MOVING BEYOND SECRECY AND DECEPTION
HIDING IN PLAIN SIGHT

1. (idiomatic) To be unnoticeable, by staying visible in a setting that masks presence.
WORKSHOP GOALS

- Enhance ability to identify substance use
- Improve assessment for substance misuse using strategic questioning (TIPs)
- Increase quality of information provided on referrals for evaluation of substance misuse
- Explore how professional evaluations can better inform safety and treatment planning
CHILD WELFARE CONCERNS

- Accurately assess danger threats to children from exposure to environments where substances are present
- Accurately assessing danger threats to children related to parental drug use
- Challenge of successfully engaging parents in order to intervene and get them the help they need
OVERT INDICATORS

INFORMATION NECESSARY TO IDENTIFY SUBSTANCE MISUSE

OVERT INDICATORS
IN PLAIN SIGHT: DRUGS & PARAPHERNALIA
That’s my son’s friends…he came by last night and must have left it here.”

“That was my boyfriends…I told him to take his works with him when I kicked him out two months ago.”

Clean House – remove “triggers”

Bait and Switch – replace with other items
CANNABIS
PIPES

BONGS

JOINTS & BLOUNTS

VAPING & DABBING
CRACK DOES NOT BURN EASILY AND MUST BE SLOWLY HEATED TO GAIN FULL EFFECTS OF THE DRUG
ENVIRONMENT: DRUG PARAPHERNALIA

- Razor blades or credit cards left lying out on a table
- Dirty Q-tips
- Small pieces of crumpled tin foil
- Empty shafts of ball-point pens
- Lots of baggies (may even be tiny or colorful)
- Ashtrays (or makeshift ashtrays) or lighters in homes of non-tobacco smokers
- Visine/other eye drops
- Covered windows
“Tweaking”... craving more high, but unable to obtain it
- Probably has not slept in 3-15 days
- Frustrated and irritable
- Unpredictable, over-reactive and worst case scenario, paranoid
- Frequent use of depressants to mediate psychological and physical effects (rapid eye movement, shaky voice, quick and jerky movements)
SIGNS OF A METH LAB

METH CHEMICALS

- Pseudoephedrine
- Acetone
- Denatured Alcohol
- Toluene
- Hydrochloric Acid
- Lithium
- Phosphorus
- Sodium hydroxide
- Sulfuric Acid
- Anhydrous ammonia

Signs of a Meth Lab

- Frequent visitors at all times of day and night.
- Activity at the house is usually at odd hours.
- Occupants appear unemployed, yet have plenty of money.
- Extensive security.
- Windows blacked out, or curtains drawn.
- Chemical odors coming from the house. (ammonia, cat urine)
- Garbage contains numerous bottles and containers, stained filter/sheets from red phosphorus, or has a chemical odor.
HEROIN

OPIOIDS
THE NOSE KNOWS – Smells and Odors

“I can name that drug in two sniffs . . . name that drug!”

- The heavy, pungent, musky sweet scent like white sage or burning rope
- An unusual strong odor like ammonia (cat urine) or acetone (nail polish remover)
- Burning plastic
- Where? Most commonly in parent’s bathroom or bedroom
- Use of cover-ups: Excessive scented candles/room sprays
- Odd or chemical odors on skin, clothing, or breath
IN PLAIN SIGHT: PHYSICAL AND BEHAVIORAL INDICATORS
IN PLAIN SIGHT: TOLERANCE

Heroin Use and the Time Gap Between Treatment
People who took heroin had an average time gap of nine years between first use and entry into a treatment program.

Survey Data from, Drug and Alcohol Review (March 2008), 27, 171 – 177
OVERDOSE EVENTS

Emergency opioid antagonist

Free naloxone kits to individuals, or their friends/family members) at risk of experiencing an opioid overdose

Any non-profit organization/for-profit contracted with Managing Entity

NARCAN Nasal Spray
IN PLAIN SIGHT: HEALTH INDICATORS

- Gaunt, thin, and undernourished appearance
- Distended abdomen, thin extremities
- Tooth decay
- Needle tracks, skin abscesses, burns on inside of lips, fingers, or clothing
- Frequent touching of their nose or runny nose or picking at their skin
- Sweaty or heavy perspiration without it being hot or having just been involved in physical exertion
IN PLAIN SIGHT: IV DRUG USE
IN Plain SIGHT: METH USE
PHYSICAL SIGNS: OCULAR EFFECTS

- Bloodshot Sclera
- Nystagmus
- Dilated Pupils
- Constricted Pupils
- Pinpoint Pupils
PHYSICAL SIGNS: SPEECH AND DEMEANOR

Narcotics
Sedatives
Depressants
Tranquilizers

Delayed/Slow/Sluggish
Slurred

Rapid
Ranting

Alcohol

Noticeably animated

Lethargic
Unsteady gait
Slow breaths
Nodding off

Agitated
Aggressive
Inability to focus/
track conversation

Cocaine
Amphetamine
Methamphetamine
ADHD meds

Rapid

Hyperactivity
Nervous
Anxious
Paranoia
IN PLAIN SIGHT: CHANGES IN PERSONALITY AND/OR FUNCTIONING
INFORMATION NECESSARY TO IDENTIFY SUBSTANCE MISUSE
UNCOVERING HIDDEN SIGNS

Detection may be more difficult when parental drug use is:

▶ Infrequent
▶ In the early stages before adverse physical, child caretaking, or environmental signs are obvious
▶ Less compulsive such as casual marijuana use
▶ COVERED UP BY A NON-USING PARTNER, FAMILY MEMBER OR FRIEND
SAFER PATHS TO EXPLORE

Family/Personal Use Hx
- Heredity
- Age of First Use

Family Dynamics
- Codependency
- Family Arrangements
- "Cut-offs"

Self-Medication
- ACEs
- Trauma
- Chronic Stress

Rx Use
- Opioids
- Benzos
- ADHD
50% GENETIC PREDISPOSITION
PARENT WITH SUD CHILD HAS 8X GREATER CHANCE

- Alcoholism is rare in people with two copies of the \textit{ALDH}^*2 gene variation.

- The A1 allele of the dopamine receptor gene \textit{DRD2} is more common in people addicted to alcohol or cocaine.

- Non-smokers are more likely to carry a protective allele of the \textit{CYP2A6} gene, which causes them to feel nausea and dizziness from smoking.
AGE OF FIRST USE: EARLIER = HIGH RISK!

SAFER PATHS TO EXPLORE
DELVING INTO FAMILY HISTORY

NORMALIZE: “Most parents want to give their children as much, if not more, than what they had as a child …”

Q: Tell me about the good things your parents showed or gave you as a child . . .

Q: How do you want to raise your children differently from what you experienced?

Q: What had the most significant impact on your childhood?

Q: Would you trust them with your children today?
EXPLORING FIRST DRUG USE

NORMALIZE: “For many youth, smoking (pot or tobacco) or drinking their first beer or wine cooler is considered a “rite of passage’ toward adulthood . . .”

Q: Tell me what that was like for you?

Q: What do you plan on saying to your kids about smoking and drinking?

Q: What are some healthy ways you’ve dealt with that?

Q: What are some unhealthy ways you’ve dealt with that?
FAMILY DYNAMICS

SAFER PATHS TO EXPLORE

FAMILY DYNAMICS

CODEPENDENCY

FAMILY ARRANGEMENTS

“CUT-OFFS”

• Relationships in which one person supports or enables another person's addiction, poor mental health, immaturity, irresponsibility, or under-achievement.

• Placement of a child with other family members due to a parent's inability to provide adequate care/nurturing.

• Physical and/or emotional estrangement of a family member.
CODEPENDENCY DYNAMICS

NORMALIZE: “All couples argue . . .”

Q: When you and your partner ‘argue’ what typically are the arguments over?

Q: Tell me how your partner typically responds when you bring this issue up?

Main Deflection Tactics

Poor me

This card makes me to be really all the time you have to do what I say because of you so feel sad for me!!!

anger

• eye brows down
• eye glare
• narrowing of the lips
NORMALIZE: “Despite our best intentions it’s often hard to stay in touch with family . . .”

Q: Which family member do you miss most in your life?

Q: Which family occasions are no longer celebrated?

Q: [for child] Do you have a favorite auntie, uncle, cousin that you miss being part of your life/family events?

Q: Who do you think made this report?
BEHIND THE SCENES: CHAOTIC LIFESTYLE

- No set meal times
- No set bed times
- No set homework structure
- No age-appropriate chores
- No curfew times
- No consistent discipline style
- Loss of family traditions
SAFER PATHS TO EXPLORE
SELF MEDICATION

ACEs
TRAUMA
CHRONIC STRESS

• Early initiation of alcohol use, illicit drug use (2X-4X per ACE), Rx drug use (62% per additional ACE) and higher risk of substance use disorders as an older adult (50+ years)

• Up to 59% of youth with PTSD subsequently develop substance abuse problems.

• Stress is a key risk factor in addiction initiation, maintenance, relapse, and treatment failure (Sinha & Jastreboff, 2013).
ACEs, TRAUMA AND STRESS: ASSESSING FOR SELF MEDICATION

NORMALIZE: “Almost everyone struggles at one time or another…

Q: How do you want to raise your children alike/different from what you experienced as a child?

Q: What had the most significant impact on your childhood?

Q: May we talk about that?

Q: What are some healthy ways you’ve dealt with that?

Q: What are some unhealthy ways you’ve dealt with that?
SAFER PATHS TO EXPLORE

Prescribed (Rx) Use

OPIOIDS
BENZOS
ADHD

• The National Institute of Drug Abuse (NIDA) identifies three classes of medication as the most commonly misused: Stimulants, CNS Depressants, and Opioids.

• Adderall, Ritalin and Concerta are Amphetamine medications used to treat attention-deficit hyperactivity disorder (ADHD).

• CNS Depressants include Benzodiazepines like Xanax, Klonopin and Librium or Barbiturates used as sedatives or sleeping aids.
In the case of prescription bottles, is the patient’s name the same as the parent or caretaker?

Are there multiple prescription bottles of the same drug spanning the same time period but from different doctors?

Are there multiple types of prescription drugs?

OTC 🌟 Us!
ASSESSING FOR Rx DRUG MISUSE

1. EFFECT ON ADULT FUNCTIONING?

2. EFFECT ON ADULT FUNCTIONING?

3. EFFECT ON ADULT FUNCTIONING?
IDENTIFYING CHANGES IN FUNCTIONING

NORMALIZE: “Many drugs have potential for abuse . . .

Q: How do you know when your loved one is under-medicated?

Q: How would you know when he/she is over-medicated?

Q: How is your partner different when he/she is taking/not taking the medication?

Q: How has your partner’s functioning changed over the past 6 months . . . two years . . . five years?
INFORMATION TO INCLUDE WITH REFERRAL FOR ASSESSMENT

INFORMING AN ASSESSOR’S SUBSTANCE USE EVALUATION
A WILLINGNESS TO PARTNER IN BI-LATERAL COMMUNICATION, TREATMENT AND SERVICE PLANNING

- Appropriate and signed consent for release of information
- One-way communication to inform treatment provider of key information is permissible

(3) The department may release to professional persons such information as is necessary for the diagnosis and treatment of the child or the person perpetrating the abuse or neglect.
The SUD assessor will have to determine severity as follows:

- 0-1 = No diagnosis
- 2-3 = Mild substance use disorder
- 4-5 = Moderate substance use disorder
- 6-11 = Severe substance use disorder
Comprehensive assessment of individual's problems as well as strengths.

The SUD assessor will have to determine:
1. Use larger amounts or longer than intended
2. Desire or unsuccessful effort to cut down
3. Great deal of time using or recovering
4. Craving or strong urge to use
8. Use in situations where it is hazardous

CRITERIA 1-4 & 8

‘LOSS OF CONTROL’

1. Report observations of drugs, paraphernalia, parent appearance
2. Family and collateral reports/observations
3. DUIs, criminal hx, job terminations
5. Role obligation failure
6. Continued use despite social/interpersonal problems
7. Sacrificing activities to use or because of use

CRITERIA 5-8 BEHAVIORAL INDICATORS

1. Inactive parent role
2. No age-appropriate activities with child
3. Interpersonal problems (social isolation, strained relationships)
4. Inability to retain employment
9. Continued use despite knowledge of having a physical or psychological problem caused or exacerbated by use
10. Tolerance
11. Withdrawal

**DSM-5: SUD ASSESSMENTS**

**CRITERIA 9-11**

**PHYSIOLOGICAL OR PSYCHOLOGICAL INDICATORS**

1. Observed withdrawal symptoms (profuse sweating, trembling, goose flesh, vomiting)
2. Drug test results, Blood Alcohol Level (BAL)
3. ER visits, overdose events, hospitalizations
The presence or absence support by family (immediate or extended), faith community, or close friends

The extent to which the caregiver has stable housing

Any treatment barriers (e.g., domestic violence, financial, transportation, cultural, other barriers)
CW-5 DETERMINING NEED FOR ASSESSMENT

1. Substance Misuse Priors (Child Welfare Hx)
2. Drug-related Criminal Hx
3. Family Arranged Out of Home Placements
4. PRIOR TREATMENT ADMISSIONS and COMPLETIONS
5. Lack of Current Engagement

TOTALLITY OF INFORMATION
PROFESSIONAL EVALUATION: COLLABORATION ON IMPACT POINTS

- Identification of Danger Threat
  1. Parent is violent, impulsive, or acting dangerously ...
  2. Parent is not meeting child's basic and essential needs for food, clothing or supervision ...
  3. The child's physical living conditions are hazardous ...

To what degree is the substance use OUT OF CONTROL to the point of having a DIRECT AND IMMINENT EFFECT ON CHILD SAFETY?
PROFESSIONAL EVALUATION: COLLABORATION ON IMPACT POINTS

- Safety Planning Input
  - Can an in-home safety plan be implemented to control for the effects of parental substance misuse?

  1. The parent is willing for an in-home safety plan to be implemented and have demonstrated they will cooperate . . .
  2. The home environment is calm and consistent enough for an in-home safety plan to be implemented . . .

Review of current use pattern, prior treatment history and outcomes from prior intervention efforts indicates ASAM level of care beyond outpatient setting is required
PROFESSIONAL EVALUATION: COLLABORATION ON IMPACT POINTS

- Identification of Insufficient Protective Capacity
  - How does a parent’s use and recovery history inform the assessment of insufficient behavioral, cognitive or emotional protective capacity?
    1. Post-acute withdrawal vs. arrested development

Understanding **which protective capacities align with compromised executive functioning** and how to assess for the probable impact of current or past drug use.
PROFESSIONAL EVALUATION: COLLABORATION ON IMPACT POINTS

- Integration of Child Welfare Needs with Treatment Planning
  - Objective: Align diminished CPC with appropriate treatment tasks

1. Client will increase impulse control by identifying three (3) triggers that lead to substance use and three (3) coping strategies to help manage triggers.

2. Client will better meet their child’s needs by identifying three (3) ways substance use served to gratify their own needs and three (3) ways they can make their child’s needs a priority.

3. Client will learn to meet his or her own emotional needs by identifying and participating in three (3) healthy social activities without the use of drugs or alcohol.