

USE OF STRATEGIC INTERVIEWING TO ASSESS PARENTAL DRUG USE



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WHAT'S PROBLEMATIC ABOUT ASSESSING PARENTAL DRUG USE?

Drug **ENDANGERED** Children

Florida Statute 39.01(30)1.

Exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

1. A test, administered at birth, which indicated that the child's blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or...



WHAT'S PROBLEMATIC ABOUT ASSESSING PARENTAL DRUG USE?

Drug + Children = ENDANGERED?

Florida Statute 39.01(30)2.

Exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

2. Evidence of extensive, abusive and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage.



WORKSHOP OBJECTIVE



Explore the use of strategic interviewing to allow you to obtain sufficient information to identify individual behaviors and family dynamics highly correlated with **substance misuse** and **harm to children**.

**EXTENSIVE
ABUSIVE
CHRONIC USE**

**DEMONSTRABLY
ADVERSELY
AFFECTED**



**What is Strategic Interviewing...
and how can it help us identify
Drug Endangered Children?**



Strategic Interviewing is a first cousin to Forensic Interviewing!

1. Cannot use leading questions, or questions to get the interviewee to arrive at a specific answer.
2. Objective is to construct a framework for questioning in which the interviewee feels safe and is more likely to provide relevant and reliable information.



Strategic Interviewing

... is finding the smoking gun



The term “**smoking gun**” was originally, and still is primarily a reference to an object or fact that serves as conclusive evidence of a crime or similar act.

Wikipedia



ABUSE/ADDICTION DYNAMICS

- **Minimizing**
- **Rationalizing**
- **Denial**
- **Co-dependency**



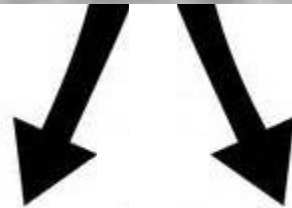
Strategic Interviewing provides information (i.e., the smoking gun) on the extent of drug use and out of control conditions in the home.

STRATEGIC INTERVIEWING

“Reading Between the Lines”

Lkie tihs pzlzue reperstens, durg ennaderged cilhderen lvie in vrey chotaic fmaileis. Srttaegic iirntewvenig hepls you srot truohgh the mses by techanig you to fucos on the two msot ipmortnat apsetcs of dsycfuniotn in teehse fmilaeis. It deosn't mttar how dsigiused the durg use, the olny iprmoatnt tihng is taht you “laern to raed btewen the lnies,” so to sepak. Tihs is bcuseae the key to aucclatey idtniefynig durg use is to asesss the fmilay as a wlohe and by aksnig qeutsnios that the fialmy are mroe lekily to awsner tuhrftlluy . You use waht tehy wnat to tlak aobut! You wno't bleveie the phaonmneal pweor and eecfefitvness of srttaegic iirntewvenig! Amzanig huh?

KEY TO ASSESSMENT & FOCUS OF STRATEGIC INTERVIEW QUESTIONING



**Child/Family
Dynamics**

**Clinical
Symptomology**

UNDERSTANDING “CONTROL ISSUES”

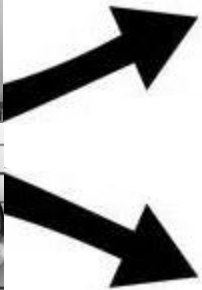
TYPE OF “CONTROL ISSUES”

**CHILD/FAMILY
DYNAMICS**

**“OUT OF CONTROL” BEHAVIOR
or CONDITIONS IN THE HOME**

**CLINICAL
SYMPTOMOLOGY**

**“LOSS OF CONTROL”
RELATED TO USE**



Drug **ENDANGERED** Children



**PRESENT
DANGER**

**IMPENDING
DANGER**

AT-RISK

CPS ASSESSMENTS



**PRESENT
DANGER**

Behaviors, actions or conditions which are currently endangering the child and require an immediate protective action.

**IMPENDING
DANGER**

Continuous state of danger caused by pervasive conditions in the home which typically are not immediately apparent.

AT-RISK

Child's risk of future harm. How likely are they to be abused or neglected in the next 12 - 24 months based on family characteristics?

CPS ASSESSMENTS – Present Danger

Behaviors, actions or conditions which are currently endangering the child and require an immediate protective action.



CPS ASSESSMENTS – Impending Danger

Continuous state of danger caused by pervasive conditions in the home which typically are not immediately apparent.



THORNTON LAB RAID

APRIL 4, 2002

CPS ASSESSMENTS – Danger Threats

Caregiver's intentional and willful act caused serious physical injury to the child.

Caregiver is violent, impulsive or acting dangerously in way that will likely seriously harm the child.

Child has a serious unexplained injury or the caregiver's explanations are inconsistent with the likely cause of the injury.

The caregiver is threatening to or fearful of seriously harming the child.

The caregiver views child or acts toward the child in extremely negative ways likely to result in serious harm to the child.

There are reports of serious harm and the child's whereabouts are unknown or the family is about to flee.

The child's living physical living conditions are hazardous and seriously endanger a child's health.

The caregiver is not meeting the child's essential medical needs and serious harm is likely.

Caregiver is not meeting child's basic and essential needs for food, clothing or supervision.

Behaviors, actions or conditions which are currently endangering the child and require an immediate protective action.

PRESENT DANGER

Continuous state of danger caused by pervasive conditions in the home which typically are not immediately apparent.

IMPENDING DANGER

AT-RISK

Child's risk of future harm. How likely are they to be abused or neglected in the next 12 - 24 months based on family characteristics?

Child shows serious emotional symptoms the caregiver cannot manage or is unwilling to obtain required professional interventions.



Most Direct Correlation: Drug/Child Abuse

Caregiver's intentional and willful act caused serious physical injury to the child.

Caregiver is violent, impulsive or acting dangerously in way that will likely seriously harm the child.

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Behaviors, actions or conditions which are currently endangering the child and require an immediate protective action.

The caregiver is threatening to or fearful of seriously harming the child.

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DANGER**

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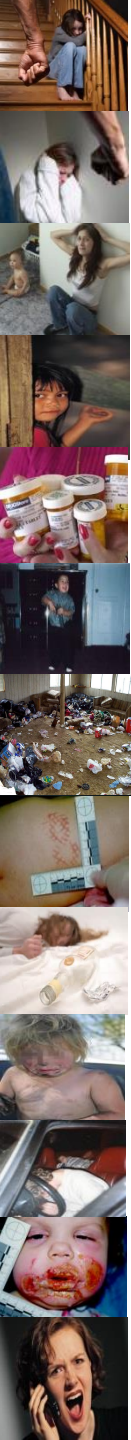
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The caregiver is not meeting the child's essential medical needs and serious harm is likely.

Child shows serious emotional symptoms the caregiver cannot manage or is unwilling to obtain required professional interventions.

Caregiver is not meeting child's basic and essential needs for food, clothing or supervision.



DIAGNOSTIC CRITERIA – DSM V

A. A problematic pattern of _____ use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. _____ is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control _____ use.
3. A great deal of time is spent in activities necessary to obtain _____, use _____, or recover from its effects.
4. Craving, or a strong desire or urge to use _____.
5. Recurrent _____ use resulting in a failure to fulfill major role obligations at work, school or home.
6. Continued _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of _____.
7. Important social, occupational, or recreational activities are given up or reduced because of _____ use.
8. Recurrent _____ use in situations in which it is physically hazardous.
9. _____ use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by _____.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of _____ to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of _____.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal symptoms for _____ (refer to Criteria A and B of the criteria set for _____ withdrawal, pages ____).
 - b. _____ (or closely related substance, such as _____) is taken to relieve or avoid withdrawal symptoms.

Specify current severity: Mild: Presence of 2-3 symptoms.
 Moderate: Presence of 4-5 symptoms.
 Severe: Presence of 6 or more symptoms.



DRUG ASSESSMENTS – DSM V

A. A problematic pattern of _____ use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

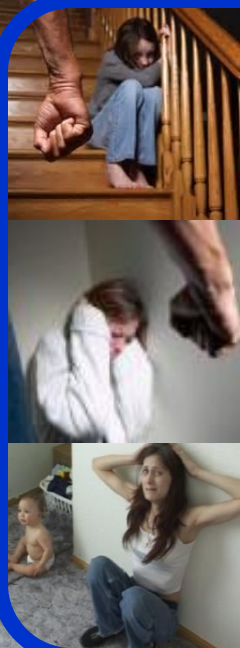
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Caregiver is violent, impulsive or acting dangerously in way that will likely seriously harm the child.

The child's living physical living conditions are hazardous and seriously endanger a child's health.

Caregiver is not meeting child's basic and essential needs for food, clothing or supervision.

CHILD/FAMILY DYNAMICS

CLINICAL SYMPTOMOLOGY



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SI-Qs

“OUT OF CONTROL” BEHAVIOR or CONDITIONS IN THE HOME...

“LOSS OF CONTROL” RELATED TO USE...

EXTENT OF MALTREATMENT:

On 1/9/14, the father told James that he had 30 minutes to complete his homework and James began to mouth off. The father went towards James and James went limp when the father went to pick him up, James began to hit the father. The father grabbed his wrist to restrain him and the mother jumped on his back. James scooted away up the stairs. The father goes upstairs and grabs James by shoulders and James went limp and the father told him to stay put and that he will get a 0 on his homework. The father left and waited for him the grandmother to show up. The father will be residing with the grandmother's for the evening.

James sustained some bruises on right wrist, slight red mark on base of neck. The mother broke her pinky finger on right hand and has small amount of blood coming from a toenail. No arrest was made because the injuries were not consistent with the mother's side of the story.

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4 SI Process Guidelines

- “Normalize” to the extent possible
- Focus on partner/family dynamics before AOD concerns
- Focus on partner before person being interviewed
- Initially focus on alcohol use (much less threatening)

SI Antecedent Questions

Q: Describe what was going on in your home in the hours immediately leading up to the incident...

Q: What contributes to these outbursts?

Q: Most kids know how to push their parent's buttons . . . are there times when _____ is more easily frustrated?

Q: All couples argue from time to time . . . what starts most of your disagreements?

Q: What would need to change so that this is no longer a problem?

CIRCUMSTANCES SURROUNDING MALTREATMENT:

The mother provides a slightly different account of the story **The father came home from a bar and was intoxicated** according to the mother told him about James' grades. The father became upset and went to discipline James. The father grabbed child by the throat and slammed him against the seat and computer table and when the mother tried stop him he pinned her against the sliding glass door and smacked her in the face. The father began throwing chairs in living room at the child as he went up the stairs. The father grabs James by the throat again and tried to throw him onto bunk beds. The mother gets hit again while trying to stop the altercation.

SI Discrepancy Questions

Q: Describe how (name) is different when drinking/using...

Q: How is your interaction with (name) different when he/she is using?

Q: How is (name) parenting different when he/she is using?

Q: How is (name) pattern of use different from 6 months . . . 1 year . . . 3 years ago?

When ^{she} is drinking screams & yells, not usually physically abusive, no patience. Gets verbally aggressive. Hasn't done this in about yr, last time didn't call LE. When lived on neighbors would come get him. Knocks things off tables, throws chairs. He called this AM & doesn't remember hitting her. Last night as he was slapping her in the face "he doesn't care anymore"; Everyone probably says this but really nice person. Not aggressive towards bio children, but another person when he is drunk

... she doesn't like the confrontation.

... he drinks beer; if drinks hard liquor he gets the rage; he only drinks on the weekend if drinks Thursday - won't drink Friday; typically drinks heavy one night and too hung over he comes home & apologizes & won't happen again & will stop drinking.

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Q: How is (name) parenting different when he/she is using?

Q: How is (name) pattern of use different from 6 months, 1 year . . . 3 years ago?

CLINICAL SYMPTOMOLOGY

1. _____ is often taken in larger amounts or over a longer period than was intended.
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6. Continued _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of _____.
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LOSS OF CONTROL INDICATORS

1. _____ is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control _____ use.

Blackouts

“He called this AM and doesn’t remember hitting her.”

Q: “What’s the most surprising thing, to you, that your husband did not recall after it happened?”

Route of Administration

“He drinks beer; if drinks hard liquor he get the rage.”

Q: “How closely does your husband follow OTC medication instructions?”

Alcohol / Sedative-Hypnotics

- Benzodiazepines
- Barbiturates

Severity of Dependence

- Rushing the “High”
- Addictiveness
- Inhalation 7 – 10 seconds
- Injection 15 – 30 seconds
- Switching substances

LOSS OF CONTROL INDICATORS



OUT OF CONTROL INDICATORS

6. Continued _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of _____.
9. _____ use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by _____.

Caregiver is violent, impulsive or acting dangerously in way that will likely seriously harm the child.

Personality Change

“Not aggressive towards bio children, but another person when he is drunk.”

Q: “If there’s one thing about your husband’s personality you could change...what would it be?”

Consistent Change / Repetitive

- Hostility/Aggression
- Sexual Libido

Loss of Family Traditions

Q: “Who do you miss seeing . . . being a part of your life?”

Activities That Have Been Discontinued

- Holiday Get-togethers
- Birthday Celebrations
- Sleepovers
- Emotional/physical “cut-offs”

LOSS OF CONTROL INDICATORS



5. Recurrent _____ use resulting in a failure to fulfill major role obligations at work, school or home.
7. Important social, occupational, or recreational activities are given up or reduced because of _____ use.

Q: “Tell me about your partner’s typical day ... yours?”

Q: “If there’s one thing you could change about your partner, what would it be?”

Q: “Have you ever gone to the doctor and presented symptoms on behalf of your partner so they could get the medication they needed?”

OUT OF CONTROL INDICATORS

Caregiver is not meeting child’s basic and essential needs for food, clothing or supervision.

Relationship Dynamics and Over/Under Functioning

Deficits in major role obligations are characterized by . . .

- No job/inability to keep job
- Couch surfing
- Absent parent (physical or emotional)
- Covert support of drug use

LOSS OF CONTROL INDICATORS



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OUT OF CONTROL INDICATORS

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"Parentified" Children

Q: "What do you like most about your child?...What is your child really good at?"

Q: "Who's your most responsible child? How so?"

Q: "Tell me how you help mom/dad around the house?"

Q: "What is your favorite meal to cook? How often do you make it?"

Q: "How are you treated differently from other kids in the family?"

Parentified children present as super responsible for their chronological age . . .

- Excel at school or fall asleep in class
- Frequent school absences
- Don't know how to play

MOTIVATIONAL INTERVIEWING

Consequences for Children

Q: IF IT WERE TRUE THAT YOUR DRINKING/DRUG USE HAD A NEGATIVE EFFECT ON YOUR CHILD, WHAT WOULD THAT MEAN TO YOU?

Q: DESCRIBE SOME WAYS IN WHICH YOUR DRUG USE HAS BEEN HARMFUL TO YOUR CHILDREN . . . ?

Q: HOW MIGHT YOUR RELATIONSHIP WITH YOUR CHILDREN BE BETTER IF YOU DIDN'T USE?

Q: CAN YOU THINK OF ANY WAYS YOUR CHILDREN ARE GOING WITHOUT AS A RESULT OF YOUR AOD USE?