Student Services Resource Guide
EVERY STUDENT, EVERY DAY

Student Support Services
LAKEVILLE AREA PUBLIC SCHOOLS
Dear Parent/Guardian,

Lakeville Area Public Schools is committed to the personal, social, and academic success of our students. A growing body of research validates the connection between social emotional health and academic success. In addition to academic skills, 21st century students need strong skills in optimism, empathy, self-regulation and effective communication. Moreover, mental health and chemical health directly impact your child’s learning and development. Although schools are primarily concerned with providing educational content, we recognize mental and chemical health is essential to learning. We strongly believe schools must be partners in care of our children, and we are committed to providing a spectrum of services to meet the needs of our students.

In this guide, you will find information and resources aimed at prevention, early intervention, and comprehensive care for those students managing ongoing symptoms of mental illness and/or chemical use behaviors. Our student services staff is equipped to collaborate with families as they address concerns, and can assist families in determining the resources and tools most effective in meeting their needs. Recognition and early intervention by parents, staff, and community minimize the long-term impact of undiagnosed and unmanaged mental and chemical health concerns.

As education professionals, we recognize and embrace our roles in assisting our students and families with personal, social, and academic needs. As an integral part of your child’s daily environment, we welcome you to contact school staff to consult when concerns arise. On behalf of our entire department, I wish you and your child a successful school year.

Regards,

Renae Ouillette
Executive Director of Student Services
Lakeville Area Public Schools
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DEFINITIONS

Mental Health
Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Mental Illness
Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others, and daily functioning, resulting in diminished capacity for coping with the ordinary demands of life.

Substance Use
Experimentation can happen at any time during adolescence, typically involves tobacco, alcohol, and marijuana, and generally occurs with peers. Often, parents are not aware experimentation is happening. Addressing early stages of substance use is critical to preventing the advancement to chronic use or abuse.

Substance Abuse Disorders
Substance abuse occurs when a person continues to use drugs or alcohol beyond the experimental stage, likes the effect on his/her body, and continues to abuse the substance in spite of recurrent problems such as:
- Failure to meet obligations at school, work, or home due to substance use (i.e., failing grades, suspensions, etc.)
- Strong connections are made with peer group also using substances
- Experiencing legal consequences related to substance use
- Interpersonal problems increase with family members and/or friends

Dependency/Addiction
Dependency differs from abuse. Individuals with chemical dependency have additional symptoms as a result of their continued use of drugs and/or alcohol. These may include:
- Tolerance: occurs when the body requires a greater amount of the drug(s) and/or alcohol over time to achieve the desired effect
- Withdrawal: occurs 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 chemicals than intended and/or introduction of new chemicals
- Desire to quit using drugs/alcohol, and/or unsuccessful attempts to reduce use
- Spending a lot of time and money to obtain the drugs and/or alcohol
- Choosing to use chemicals over friends, family, work, sports or healthy activities
- Continued use in spite of mental and physical health problems

(For a more thorough list, please see the section titled “What a Chemical Problem May Look Like.” on page 11.)

Student Support Services Resource Guide
Overview of Child and Adolescent Mental Health

Mental illness can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in a treatment plan.

Mental illnesses include anxiety, depression, mood disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and personality disorders. The good news about mental illness is that recovery is possible.

A treatment plan may include medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and other community services. Participating in recommended treatment plans, as well as maintaining a healthy diet, positive social relationships, healthy sleep patterns, and remaining chemically free are essential components of health management.

Facts about mental illness and recovery:

• Mental illnesses are biologically based brain disorders. They cannot be overcome through “will and power” and are not related to a person’s character or intelligence
• Mental illness onset often occurs during adolescence and young adulthood
• The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports
• Early identification and treatment is of vital importance. By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and further harm related to the course of illness is minimized
• Left untreated, mental illness can lead to significant setbacks in adult life
Common Indicators of Mental Health Concerns

Early intervention is important if you are concerned about your child’s mental health. Pay attention to a child or adolescent who exhibits any of these warning signs:

A child or adolescent is experiencing:
• Sad and hopeless feelings for no reason, and these feelings are prolonged
• Irritability or anger most of the time
• Uncontrollable crying or a gross overreaction to situations
• Feelings of worthlessness or guilt
• Feelings of anxiety or persistent worry
• Inability to progress through the grief process following a significant loss
• Unexplained fears and worries
• Constant concern about physical problems or physical appearance
• Racing or persistent thoughts

A child or adolescent experiences significant changes, such as:
• Declining academic performance
• Inconsistent school attendance
• Lost interest in things once enjoyed
• Unexplained changes in sleeping or eating patterns
• Avoiding friends or family, and desires to be alone or isolated
• Inability to complete tasks
• Feeling life is too hard to handle
• Experiencing fluctuations in mood, energy level, and motivation
• Hearing voices that cannot be explained
• Experiencing suicidal thoughts
Distinguishing a “Bad Day” From Depression

Kids and adults alike use the words “depressed” and “depression” to describe both normal reactions to stress, fatigue, or boredom (a “bad day”) and serious emotional problems (the disorder of depression). It’s important to help recognize the differences between the normal feelings and experiences of a “Bad Day” and the symptoms of Depression. The information below offers some examples of differences between strongly experienced feelings and depression.

### How Does a “Bad Day” Differ from Depression?

- **Time period** - The symptoms of depression are longer lasting than experiences a “bad day”
- **Severity** - Depression is severe, and people can’t just “snap out of it” or quickly feel better
- **Triggers** - “Bad days” involve stressful experiences, but depression happens even when life seems to be going great

### “Bad Day” vs. Depression

<table>
<thead>
<tr>
<th>“Bad Day”</th>
<th>Depression</th>
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<tbody>
<tr>
<td>You’re angry today—because someone has spread rumors about you.</td>
<td>Anger</td>
</tr>
<tr>
<td>You’re angrily and irritable lots of the time, or at lots of people, you’re jumpy—and blow up over the littlest things.</td>
<td></td>
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<tr>
<td>You’ve got an upset stomach and don’t feel like eating this morning because of a big event coming up.</td>
<td>Physical Problems</td>
</tr>
<tr>
<td>You have headaches and stomachaches every week, you just don’t feel real right. Your weight has changed rapidly.</td>
<td></td>
</tr>
<tr>
<td>You’re tired because you stayed up late last night.</td>
<td>Feeling Tired</td>
</tr>
<tr>
<td>You’re tired most of every day—you just can’t seem to get enough sleep.</td>
<td></td>
</tr>
<tr>
<td>You’ve been crying a lot because someone you love is very sick or has died.</td>
<td>Crying or Sadness</td>
</tr>
<tr>
<td>You cry at the littlest thing—you don’t even know why. Or you’re just not able to be happy about anything these days.</td>
<td></td>
</tr>
<tr>
<td>You’re discouraged this week—because you are having a hard time with math.</td>
<td>Discouraged or Hopeless</td>
</tr>
<tr>
<td>You’re discouraged about more than math. You feel that you can’t do anything right and that you’ll never feel good again.</td>
<td></td>
</tr>
<tr>
<td>You’re bored all weekend—you’re sick and can’t be out with your friends.</td>
<td>Bored</td>
</tr>
<tr>
<td>You feel bored or “blah” a lot of the time—nothing seems fun. You don’t even enjoy your friends anymore.</td>
<td></td>
</tr>
<tr>
<td>You can’t concentrate in class today because you’re upset about a grade you got on a test this morning.</td>
<td>Grades</td>
</tr>
<tr>
<td>You can’t concentrate on your homework lately. You forget assignments, and your grades are falling.</td>
<td></td>
</tr>
<tr>
<td>You’re wondering about death—a loved one is very ill right now.</td>
<td>Thinking of Death</td>
</tr>
<tr>
<td>You think a lot about dying or about hurting yourself. It just feels like life is not worth living anymore.</td>
<td></td>
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<tr>
<td>You’ve had trouble falling asleep the last few nights—you’re awake and thinking about your move to a new home.</td>
<td>Sleep Problems</td>
</tr>
<tr>
<td>You have trouble falling asleep most of the time or you fall asleep but then wake up and lay awake during the night.</td>
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<tr>
<td>You felt fine this morning, then several things went wrong, and now you are ready to scream!</td>
<td>Moods</td>
</tr>
<tr>
<td>You wake feeling unhappy. And then any little thing can make you cry, blow up at someone, or just head for your room.</td>
<td></td>
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<tr>
<td>You’re feeling guilty right now because you didn’t keep a promise to your brother. And you’re worried about your father losing his job.</td>
<td>Worries or Guilt</td>
</tr>
<tr>
<td>You feel guilty and like you’re a burden to family and friends. Or you feel scared a lot. Maybe you don’t want to leave your home because you’re afraid something bad will happen.</td>
<td></td>
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<tr>
<td>You’re lonely because most of your friends are away this week.</td>
<td>Lonely</td>
</tr>
<tr>
<td>You feel lonely most of the time, and like no one understands or loves you. Or you feel disconnected from your own feelings.</td>
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Substance Use and Mental Health Concerns in Youth

Often, youth experience co-occurring disorders, which include addiction and at least one mental health concern or diagnosis. Five key considerations related to the prevalence, diagnosis, and treatment of co-occurring disorders in young people are discussed below.

1. **What is a co-occurring disorder?**

Co-occurring disorders, also known as “dual diagnosis” or “comorbid conditions,” refers to the coexistence of a substance use disorder and a mental health disorder. Mental health disorders that commonly occur with addiction include mood disorders (such as depression or bipolar disorder), eating disorders, and anxiety disorders, such as post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder.

2. **Are youth with addiction at greater risk of co-occurring mental health issues?**

As reported in Hazelden’s Research Update on “Addiction and Mental Illness,” the prevalence of substance use disorders in the general population is about 16 percent, while almost twice as many (29 percent) people with mental health disorders have a substance use disorder. Additionally, the population provides the following facts and figures on the prevalence of co-occurring disorders:

- **Depression:** Depression is often found at high levels among alcoholics and addicts seeking substance dependency treatment. As many as 80 percent of alcoholics experience depressive symptoms at some time in their lives, and 30 percent meet diagnostic criteria for major depression.
- **PTSD:** There is also a strong correlation between substance use disorders and PTSD, with as many as one-third of patients meeting criteria for PTSD when they enter treatment for their alcohol/drug problems.
- **Anxiety disorders:** Rates of other anxiety disorders, such as agoraphobia, panic disorder, social phobias, and general anxiety disorder, are high in treatment populations, ranging from 10 percent to 60 percent.
- **Eating disorders:** Most studies find that 15 percent to 32 percent of women with alcohol/drug disorders meet diagnostic criteria for an eating disorder at some time in their lives.
- **ADHD:** A strong correlation exists between attention-deficit hyperactivity disorder and alcohol/drug disorders.

3. **Why do these disorders occur together so frequently?**

Research shows that many of the risk factors in young people that lead to addiction also serve as risk factors for mental health problems. That is, many of the underlying vulnerabilities for both mental health and addiction problems are shared. The most effective treatments don’t just address symptoms. They get to the core causes and ongoing risks for continued illness.

4. **Why is it difficult to diagnose co-occurring disorders?**

Psychiatry is a complex field with regard to diagnostic assessment. Conducting a comprehensive evaluation is of paramount importance because effective treatment of co-occurring disorders is diagnosis driven. For young people, the assessment should be conducted by a multidisciplinary team of addiction specialists, psychologists, and medical doctors. The assessment is based on the young person’s specific addiction issues, mental health, gender, physical health, home environment, level of behavioral and social development, and environmental issues.
5. **What type of treatment is recommended for co-occurring disorders?**

People at risk for substance use disorders often have risk factors and liabilities long before they drink or use drugs. Research also clearly demonstrates that the risk factors for mental health and addiction problems have more in common than not.

Most treatment centers treat the end symptoms of addiction (such as drug use) and mental health (such as depression) as two separate problems. A more effective model incorporates holistic and developmental treatment approaches to address the underlying risk factors for both conditions. Developmental healing and growth help the young person better regulate feelings, reduce risky behavior, choose better friends, use socially appropriate behavior, and become more resilient. These changes in turn make the person more able to learn and practice healthy behaviors and abstain from use and abuse of alcohol and other drugs.

(Adapted from Hazelden. “Drug Abuse and Mental Health Issues in Young People.” Center City, MN. 2013)
What Parents Need to Know About Adolescent Substance Use Disorders

The teenage years can be times of pushing boundaries, taking risks, and learning through experience. When alcohol and other drugs are in the mix, risk taking becomes increasingly dangerous and has potentially irreversible consequences, including psychological and emotional damage. There is also greater likelihood of developing addiction later in life. Adolescents are especially vulnerable to the harmful and lasting effects of alcohol and other drugs. Five key considerations for parents include:

1. **The adolescent brain is not fully mature.**
   Brain development continues until a person reaches their early-to-mid 20s. The last area of the brain to develop is the pre-frontal cortex, which is center for logical thought, judgment, and higher order decision-making. Use of alcohol and other psychoactive substances, including marijuana, other illicit drugs, and prescription painkillers, can alter or impair healthy brain development, judgment, and decision-making.

2. **Teen substance use increases the likelihood of other risky behaviors.**
   Young adults tend to feel invincible and many are prone to impulsive behavior. Their focus is less on the consequences and long-term effects of their behavior and more on fitting in socially, testing norms, and experimenting. Alcohol and other drug use can impair the young adult’s ability for logical thinking and impulse control management.

3. **Substance use threatens a young person’s emotional development.**
   Adolescents learn to delay gratification through practice and experience. For example, a young person learns he must study to earn good grades or show up for work on time in order to receive a paycheck. Emotional health and a sense of well being come as a result of making small efforts on a day-to-day basis, leading to long-term benefit. This important learning curve is interrupted for teens that use - and come to rely on - alcohol or other drugs as a shortcut to feeling good.

4. **Drinking or drug use at a young age is a risk factor for addiction.**
   It is well established that regular use of alcohol or other drugs during the teenage years increases the likelihood of developing a full-blown substance use disorder. Substance abuse in adolescence is also associated with a number of adverse consequences such as increased medical and mental health problems, absenteeism and disciplinary problems in school, as well as unintentional injury and even death.

5. **Parents shouldn’t wait for their teen or young adult to ask for help.**
   If you sense that your son or daughter is drinking or using other drugs, trust your gut and get answers. Don’t count of your son or daughter to see and accept the truth if he or she has a problem with drinking or drugs. In fact, what you can count on is your teen insisting he/she does not have a problem.

(Adapted from Hazelden. “Arrested Development: What Parents Need to Know About Adolescent and Young Adult Substance Abuse.” Center City, MN. 2014)
**Signs of a Chemical Health Concern**

As children move throughout adolescent years, parents often experience concerns about chemical use. It is critical to intervene early if you suspect or recognize chemical use by your child. Early detection and intervention are essential to minimize negative impact on personal, social, and academic aspects of life. The following are warning signs that your child may be using chemicals:

1. **Physical clues** (look for multiple indicators and/or persistence over time)
   - Change in eating habits and unexplained weight loss or gain
   - Inability to sleep or wake up at unusual times
   - Red or watery eyes, pupils larger or smaller than normal, blank stare
   - Excessive sweating, tremors, or shakes

2. **Sudden and sustained emotional changes**
   - Loss of interest in the family/avoiding family relationships
   - Signs of paranoia, such as being overly secretive or isolation
   - General lack of motivation, energy, self-esteem
   - Chronic dishonesty and blaming others for behavior
   - Moodiness, irritability, nervousness

3. **A pattern of changes in school attendance and grades**: One of the first ways chemical abuse shows up is changing school patterns. Parents should look for signs, such as tardiness and attendance problems or a drop in grades. As you monitor for suspected concerns, talk to school personnel directly, and do not rely on automated phone messages to serve as your only communication. These messages can be deleted before you retrieve them. Monitor your child’s attendance and grade patterns via the online portal.

4. **Instances of unaccountable money or unexplained loss of money**: Adolescents using chemicals may become involved with selling drugs, and may have unexplained sources of income. Or, the opposite happens, children start stealing from siblings or parents. Notice whether any game stations, jewelry, or electronic devices are missing. Watch for lies; “I’m just holding this money for a friend,” or “I lost the money you gave me.” Watch for unexplained debit card transactions.

5. **Dramatic changes in friendships**: When a child starts abusing alcohol or drugs, one of two things usually happens with friends. The friend group either changes radically, with old friends dropping away and new friends entering the scene, or children suddenly have multiple sets of friends. In either case, children may become secretive about their cell phone.

6. **Uncharacteristic changes in mood or personality**: In many cases, mental health concerns accompany youth addiction. It can be difficult to know which issue came first because many of the signs and symptoms of chemical use are also signs and symptoms of mental health concerns. For example, depression or anxiety can be caused by drug abuse or be the reason a child starts using. A licensed mental health practitioner can help determine whether mental health concerns are present and can make recommendations for appropriate treatment.
7. Prescription and/or over-the-counter medications missing from home
Many young people with chemical use concerns will search the medicine cabinet at home, while at relatives, with friends, or even while babysitting. Young people are savvy about what medications will get them high, such as ADHD medication and pain pills. Monitor and secure prescription medications, and always dispose of expired or unused medicines at one of many drop-boxes located throughout the county, including Lakeville Police Department.

8. Deterioration in appearance
Youth abusing chemicals may begin to pay less attention to their appearance and hygiene. As a parent, you may notice their clothes aren’t as clean as usual. Lack of sleep may make them appear especially drawn and tired. Fewer showers may increase body odor. They have shifted their attention from taking care of their physical selves to focusing on getting access to drugs.

Look for any number of these warning signs. If you have a concern, talk to a professional who can help you determine whether your child’s behavior warrants a chemical health assessment. You can also contact your Student Support Specialist or our District Chemical Health Counselor for additional support and resources.

(Adapted from Hazelden. “Eight Warning Signs Your Child Could be Addicted.” Center City, MN. 2013)
What a Chemical Health Problem may look like

**Family**
- Arguments
- Withdrawal from family
- Fighting
- Irresponsibility
- Coming in late or not at all
- Scapegoat behavior
- Physically/verbally abusive
- Dishonest/sneakiness
- Defiant/hostility
- Secretive/silent
- Destruction
- Money or articles missing or disappearing

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

**School**
- Skipping school regularly
- Chronic tardiness
- A drop in grades
- Getting busted at school
- Change in attitude & behavior
- Conflict with school staff & students
- Suspension/dentention
- Teachers express concerns
- Drawing/notes
- Clothing/apparel
- Dropping extra-curricular activities
- Sleeping in class

**Emotional**
- Mood swings
- Flat affect
- Out of touch with feelings
- Extreme anger, depression
- Irritability
- Hopeless “who cares” attitude
- Defensive
- Non-communicative

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

**Law**
- Minor consumption
- Possession charges
- Getting busted
- Shoplifting
- Stealing
- Vandalism

**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

**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/drunk
- Finding drugs/paraphernalia

**Sexual**
- Negative changes in sexual values
- Promiscuity
- Seductive dress/talk/behavior
- STDs

**Spiritual**
- Hopelessness
- Extreme self-centeredness
- “I don’t care” attitude
- Negative change in values
- Drops interests in activities that use to be important
- Creative activities accompanied by drug use (art, music)
Searching Your Child’s Room, Car or Possessions

If you have the questions about whether or not you should search for chemicals, you likely have adequate concern. Although searching your child’s room, car, or possessions without their consent or knowledge can feel like a breach of trust, it may be a necessary step when concerns arise.

Keep these three thoughts in mind:
1. The need to maintain and protect a child’s safety/health overrides their right to privacy.
2. Substance abuse/dependency can often be a sneaky and dishonest process. Some times 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 child utilizing the suggested steps in this packet.
2. Search his/her room alone and gather data for later intervention.

If you fear breaching the trust 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:
• Find a time when you can conduct an overall search. Look in areas that are the most hidden spaces in your child’s room. Some suggestions include: backpacks, purses, storage containers, inside clothing pockets, cosmetic containers, mint/gum containers, under the bed, inside the nightstand, and heating ducts.
• Make sure that you leave things as undisturbed as possible. If your child knows you are searching, he/she will hide things even better.
• 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 things out of the ordinary.
• Look in other places of your home (e.g., out of season clothing, family room in basement, car, garage). Also, check places close to where the teen comes/goes (front closet, laundry room).
• 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, e-cig tanks, Visine, used foil, small thin metal cigarettes (one-hitter), any sort of pipe or pipe devices, (e.g., metal, glass, wood, paper), small containers used to store marijuana (chew containers, baggies), grinder, digital scale, hollowed out cylinder containers (markers, pens, e-cigs).
• Continually monitor your child’s phone by checking texts, pictures, and social media sites for references to chemical use.
• Conduct repeated room searches over time.
What to do if You Find Something

Confront your child with the discovery and initiate a calm, productive conversation. In this conversation, explain something was found, but minimize details about what was found, where it was found, and how it was found. As you talk, avoid being put on the defensive; parents do not need to explain their rationale for concern.

Possible Resources to Assist in the Confrontation/Intervention
• Chemical Health Counselor/Student Support Specialist
• School Resource Officer/Police
• Licensed therapist / chemical treatment agency
• Employee assistance program provider
• Faith Community staff
• Extended family member with a strong connection to your teen

Typical Forms of Defensiveness:

• **Denial** – your child outright lies to you even if there is overwhelming evidence to suggest use. Denial is a way to avoid the truth and protect their chemical use.
• **Minimizing** – your child claims chemical use is not a big deal. They make you feel as if you are overreacting (i.e., “I only did it once, it was just a little bit.”)
• **Rationalizing** – your child makes excuses for their behavior. Their perception may make sense to no one else, but they have justified their choices. Parents often feel like their child makes no sense to them and cannot talk “rationally” anymore. (i.e., “Marijuana is now legal, it’s no big deal.”)

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 feel estranged from their teen. This is not a time to isolate or go into denial. 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.

(Adapted from Intervention Resources, Lakewood Counseling and Career Center.)
Six Steps of Talking to Kids about Mental Health/Chemical Health Concerns

Step 1 – “I care”: Tell your child that you care about him or her. Attempt to build upon your relationship to help reduce the potential defensiveness in your child. An example of this approach is “I care about you, and I don’t want you to get hurt.”

Step 2 – “I see”: In this step, you need to tell your child what he or she has done that has caused you concern. Just give the facts, not your opinion, based upon what you have seen or found. An example of this is “When you came in last night, you were three hours late and smelled like alcohol.”

Step 3 – “I feel”: This is where you tell your child about how this behavior or discovery has made you feel. Be sure to take away any blame from this step. For example, “I am really worried that you might get hurt or killed.”

Step 4 – “Listen”: This step has to be one of the most important. You will need to listen to what the adolescent has to say about his or her drug use or drinking behaviors. Some may not say anything at all at this point, but it is useful to allow this opportunity for the young person to tell his or her side. It is possible that your child is not ready to talk. You can tell him or her that you are available to listen to what he or she has to say another time.

Step 5 – “I want”: After hearing your child’s side, you need to tell him or her what you want to happen next and what you want your child to do. For example, “I don’t want you to use drugs at all.” Reinforce that you “want” him or her to continue seeing the therapist if the problem does not get better.

Step 6 – “I will”: This final step is where you tell your child what you will and will not do in order to help him or her with this problem. Some may choose to be available to just listen when the young person chooses to discuss the issue. Other parents may choose to make an appointment with a chemical health counselor. The best time to talk is when you have calmed down from the initial shock of learning about your child’s use of alcohol or other drugs. You will need to find a place to talk where you can’t be interrupted. The time to talk is not while your child is still under the influence of alcohol or other drugs. If the problem persists, encourage your child to make an appointment with the therapist.

(Adapted from Roger Svendsen, Walking the talk: A program for parents about alcohol, tobacco and other drug use and non use 2d ed Anoka, Minn.: Minnesota Institute of Public Health)
Continuum of Chemical Use & Importance of Chemical Use Assessments

Chemical Health Assessment
A chemical health assessment/evaluation, conducted by a Licensed Drug and Alcohol Counselor (LADC), provides information about the nature and extent of the chemical use. The assessment can determine what level of involvement your son or daughter may be at and provide you with information about appropriate interventions. An assessment, along with a drug test can help you decide what the next step should be for your child.

Chemical Use Continuum
Early interventions are critical when use occurs to prevent negative impact to personal, social, and academic development. An assessment is essential to accurately and thoroughly determine what interventions are appropriate for your child’s needs.

The continuum of substance use is a phrase that is used to refer to the stages of chemical use and abuse. The stages in the continuum do not necessarily progress from one to another. Some people will remain at the recreational/social stage for a lifetime, while others will skip onset stages and become dependent and compulsive users early.

Listed below are intervention options related to the continuum:

<table>
<thead>
<tr>
<th>Non-Use</th>
<th>Experimental Use</th>
<th>Regular/Social Use</th>
<th>Chronic Use</th>
<th>Dependent Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Strategy</td>
<td>Intervention Strategies</td>
<td>Treatment Levels</td>
<td>Sobriety or Aftercare</td>
<td></td>
</tr>
</tbody>
</table>

Levels of Intervention: After a LADC completes an assessment, a variety of interventions will be discussed. The recommendations will be based on the assessment results and needs of your family. Listed below are strategies/program descriptions you may find helpful.

Prevention Strategies:
- Attend parent information sessions/educational classes
- Supervise chemically free activities for child/peer group
- Foster an environment of adequate sleep, nutrition, and exercise
- Engage in individual and/or family counseling
- Monitor possible use with random drug testing

Intervention Strategies:
- Attend parent information sessions/educational classes
- Participate in school based individual counseling/support group
- Engage in individual and/or family counseling
- Attend recovery based programming (AA/NA)
- Attend diversion programming (provided by county personnel)
- Monitor possible use with random drug testing
Treatment Levels:
• Attend outpatient treatment programming
• Attend Inpatient treatment programming
• Attend Residential treatment programming
• Dual Diagnosis (*treating both mental health and chemical health concerns in treatment plan.)
• Maintain random drug testing (*drug testing may occur in facility providing treatment services)

Sobriety/Aftercare Support:
• Attend recovery based programming (AA/NA)
• Participate in school based individual counseling/support group
• Participate in individual counseling/community aftercare group
• Utilize transitional housing (half-way homes)
• Monitor sobriety with random drug testing
**District-Level Student Support Services Staff**

Executive Director of Student Services - Renae Ouillette  ........................................ 952-232-2011
Student Services Coordinator - Lisa Holien  ................................. 952-232-3770
Prevention Specialist - Judy Johnson .............................................. 952-232-3726

**School and Community Resource List**

**Lakeville North High School:**
Student Support Specialist - Jenny Drangstveit  ................................. 952-232-3685
School Resource Officer - Nic Stevens ............................................ 952-232-3640
Licensed School Nurse - Ellen Parker ............................................ 952-232-3605
Chemical Health Counselor - Jan Hofmann .................................. 952-232-3688
360 Communities Family Support Worker - Sue Marquardt  .......... 952-232-3681

**Lakeville North High School Deans:**
Cheryl Meger (A-Fe) ........................................................................ 952-232-3634
Dan McNulty (Fi-Le) ..................................................................... 952-232-3635
Cary Zahn (Li-Ri) ......................................................................... 952-232-3633
Holly Standke (Ro-Z) ................................................................... 952-232-3636

**Lakeville South High School:**
Student Support Specialist - Angela Schulz  ................................. 952-232-3333
School Resource Officer - Thor Howe ........................................... 952-232-3336
Licensed School Nurse - Marsha Kalscheur .................................. 952-232-3305
Chemical Health Counselor - Jan Hofmann .................................. 952-232-3688
360 Communities Family Support Worker - Brittany Bruns .......... 952-232-3337

**Lakeville South High School Deans:**
Shawn Murphy (A-E) ...................................................................... 952-232-3339
Dana Kelly (F-Le) ......................................................................... 952-232-3335
John Boche (Li-Rog) ..................................................................... 952-232-3332
Paul Donner (Rol-Z) ..................................................................... 952-232-3334

**Century Middle School:**
Deans-Jason Bakke/Randy Erickson .............................................. 952-232-2330
Student Support Specialist - Shannon Smith  ............................... 952-232-2333
Licensed School Nurse - Ellen Parker ............................................ 952-232-3605

**Kenwood Middle School:**
Deans-Becky Bierman/Robin Kessler ............................................ 952-232-3830
Student Support Specialist - Melanie Caron-Vlasak ....................... 952-232-3831
Licensed School Nurse - Marsha Kalscheur .................................. 952-232-3835
360 Communities Family Support Worker - Cori Struzyk .............. 952-232-3835
School and Community Resource List Continued

McGuire Middle School:
Deans - Chad Klopp/Becky Erickson ................................................. 952-232-2230
Student Support Specialist - Shelby Nutting-Veliz ............................. 952-232-2195
Licensed School Nurse - Ellen Parker ............................................. 952-232-3688

Pathways/Lakeville Area Learning Center (ALC):
Director - Cliff Skagen ................................................................. 952-232-2090
Student Support Services Contact - Michelle Luers ......................... 952-232-2091
Chemical Health Counselor - Jan Hofmann .................................... 952-232-3688
360 Communities Family Support Worker - Jennie Brinkworth .......... 952-232-3337

Cherry View Elementary School:
Principal - Paul Helberg ............................................................... 952-232-3210
Licensed School Counselor - Sheila Vosper .................................... 952-232-3208
Licensed School Nurse-Karen Lomas ............................................ 952-232-3231

Christina Huddleston Elementary School:
Principal - Jill Kelly ................................................................. 952-232-3110
Licensed School Counselor - Sheila Vosper .................................... 952-232-3108
Licensed School Nurse - Patti Harrod ........................................... 952-232-6112
360 Communities Family Support Worker - Cori Struzyk ................. 952-232-3167

Eastview Elementary School:
Principal - Taber Akin ............................................................. 952-232-2910
Licensed School Counselor - Gayle Vaughan ................................ 952-232-2908
Licensed School Nurse - Patti Harrod .......................................... 952-232-2919

John F. Kennedy Elementary School:
Principal - Beth Anderson ......................................................... 952-232-2810
Licensed School Counselor - Kate Glomstad ................................ 952-232-2808
Licensed School Nurse - Karen Lomas ......................................... 952-232-2818

Lake Marion Elementary School:
Principal - Brett Domstrand ...................................................... 952-232-2710
Licensed School Counselor - Gayle Vaughan ................................. 952-232-2708
Licensed School Nurse - Karen Lomas ....................................... 952-232-2721

Lakeview Elementary School:
Principal - Pete Otterson ......................................................... 952-232-2610
Licensed School Counselor - Kate Glomstad ................................. 952-232-2608
Licensed School Nurse - Karen Lomas ....................................... 952-232-2632
School and Community Resource List Continued

Oak Hills Elementary School:
Principal - Wade Labatte ........................................ 952-232-2510
Licensed School Counselor - Kathy Mattern ................ 952-232-2508
Licensed School Nurse - Karen Lomas ........................ 952-232-2519
360 Communities Family Support Worker - Jileen Cade .... 952-232-2531

Impact Academy at Orchard Lake Elementary:
Principal - Marilynn Smith ...................................... 952-232-2100
Student Support Services Contact - Paula Fischbach 952-232-2108
Licensed School Nurse - Patti Harrod .......................... 952-232-5119
360 Communities Family Support Worker - Stephanie Hogan 952-232-2109

Community Resources
The listing of clinics and resources is not a recommendation or an endorsement of the providers listed. It is not a comprehensive list of all service providers in the surrounding area.

CRISIS ASSESSMENT AND INTERVENTION SERVICES
*For use when someone is experiencing thoughts of suicide/self-harm or has threatened suicide.

• Lakeville Police Department/Local Law Enforcement - 911
• Dakota County Crisis Response Unit - 952-891-7171
• Scott County Human Services - 952-445-7751
• U of M Health at Fairview Riverside Hospital - Behavioral Emergency Center - 612-273-5640
• Allina United Hospital (St. Paul Crisis Assessment) - 651-241-8565
• Allina Abbott Northwestern (Minneapolis Crisis Assessment) - 612-863-5327
• Fairview Ridges Burnsville Hospital or your local emergency room - 952-892-2000

CHEMICAL ASSESSMENT AND TREATMENT (ADOLESCENT)
• Anthony Louis Center - Burnsville Location (IOP-Intensive Out Patient, Continuing Out-Patient, Drug Screens) - 952-890-8879
• Anthony Louis Center - Blaine Location (Residential) - 763-757-2906
• Options Family & Behavior Services (Burnsville) (Dual and CD) - 952-564-3000
• Dakota County Chemical Health Services (Rule 25 only) - 651-554-6000
• Hazelden-Chaska (IOP & Lodging) - 651-213-4200
• Minnesota Adult & Teen Challenge (Minneapolis) - 612 373-3366
• Nystrom & Associates (Apple Valley) (Dual) - 952-997-3020
• Pride Institute (LGBTQ Mental Health/Chemical Dependency Care) - 952-934-7554
• University of Minnesota Fairview Dual Diagnosis Day Treatment (Minneapolis, Maplewood, Crystal) - 612-672-2736

CHEMICAL ASSESSMENT AND TREATMENT (ADULT - 18+)
• Fairview Behavioral Services (Burnsville) - 612-672-2736
• Lakewood Counseling Clinic (Richfield) - 612-798-7373
• Meridan Behavioral Health (Avalon Program-Eagan) - 651-454-2833
• Omada Behavioral Health Services (Northfield) - 507-664-9407
• River Ridge Treatment Program (Burnsville) - 952-894-7722
• The Haven Chemical Health System (Shakopee) - 952-496-3366

COUNSELING RESOURCES
• Allina Behavioral Mental Health Services (Minneapolis) - 612-863-5327
• Associated Clinic of Psychology – ACP (Apple Valley) - 952-432-1484
• Behavioral Health Services (Eagan) - 651-769-6200
• Cashman Center (Burnsville) - 952-224-8990
• Counseling Care (Burnsville) - 952-892-8495
• Dakota Valley Psychologists (Apple Valley) - 952-432-3220
• Fairview Counseling Center (Burnsville) - 1-855-324-7843
• Family Adolescent Therapy Services (FACTS) (Mendota Heights) - 651-379-9800
• Family Innovations (Eden Prairie) - 952-224-2282
• Headway Emotional Health Services (Richfield) - 612-365-8281
• Lakeville Behavioral Health (Lakeville) - 952-435-0022
• Life Development Resources (Lakeville) - 952-898-1133
• Lifespan (Burnsville) - 952-562-8500
• Midwest Center for Personal and Family Development (Burnsville) - 952-435-8814
• MN Mental Health Clinic (Lakeville) - 651-365-8281
• Nystrom & Associates (Apple Valley) - 952-997-3020
• Options Family and Behavioral Health Services (Burnsville) - 952-564-3000
• Prairie Care (Edina) - 952-230-9100
• Prairie Care (Woodbury) - 651-259-9710
• Water’s Edge Counseling and Healing Center (Burnsville) - 952-898-5020

SUBSTANCE USE TESTING
• Minnesota Monitoring, Inc. (Golden Valley) - 763-253-5401
• Reliable Drug & Alcohol (Inver Grove Heights) - 651-455-9498
• Your local pharmacy also has home screening kits

AREA RECOVERY HIGH SCHOOL
• P.E.A.S.E. Academy (Minneapolis) - 612-378-1377

ADDITIONAL RESOURCES:
• 360 Communities - 952-895-5300
• 360 Communities Sexual Assault Services - 651-405-1500
• 360 Communities Lewis House (Domestic violence) - 651-452-7288
• Alcoholics Anonymous - 651-227-5502
• Al-Anon (help for families of alcoholics) - 952-920-3961
• ARC Greater Twin Cities - 952-890-3057
• Dakota County Children and Family Intake - 952-891-7159
• Depression Support Coalition - 952-432-6351
• Fairview Grief Services-Ridges Hospital - 952-892-2111
• Minnesota Association for Children’s Mental Health (MACMH) - 1-800-528-4511
• MNSure- Health Insurance -1-855-366-7873
• National Suicide Prevention Lifeline - 1-800-273-8255
• NAMI Minnesota - 651-645-2958
• Narcotics Anonymous - 952-939-3939