NHCBH Workforce Development Network

Foundational Competencies in Children’s Behavioral Health

Substance Use: Signs, Symptoms and Resources for New Hampshire Residents
Mission

The NH Children’s Behavioral Health Workforce Development Network is to build a sustainable infrastructure for the professional development of the children’s behavioral health workforce based upon the core competencies and infused with the system of care core values and guiding principles.
NH Children’s Behavioral Health Core Competencies

- System of Care Core Values and Principles
- 7 Key Domains
- Levels: Foundational, Intermediary, Advanced
Foundational Competency Modules

Substance Use:
Signs, Symptoms and Resources for New Hampshire Residents
Foundational Level
Substance Use:
Signs, Symptoms and Resources for New Hampshire Residents

Kimberly Hyslop, Training Coordinator
New Hampshire Alcohol and Drug Abuse Counselors Association and the New Hampshire Training Institute on Addictive Disorders
Substance Use:
Signs, Symptoms and Resources
for New Hampshire Residents
Adolescents begin experimenting with drugs and alcohol at early ages. They may decide to experiment because of peer pressure, depression, low self-esteem and stress at home.
Signs

Typically there are:

• Physical signs
• Behavioral signs
• Psychological signs of use.
The average age that a child will experiment with marijuana is 14 years old and some start experimenting with alcohol before 12 years old. Common drugs that are being used in New Hampshire are:

- Marijuana (synthetic and Non-synthetic)
- Alcohol
- Prescription medications
- Inhalants
- Cocaine, crack and speed
- Heroin, ecstasy, LSD and PCP
Behavioral Signs

• Change in physical appearance
• Changes in sleep patterns
• Withdrawal from normal activities
• Unexplained need for money and secretive about spending habits
Behavioral Signs

• Increased legal problems and/or increased problems at school
• Change in personality or attitude
• Increased use of perfumes, air fresheners and incense
• Higher demand for privacy
• Neglecting responsibilities.
• Engaging in suspicious and secretive behaviors
Physical Signs

• Bloodshot eyes or pupils that are smaller or larger than normal
• Frequent nosebleeds that could be related to drugs that are snorted
• Changes in appetite and a sudden loss or weight gain
• Seizures
• Increase in injuries, accidents and bruises that are unexplained
• Unusual smells on breath, body or clothing
• Shakes, tremors, incoherent or slurred speech and impaired coordination.
Psychological Signs

• Sudden mood changes

• Periods of unusual hyperactivity or agitation

• Lack of motivation, inability to focus or lethargic and spaced out

• Withdrawn, depressed, anxious, or paranoid with no apparent reason
Physiological Dependence

• Tolerance
  – More substance for same effect

• Withdrawal
  – Anxiety
  – Trembling and shakiness
  – Sweating
  – Nausea and vomiting
  – Insomnia
  – Depression
  – Irritability
  – Fatigue
  – Loss of appetite
  -- Body aches
  -- Diarrhea
  -- Headaches
  -- Body aches
  -- Headaches
Physiological Dependence

• Loss of Control

• Continued use of drugs and alcohol even though it interferes with activities, relationships, exercise and social events and is damaging everyday life
Impact on the Family

A parental figure in the home that misuses alcohol or drugs may:

• Model alcohol/drug use to the children
• Make it easier for children to access drugs and alcohol
• Distress the family financially and legally
• Possibly place the family in a dangerous environment
Impact on the Family

Alcohol and other drug misuse by any family member may impact the family by:

• Disintegrate the family structure
• Lead to loss of job or failure at school
• Introduce stressors into the family
• Lead to anxiety and depression in the family
Drug and Alcohol Screening

Screening options

• The Audit
• The ASSIST
• The NIAAA

Brief screening options

• The Audit-C
• The Cage
• The CRAFFT
Audit-C

Scored on a scale of 1-12 and each question has 5 answer choices. Points are allotted as follows:

A=0, B=1, C=2, D=3, E=4

A score is considered positive with:
4 points or more for men
3 points or more for women

Audit-C Questions

1. How often do you have a drink containing alcohol?
   a. Never
   b. Monthly or less
   c. 2-4 times a month
   d. 2-3 times a week

2. How many standard drinks containing alcohol do you have on a typical day?
   a. 1 or 2
   b. 3 or 4
   c. 5 or 6
   d. 7 to 9
   e. 10 or more

3. How often do you have six or more drinks on one occasion?
   a. Never
   b. Less than monthly
   c. Monthly
   d. Weekly
   e. Daily or almost daily

CRAFFT Screening

Recommended for use with adolescents

If the answer is yes to any of the three opening questions then all 6 follow up questions should be asked.

If the answer is no to all three opening questions than the provider only needs to ask the first follow up question regarding the “car”.

CRAFFT Opening Questions

During the past 12 months, did you:

1. Drink any alcohol (more than a few sips)?

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

CRAFFT Follow up Questions

1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs

Scoring the CRAFFT

• Each yes response = 1 point.

• A score of 2 or greater is a positive screen.

• A positive screen indicates a high-risk for having an alcohol or drug-related disorder that may require further assessment.

NA, AA and Al-Anon/Alateen are free support groups for those whose lives have been or are currently affected by drugs and alcohol. You can find more information about each program as well as meeting times and places at:

- Alcoholics Anonymous, [http://www.nhaa.net](http://www.nhaa.net) or 800-593-3330
- Narcotics Anonymous, [http://www.gsana.org](http://www.gsana.org) or 603-645-4777 (24 help and information)
- Al-Anon/Alateen, [http://www..mv.com/ipusers/anhal-anon](http://www..mv.com/ipusers/anhal-anon) or 877-825-2666
- New Hampshire Assembly [www.nhaa.net](http://www.nhaa.net) or 603-622-6967
- Celebrate Recovery (A 12 Step Christian Recovery). Meets Thursdays at Manchester Christian Church
- Nar-Anon, Cocaine Anonymous, 603-645-4777 (24 hour help and information)
- Granite State Area Narcotics Anonymous, 12 Step Fellowship of Narcotics Anonymous, [www.gsana.org](http://www.gsana.org)

Resources and Treatment
Outpatient and Intensive Outpatient Treatment

• Outpatient services
  – Group or individual counseling, an average of 90 days or less

• Intensive outpatient services
  – 3 hours of services per day, at least 3 days a week
  – 4-6 weeks followed by less intense services

Resource information was retrieved from: New Hampshire Bureau of Drug and Alcohol Services, Resource guide for alcohol and drug prevention and treatment services at: http://www.dhhs.nh.gov/dcbcs/bdas/guide.htm
Resources and Treatment
Residential Treatment

Short term:
• Designed to assist individuals who require a more intensive level of services in a structured setting and/or individuals that may be homeless. Voluntary admission with an average length of stay of 28 days or less.

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Resources and Treatment
Residential Treatment

Long term and extended care:

• Limited to pregnant and parenting women and their children.

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Resources and Treatment

Residential Treatment

Halfway houses and transitional living

• Designed to support individuals in the early stages of recovery that need this residential level of care and/or are homeless. The goal of these programs is to prepare clients to become self-sufficient in the community.
  – Average length of stay is about 90 days or less.
  – Residents typically work in the community and may pay for a portion of their room and board.

Resource information was retrieved from: New Hampshire Bureau of Drug and Alcohol Services, Resource guide for alcohol and drug prevention and treatment services at: http://www.dhhs.nh.gov/dcbcs/bdas/guide.htm
Resources and Treatment
Peer Recovery Support

• Peer recovery support services support an individual’s recovery plan that prevents relapse and enhances or removes barriers to recovery

• Recovery support services include guidance in financial management, parenting, vocational training, life management and spiritual counseling as well as transportation and childcare

Resource information was retrieved from: New Hampshire Bureau of Drug and Alcohol Services, Resource guide for alcohol and drug prevention and treatment services at: http://www.dhhs.nh.gov/dcbcs/bdas/guide.htm
Resources and Treatment
Access to Recovery (ATR)

• Eligible clients entered into ATR receive help with treatment at a contracted Bureau of Drug and Alcohol Services (BDAS) provider facility, outpatient/intensive outpatient counseling, recovery support services, and other life skill services.

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• Alcohol and other drugs make a big impact
• There will be signs and symptoms
• Using screening tools and knowing resources available will make a difference

Find more information at:
The NH Clearing House at the Bureau of Drug and Alcohol Services and
The New Hampshire Alcohol and Drug Abuse Counselors Association at www.nhadaca.org
Bibliography

Alcoholics Anonymous: http://www.nhhaa.net
Al-Anon/Alateen: http://www.nhal-anon.org
Narcotics Anonymous: http://www.gsana.org
Credits

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Introduction by Deborah Davidson, NAMI NH
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