

**larryfritzlan**  
**addictiontherapist**

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## About Larry Fritzlan, LMFT, CAS, BRI-1

Larry Fritzlan is known among teens as “Dr. No” – the drug-treatment counselor whose system of behavioral consequences kids can’t “break.” He’s known among behavioral health professionals as “an addictions emergency room” to whom they can confidently send people for treatment.

A Licensed Marriage & Family Therapist (MFC33672), Certified Addiction Specialist (C-4311), and Board Registered Interventionist (BRI-1), Larry has been active in the field of alcoholism, addiction, and treatment for more than 20 years. Based in Marin County, he is respected in the therapeutic community for his straightforward style and his extremely effective treatment approach. He has been a central force in helping hundreds of Northern California families recover from the disease of drug and alcohol dependence and regain optimal health and well-being.

Through his company Larry Fritzlan Recovery Services (previously Adolescent Recovery Services), which he founded and directs, he offers assessments as well as a prevention program and an intensive outpatient program for teens and young adults and their families. As founder and director of Interventions, he provides intervention services and treatment in the areas of chemical dependency, codependency, eating disorders, and other addictive behaviors. In both companies, Larry has assembled a strong team of innovative, licensed psychotherapists to support the needs of individuals and families.

Larry is an active member of the Marin, California, and American associations of Marriage and Family Therapists, as well as the Network of Independent Interventionists, and the American Academy of Health Care Providers in the Addictive Disorders.

In addition to his years of counseling experience, Larry serves as an adjunct professor at the California Institute of Integral Studies in San Francisco, and has presented at educational institutions and professional associations.

Larry has been interviewed on ABC 7 (KGO San Francisco), KCBS and KGO-AM 810 Radio, and featured in the *Pacific Sun* and *Marin Independent Journal*. He currently is writing a book on his next-generation approach to interventions.

An avid photographer and sailing enthusiast, Larry lives in Mill Valley.

## About Larry Fritzlan Recovery Services

Through his company Larry Fritzlan Recovery Services, Larry Fritzlan, LMFT, CAS, BRI-1, provides assessments, a prevention program, and an intensive outpatient program for teens and young adults and their families to get and remain clean and sober.

Since founding the company in 1998, Larry has worked with more than 500 families to restore their teens and young adults to optimal health and well-being. It is through this extensive and successful work that Larry has developed the reputation among teens as “Dr. No” – the teen drug counselor whose straightforward system of accountability can’t be fooled. As Larry assures parents, “We can help you create consequences that result in a teen choosing to stay clean and sober.”

At all times, Larry and his team of licensed psychotherapists strive to provide each client family system with the support it needs to succeed, depending upon the specific needs of all individuals involved. The Larry Fritzlan Recovery Services team regularly participates as speakers in and facilitators of community forums, as well, to share with parents and families effective techniques in working with teens.



Larry Fritzlan Recovery Services has offices in Corte Madera and San Francisco. Visit [www.RecoveryServices.com](http://www.RecoveryServices.com) or call (415) 945-0923 for more information.

## About Interventions

Through his company Interventions, which he founded in 2007, Larry Fritzlan, LMFT, CAS, BRI-1, provides intervention services and treatment in the areas of chemical dependency, codependency, eating disorders, and other addictive behaviors using his groundbreaking approach to treatment. He and his team of psychotherapists specialize in all types of addictions, including teen drug and alcohol addictions, adult drug and alcohol addictions, eating disorders, gambling, and family responses to an addict.

Based on his many years of experience with families struggling with issues of dependence and codependence, Larry's interventions approach goes well beyond the currently established standard of family-system intervention treatment. Whereas most interventionists, who are often non-licensed, generally exit the process after the intervention meeting, each of Larry's client families is required to commit to a year-long program of regular counseling sessions and family meetings. This unique approach is revolutionary in both its scope of support and level of accountability, the combination of which supports a stronger degree of healing of the family system, and a greater chance of long-term success for everyone involved.

Larry is currently writing a book to educate fellow professionals on his next-generation approach to interventions.



Interventions is headquartered in Corte Madera, California.  
For more information, please visit [www.Interventions.net](http://www.Interventions.net)  
or call (415) 945-0400.

## Dependency/Codependency Statistics

*Percentage of high school seniors reporting they could obtain drugs fairly easily or very easily (2006 Bureau of Justice Statistics/University of Michigan)*

*Reported drug and alcohol use by high school seniors (2006 Bureau of Justice Statistics/University of Michigan)*

Drugs	Percent	Used within the last:		
		12 months*	30 days	
Marijuana	84.9%	Alcohol	66.5%	45.3%
Amphetamines	52.9	Marijuana	31.5	18.3
Cocaine	46.5	Other opiates	9.0	3.8
Barbiturates	43.8	Stimulants	8.1	3.7
Crack	38.8	Sedatives	6.6	3.0
LSD	29.0	Tranquilizers	6.6	2.7
Heroin	27.4	Cocaine	5.7	2.5
Crystal methamphetamine	26.7	Hallucinogens	4.9	1.5
Tranquilizers	24.4	Inhalants	4.5	1.5
PCP	23.1	Steroids	1.8	1.1
Amyl/butyl nitrites	18.4	Heroin	0.8	0.4

\*including the last month

- “Modern science now understands that addiction is a brain disease. An individual with faulty brain chemistry can be triggered by a number of factors and catapulted into a series of physical, emotional and behavioral consequences that comprise an addiction. Alcoholism, drug addiction, food addiction, gambling, Internet addiction, and numerous other compulsive behaviors begin as a brain disease.” *Larry Fritzlan, LMFT, CAS, BRI-I*
- “80-99% of the population will need to acknowledge that we are codependent – less developed, less ‘differentiated’ than we could be – and then make the decision to reach outside of ourselves for help. Equally important, we need to recognize that our lack of differentiation, coupled with the family emotional system, means that we have been unconsciously undermining, impeding, and preventing the progress of the other family members.” *Larry Fritzlan, LMFT, CAS, BRI-I*
- It is estimated that...
  - 15% teens will move beyond drug/alcohol experimentation and become addicted adults.
  - 47% of those who begin drinking alcohol before age 14 become alcohol dependent at some time in their lives, compared with 9% of those who wait at least until age 21. (2006, *Archives of Pediatrics & Adolescent Medicine*)
  - 100% of individuals (adults and youth) who have developed an addiction will require an intervention to adequately interrupt the addictive cycle, enter recovery, and have a reasonable chance of returning to health.

## **5 Things to Remember When Drug Testing Your Teen**

By Larry Fritzlan, LMFT, CAS, BRI-1

As more teens abuse dangerous substances – and get cagier about hiding the evidence – more parents are willing to consider testing their child for drugs. Under certain circumstances, we solidly support this decision. But a parent who drug tests a child must take care to do it right. A poorly-administered test can be worse than none at all.

The following will explain how to drug test your teen and will also explain how drug testing works in our Larry Fritzlan Recovery Services treatment program. An effective drug test has four vital elements: it must be random, observed, frequent, and varied. If even one of these elements is missing, a teen can fake the test. This can create an extremely hazardous situation in which parents, believing their child is now clean and sober, stop paying attention. Meanwhile, the child's substance abuse, and possible underlying mental disorder, goes underground and remains untreated. So let's take a closer look at the four elements of an effective test.

### **1) Test Your Teen Randomly.**

It is vital that a teen not know when a drug test will be administered. Kids are not dumb. Every teen who self-medicates with drugs or alcohol is well aware of “retention rates” (the length of time that ingested drugs and alcohol will test positive). So, if tests are not carried out randomly, the teen will simply time his or her drug use to avoid detection.

Let's look at how this might work. Say that a parent drug-tests a teen every Monday, via a urine sample. Prior to the test, Informed Teen Drug User judiciously abstains. However, right after the test, he starts up again. He knows he can smoke pot that night, and then snort methamphetamine, pop Oxycontin and Vicodin, smoke crack cocaine, inject heroin, and stay drunk every day for the next four days. At that point, he temporarily stops using the drugs, but continues to stay drunk until 12 hours before the following Monday's test. Result: He tests clean—and starts the drinking and drugging cycle all over again.

Every regularly-using kid knows this drill, follows it, and is laughing at their clueless parents. So, to make testing effective, you must test randomly, on a different day of the week each week (but, of course, not in any easily decipherable order). One way to ensure randomness is to write down each day of the week on a slip of paper and put them in a hat, and then draw out two slips and test on the days specified (more on this later). Ideally, you should test first thing in the morning when the child's urine is most concentrated and he or she is not yet fully awake and not able to employ some “tricky” behavior.

### **2) Observe Your Teen While Testing.**

This may be hard for some to swallow, but a parent must observe a teen's drug test. “Oh, that's too intrusive!” many parents say. But remember, a drug-using teen is highly motivated to escape detection. In dozens of cases, teens have told me that no one observed them taking a urine test, so they simply gave their parent someone else's clean urine.

It's also not enough to simply be in the room with a peeing teen. Some boys purchase a device that looks like a penis and contains clean urine; others use a small device that fits in the palm of the hand and contains a battery to warm the urine. There are stories of individuals that will even catheterize themselves and fill their bladders with clean urine!

We recommend that you hand your teen the bottle with the label attached, but without the cap, so that they don't switch bottles. Stand near enough to be able to smell if any bleach has been added, and so you can hear the urine going into the bottle. There is a distinct sound of a stream of urine going into a bottle that is hard to duplicate (practice peeing yourself so that you can get to know "the sound"). When they hand you the bottle it will have a numbers of bubbles at the top—something not present if they poured someone else's urine into the container. And it will be hot to the touch. (For more on creative ways to beat a urine test, check out [www.marijuana.com](http://www.marijuana.com).)

### **3) Test Your Teen Frequently.**

Testing should take place at least twice a week. Multiple, frequent tests give teens the message that they may be tested any time. One family I worked with tested their child only sporadically. Each time she tested positive, she would promise her parents that she'd never touch drugs again, and they chose to believe her. Recently, she was rushed to the hospital with a potentially fatal .4-percent blood-alcohol level. It turned out that she had been regularly abusing alcohol, cocaine and Ecstasy during the long gaps between tests.

Some parents are concerned that frequent testing will be expensive. But since our testing supplies are free, testing can be fairly economical. We recommend that parents administer tests at least twice a week, but send only one sample to the lab per week (to reduce expenses). The teen doesn't need to know which samples, or how many, are sent in for analysis.

### **4) Use Various Testing Methods.**

Since all drug-testing methods have their strengths and limitations, we recommend that multiple options be used—a urine test, a saliva test, and a breathalyzer. When just one method is used, a teen is more likely to successfully fake the test. For example, the parents of one boy we treated suspected that he was on drugs, yet he always tested clean. It turned out that he had been giving them someone else's clean urine. When we administered a saliva test, he showed up positive for five different drugs!

### **5) Take It Seriously.**

Parents must take a teen's drug use seriously. Drug use beyond "once or twice" or the "never more than once a month" experimentation stage may indicate that a teen is self-medicating an existing or emerging emotional disorder. Or it could signify the early signs of alcoholism or drug addiction. If you are concerned that your teen may be abusing drugs or alcohol, consult with a qualified mental health professional for an evaluation. Don't wait. Help your child reclaim health, strength, and hope.

## **Parent Training Available**

Larry Fritzman Recovery Services offers a program on drug testing for parents who are concerned about their teen's potential drug usage. It is a half-hour training on how to drug test your child and how to effectively use the various options—urine testing, saliva testing, and the use of a breathalyzer. After more than 20 years of working with teens and families, we know many of the pitfalls teens can encounter throughout adolescence. We also know all the signs of drug use and abuse. Please contact us for more information at (415) 945-0923.