan. This is not the same thing as enabling your child to continue drug use.

Will going with my child to continuing care meetings help, or is it considered to be interfering?

It all depends on what sort of continuing care is involved. If it is individual or group sessions, parents should not attend. Obviously if it is family therapy, parents should attend. Parents should get involved in their child's continuing care in order to reinforce sobriety. Both family attendance at aftercare and family helpfulness during recovery is associated with lower levels of substance use post-treatment. In order to stay abstinent, adolescents need a safe and supportive environment and parents are key to making sure that happens.

But sometimes teens are not comfortable with their parents attending every meeting and, depending on the type of continuing care meetings; your presence might not be allowed. There could be separate parent groups for you to attend during the time your child is attending an adolescent-only group.

“In order to stay abstinent, adolescents need a safe and supportive environment and parents are key to making sure that happens.”

If your child is uncomfortable having you attend every meeting, try to agree on a number that works for you – and see how many other parents attend and how often they do. If the continuing care program does not allow you to attend the meetings, ask the program for recommendations or try on your own to arrange family sessions.

If you're feeling distant from your child, invite her to talk about her experiences. This can allow you to be supportive and get a better understanding of continuing care activities. Here are some suggestions on what to ask:

- **How are your meetings are going?**
- **Are the group leaders/therapists/sponsors helpful?**
- **Are you finding that recovery is a struggle for you?**
- **Do you like the other participants?**

This all sounds so time-consuming. How can I do this and not feel overwhelmed?

It is likely that you, your child or other family members will feel overwhelmed. There will inevitably be other family or personal needs or crises that emerge. There probably will be times when it all seems impossible to juggle. Continuing care needs to be a priority. Consider

“Continuing care can be time-consuming and emotionally difficult, but it may be the best investment you can make.”

the time, worry, expense and heartache you experienced when your child was actively addicted. Continuing care can be time-consuming and emotionally difficult, but it may be the best investment you can make. Some adolescents who finish a residential treatment program (and some parents) will argue that residential treatment was enough and that they do

not need continuing care. For this reason and others, adolescents in recovery often resist attending meetings or other groups after finishing treatment. With some teens, family members can use a non-confrontational approach to help them warm up to the idea of continuing care. Often, adolescents have trouble picturing what their life will be like without alcohol and other drugs.

“You are not alone. There are those of us – individuals and organizations – who would help you in a heart-beat if only given the chance. Some of my best friends today are the moms and dads that I’ve met in parent support groups. Together, we laugh, find strength and offer each other hope.”
– Paul Kusiak

So involving peers can sometimes be helpful to convince teens to stick it out since they may be likely to listen to the experiences and advice of other teens in recovery. Some continuing care groups for teens use peer representatives who can be living proof that it is possible to live happily in recovery. Peer representatives can sometimes help convince adolescents to participate in continuing care and may even help them to attend continuing care activities. To find a peer representative, you can contact Young People in Recovery.

Have a discussion with all family members explaining the importance of continuing care. It is important not only to the well-being of your child, but to the well-being of every family member who has been impacted by your child's addiction. Think of ways that you might be able to support each other at times when one of you is feeling overwhelmed. Consider family members and close friends who you can call upon occasionally to help. If you continue to feel overwhelmed, you might want to consider getting help from a counselor who specializes in individual or family therapy.

“I felt so alone because I was too ashamed to let anyone else in my family know what I was going through. When I finally accepted that they already knew, it was such a relief. I was so worried that my sister would blame me for my son's problems, but she ended up being so supportive.”
- Anonymous

Should I talk to my teen about abstinence from alcohol and other drugs after finishing treatment?

It is essential that you communicate the message that you expect your child to stay completely abstinent from drugs and alcohol following addiction treatment. Make it clear that abstinence is the household rule. This means that taking prescription drugs that are not prescribed or in a way that is inconsistent with a physician's orders is also against the rules. Conveying a strong and clear expectation about abstinence, is your best bet for decreasing the chances your child will relapse.

This is important because adolescent alcohol and drug use is not only illegal, but it also has negative effects on brain development, and research shows that the brain continues to develop until the mid-20s.

“Conveying a strong and clear expectation about abstinence, is your best bet for decreasing the chances your child will relapse.”

How can I reinforce the message of abstinence?

First, you have to be sure whether your child is abstinent. The best way to do this is to involve a health care provider who is well-informed about adolescent substance use and drug testing. Ideally, drug testing occurs two to three times a week and your child does not know in advance when the test will occur. Random scheduling is important so that your child is not able to prepare by stopping drug use prior to the test.

The testing schedule can be reduced over time as your child demonstrates continuing abstinence. Because drug tests won't pick up all substances your child might be using, don't ignore other signs that your child is using.

Second, you and your child must have a pre-determined understanding of what consequences will occur if a drug test comes out positive and what rewards or reinforcements there will be for staying abstinent.

The rules for behavior – and the consequences for breaking the rules – need to be clear as well. Rules must be set out in advance — not decided upon when something unpleasant happens. You may want to even write up contract. Figure out what things really matter to your child. Create rewards and consequences based on what your child values.

Positive reinforcement is saying and doing something “nice” for your child in response to positive behavior and can encourage healthy constructive changes. Consider providing a reward as soon as possible after your child has abstained from substances or followed other rules you have created beforehand. What rewards are effective varies for every person and may include things as simple as receiving praise, having accomplishments acknowledged or earning privileges. For some, earning extra driving or cell phone privileges may be important; for others having their favorite meal or getting extra time with friends is most valued.

**“Sometimes NOT mentioning drugs, addiction or recovery all day long can be a welcome and pleasant reward to both you and your teen. Also, a big hug, a smile or an ‘I love you’ can go a long way.”
– Paul Kusiak**

When rules are violated, it can help to place restrictions on things or activities of value to your child. Parents should also think through with a health care professional what they should do if they discover that their child is using drugs or alcohol. For example, a parent should avoid yelling at the child, or trying to have a discussion while the child is drunk or high.

Reward positive behavior by acknowledging or praising it and sometimes giving added privileges or things that matter most.

Restrictions and other negative consequences should not be too severe or long lasting. Take away the cell phone, but let the teen earn it back within a week – two at the longest. If you keep taking things away for the rest of the month, by the end of the month there might be nothing left to take away.

Note:

Focusing on the positive doesn’t mean that your teen should have free access to everything he or she wants. If you have an agreement that your child can earn extra cell minutes by going to his or her aftercare program, it’s okay not to give those unless he earns them. With holding privileges is not the same as punishing.

To promote abstinence, is it better to reinforce good behavior or to punish bad behavior?

Our natural tendency is to notice when something goes wrong and to try and correct it, often by implementing restrictions, or providing negative feedback, both of which can be punishing. It is much more difficult to notice when something goes right and reward it, but emphasizing the positive is very important.

Positive reinforcement may be especially important with substance-abusing adolescents who are defiant, resistant to authority or have low self-esteem. Punishment often appears to be immediately effective, because it often results in the adolescent immediately stopping undesirable behavior. Unfortunately, in the long run, controlling behavior by punishing it is often ineffective and can have negative side effects including making the adolescent more secretive about the behavior and damaging your relationship with your child. If you are going to use negative consequences for rule-breaking, you should always use them in combination with positive reinforcement for following rules. There should be much more opportunity for positive reinforcement than there is for punishment – the general guideline is at least five positives for every negative.

Emphasizing the positive is very important, and may be especially important with substance-abusing adolescents who are defiant, resistant to authority or have low self-esteem.

Should I expect my child to be completely abstinent from alcohol or drugs following treatment?

Although you need to clearly communicate a message of abstinence, there is always the chance that relapse will occur.

Teens are typically prone to testing boundaries, impulsive behavior and poor decision-making. We now know that these behaviors are related to the areas of the developing brain associated with impulsivity and cognitive control. This may make it much harder for teens to meet a goal of abstinence than it is for individuals who develop substance use disorders in adulthood. Research shows that nearly one-third of adolescents who have completed a 28-day program use a substance again within the first three months.

Although you need to clearly communicate a message of abstinence, there is always the chance that relapse will occur.

What is the difference between relapse and a “slip”? Why is this difference important?

A full relapse is the process of returning to problematic substance use seen before treatment, whereas a slip (which is far more common) is a specific drug use episode.

How should I view a slip or relapse if it occurs?

It is not your fault if a slip or relapse occurs. Although a return to drug use can be frustrating for you and your child, it is important to remember that it does not need to lead to a full relapse and your child can pick up again in the recovery process. However, this does not mean that parents should not be concerned or should tell to their child that occasional use is acceptable. Motivation to stay abstinent may be low in adolescents and that can be especially frustrating for parents who feel their child should want to stay sober. It is essential that you, as the parent, indicate that you do not want your child to be using any alcohol or drugs.

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“Reality check: How many times have some of us tried to diet, exercise or quit smoking? It isn’t always one and done. Our teens didn’t get so deep into the deep dark woods of their substance use overnight. Seldom is there one straight path out of those woods - from chaos to clarity. When the entire family practices self-care, this time of relapse can pass without panic and drama. Lessons can be learned, and recovery moves forward again.”
- Anonymous



SECTION 4: MONITORING IN A SUPPORTIVE WAY

What do I need to be on the look-out for after my child finishes treatment?

Drug dependent adolescents are susceptible to cravings and relapse when they are exposed to drug-related triggers such as places, people, and objects associated with their former drug use. Therefore it is important that you do whatever you can to limit exposure to these cues.

There is a wide range of recovery supports and services available to help individuals in recovery prevent relapses, get emotional support, maintain progress made in treatment, and live drug-free.

How can I limit exposure to people, places and things associated with my child's former drug-using life?

In order to limit exposure, you have to stay aware of two things:

- Your child's activities
- Social relationships –including online activities and connections

Engage in New Activities

It is important for teens to re-engage in meaningful academic or vocational pursuits after treatment. Encourage your child to get involved in new activities at school or elsewhere. Helping adolescents fill their time with healthy, rewarding, non-using behaviors and social activities can help them maintain abstinence. If possible, agree to provide the ride to and from the activity. Allow your child to try a few activities until one is found that your child likes.

Helping adolescents fill their time with healthy, rewarding, non-using behaviors and social activities can help them maintain abstinence and find other positive reinforcement.

Social Relationships

Help your child meet new friends through young persons' AA meetings and community-based activities of interest. You should be aware that certain settings, like overnights with other

friends, may provide an opportunity to use drugs and alcohol. Adolescents are emotionally sensitive, and relationship breakups might be particularly devastating. Keep track of moods and stress levels and how your child reacts to them. If you know that a difficult or stressful situation is ahead, communicate with your child about it and watch carefully to see how the situation is handled.

“We found it helpful to get our son back to some of the fun activities he loved and excelled at prior to his use.”

– Paul Kusiak

How can I let my child know that I will be monitoring his or her behavior?

You should begin by having a conversation about how things need to be different between you (and other household members) and your child. It is a good idea to be clear about how this will be a good thing and to bring up positive reasons why things will need to change in the house. If your child knows what is expected, your home environment will be more comfortable for everyone. This may help ease tensions and help your family to enjoy being around each other again and do more fun activities together.

If your child knows what is expected, the home environment will be more comfortable for everyone.

Maybe it’s new for you to set rules and boundaries, and to enforce consequences when those rules are broken. If that is true, it’s critical to think about how your relationship must change. During this initial conversation, you should discuss what will be expected of your child. You may want to discuss expectations for helping out with chores around the house, curfews, frequency of monitoring drug use and what consequences will result if the rules are violated. There can be expectations placed not only on behavior, but on things like letting you know where he/she is after school or at whose house your child will be staying overnight, if you’ve given your permission.

It might be a good idea to set stricter boundaries directly after the treatment program ends. Then, if your child appears to be doing well, expand privileges with time. Monitoring activities and whereabouts is very important – it should be expected that you will want to know where your child is at all times, and who your child is with.

Isn't setting rules around behavior going to interfere with my child's ability to become independent?

Many parents think that setting behavior rules is somehow interfering with their teen's learning independence. This is not true, even if your child complains or acts out when you try to set rules. Especially in this case, monitoring behavior will help keep your child safe and healthy. It will be helpful if you can communicate to your child why you are monitoring. Saying, "It's for your own good" doesn't cut it. Consider walking your child through various high-risk situations and discussing possible negative and positive consequences. This might help show your teen that you're not trying to control him, but that you want him to have the best possible chance to succeed in recovery.

Example: "We are setting some house rules that you will need to follow and one of the rules is that you need to let us know where you are and what you are doing throughout the day. We're not doing this to try to control you, we just need to know where you are so we aren't worrying. We also hope that providing a bit more support and structure will be helpful to you in your recovery."

It might be a good idea to set stricter boundaries directly after the treatment program ends. Then, if your child appears to be doing well, expand privileges with time. Monitoring activities and whereabouts is very important – it should be expected that you will want to know where your child is at all times, and who your child is with.

Make it clear that you are not trying to control your child but rather giving your child the best possible chance to succeed in recovery.

My child really does not want me to do behavior monitoring. We end up fighting. Is this normal and how can I avoid getting into these situations?

Because adolescents are still developing, be prepared for resistance. Teens can be arrogant, disrespectful, feel invincible (i.e., they might not understand the risks associated with use, and resist all forms of authority.) Remember that one important leverage point that you do have is that your child is your dependent. Even if they are no longer your legal dependent, your child is living in your house. You are providing for your child and therefore you can set rules around behavior.

Arguing back and forth about whether monitoring behavior is the right thing to do will go nowhere. It is important to convey that just like daily monitoring of blood sugar is necessary when someone is trying to control diabetes, frequent drug testing helps ensure that problems are uncovered as quickly as possible so that you can work together and get help right away. This is again why a written behavioral contract is important.

For example, do not say, "I think you should go to your counseling session this evening." This invites debate. Instead, say "I will take you to your counseling session this evening and we can stop at (a favorite restaurant) after for dessert."

Remember: you are providing for your child and therefore you can set rules around behavior.

Should I go so far as to check cell phone records or social media accounts for evidence that my child is using alcohol or other drugs after finishing treatment?

Returning to the same drug-using group of friends is something that a teen in recovery should not do. An important part of recovery is building a supportive social network made up of peers who don't drink alcohol or use drugs. In today's society, part of socializing includes text messaging and social networking sites.

You may want to talk about what your child may be exposed to online, since there are many alcohol- and drug-related posts. Seeing drug use and drug paraphernalia can be a relapse trigger and thus, should be avoided. You might not be successful

if you tell your child not to visit these social networking sites, but it's important for you to be aware that your recovering adolescent will be exposed to relapse risks and to talk about it before it happens. This is again why a written behavioral contract is important.

You may want to talk about what your child may be exposed to online, since there are many alcohol- and drug-related posts

I've heard a lot about monitoring my child's behavior with drug testing. How should I go about doing this? Is it safe for me to do it myself at home?

Although drug testing to help support your child's recovery is a good idea, it is not something you should attempt to do on your own. You need to work with someone who understands the limitations of monitoring, especially as it applies to teens who will readily switch the substances they use to get around a drug test. Also, you will need help preparing how to respond to test results. This involves setting up rewards for your child's successes in abstaining from substance use, as well as learning to stay calm if your child tests positive for drugs.

Work with someone who understands the limitations of monitoring, especially as it applies to teens who will readily switch the substances they use to get around a drug test.

What are some signs that relapse might have occurred?

Warning signs can include secretiveness, lying, returning to seeing drug-using friends, stealing, skipping school, missing continuing care counseling sessions or groups, the smell of alcohol or marijuana or physical signs of substance use. An important thing to be aware of is how your child is doing in school.

A drop in grades may signal your child is skipping class, seeing old drug-using friends or losing motivation (which can be a result of drug use). Seeing one of these signs does not guarantee your child has returned to using, but they signal a pretty high likelihood of relapse.

A drop in grades may signal your child is skipping class, seeing old drug-using friends or losing motivation (which can be a result of drug use).

“A month of treatment is, of course, a milestone for one suffering from substance abuse, however, it is only the beginning of recovery for an individual – the first step. The tools they learn in treatment have yet to be applied in the real world, the pressures of school, relationships, sports and work, all of which can sometimes be overwhelming.”

– Denise Mariano

What can I do if I see signs of relapse?

If you see any of these signs, you can express your concerns in a calm and supportive way. If you are able, you can also contact the continuing care provider to express concerns, or you can try to have your child return to an increased level of care. Although many providers will refuse to speak to parents because of professional confidentiality rules, there is no professional or ethical rule that states they cannot listen to information that you provide to them. You can still inform continuing care providers of your child's relapse.

If you see any of these signs, you can express your concerns in a calm and supportive way.

My child still won't do what I ask. No matter what I do, the same communication problems exist between us.

Many parents feel that substance abuse treatment should improve all of their child's difficult behaviors. We are reminding you that you are still dealing with an adolescent who will undoubtedly display typical adolescent behavior (such as moodiness, challenges to authority, etc.) Substance abuse treatment is the beginning of change – and your child is still learning how to deal with problems and how to live without using substances. Also, drug treatment will not necessarily help other mental or behavioral problems that might have been present before your child started using drugs or alcohol.

If you are still concerned that the moodiness and anger is creating serious problems for your child or your family, you can express this concern to a professional and discuss the possibility of having your child assessed for emotional problems. Family therapy might be indicated in these situations and may help your family members learn better ways of communicating with one another. If your child is seeing a therapist or counselor individually as a part of the continuing care program, discuss your concerns with this person. If the counselor or therapist cannot speak to you because it will break confidentiality, clarify that you are not asking for any information – you just wish to share your observations and concerns.

Remember that you are still dealing with an adolescent who will undoubtedly display typical adolescent behavior (such as moodiness, challenges to authority, etc.)

CONTINUINGCARE

A Parent's Guide to Your Teen's Recovery from Substance Abuse

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WE'RE HERE TO HELP.

Please call our Parents Toll-Free Helpline at:

1-855-DRUGFREE 1-855-378-4373

Monday to Friday, 10am – 6pm ET (In English & Spanish).

To talk to other parents and experts about drug and alcohol addiction, treatment and recovery, visit our support community at:

drugfree.org.

