

## Webinar: Discussing Options and Referring Adolescents to Treatment

### Questions from Participants and Answers from the Presenter

Q: Is there a list of treatment facilities available? I feel they are hard to find and hard to get youth into.

A: There is a national resource provided by SAMHSA: 1-800-662-HELP or search: [findtreatment.gov](http://findtreatment.gov)  
But my experience is that the most complete and updated listing for a given local area is provided by your state's department of health (or in some, the state agency for Substance Abuse). For example, in my home state of Minnesota, I would get the best information from the MN Department of Human Services' web site.

Q: How much are non-practitioners involved as far as assisting the youth in having a smooth transition?

A: It is surely preferable that the practitioner or clinical aid take the lead in facilitating the youth in a smooth transition. Perhaps a staff office person can provide some help (e.g., get contact information), but the primary assistance is best the responsibility of the practitioner/aide.

Also, being a non-practitioner but a mandated reporter, will we be updated in their progress or is that confidential?

A: From <https://www.dorightbykids.org/> - You will know about some of the things that happen after you call in the report because Child Protective Services (CPS) will attempt to contact you during the initial investigation. CPS may ask you for more information or may share new information with you to help them determine whether abuse or neglect has occurred. Also, when their investigation is completed, you will receive a letter from CPS, explaining whether or not the report was "indicated" (i.e., evidence of child abuse or neglect was found).

In most cases, however, CPS cannot tell you about the specifics in the family's [service plan](#) because a parent's [right to privacy](#) is protected by the same state law that protects your [confidentiality](#) when you call.

Q: What can you do when a parent covers for the adolescent's use?

A: Best to use the same motivational interviewing strategies that are also recommended when there is client resistance. Some approaches:

1. Note your concerns: "I understand that you do not think your son is using. But would it be okay if I offer some of my concerns if he did start to use?"
2. Into the future: "If in the future you found out she was using, what would you think of that? How would you handle it? Can I be resource?"

3. Pros and cons: “If your son were to use, what might be the reasons why he would use? Why might he choose to use?. And then what might be the not so good things about him using?”

4. Be a good role model: “Let’s discuss how you can be a good role model to your daughter. What do you see as important keys to being a good parent?”

Q: During this pandemic, what treatment is available to adolescents?

A: I have limited knowledge about this question, but I know locally there are several MH and drug abuse programs that are open during these “stay in place” times.

Q: What if they are motivated to enter mental health counseling but not to quit their substance of choice? Incorporate MI to inspire contemplation of sobriety within the MH framework?

A: I agree with the suggested strategy: Work on the teen's MH issues; use MI techniques to steer the teen's insight that MH issues will get better if drug use is halted; and when there is a "therapeutic opening" offer to discuss the goal of reducing or halting drug use.