METHAMPHETAMINE-INDUCED DUAL DIAGNOSTIC ISSUES FOR THE CHILD WELFARE PROFESSIONAL

PABLO STEWART, M.D.
PSYCHIATRIC CONSULTANT
STATE OF HAWAI'I
DEPARTMENT OF HUMAN SERVICES
CHILD WELFARE SERVICES BRANCH

"NO SAFE HAVEN REPORT"
NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY (1999)

- DUE TO DRUG AND ALCOHOL ABUSE, THE NUMBER OF ABUSED/NEGLECTED CHILDREN HAS MORE THAN DOUBLED
- SUBSTANCE ABUSE CAUSES OR EXACERBATES 7 OF 10 CASES OF CHILD ABUSE/NEGLECT
- CHILDREN OF SUBSTANCE ABUSERS ARE 3 TIMES LIKELIER TO BE ABUSED AND 4 TIMES LIKELIER TO BE NEGLECTED
- IN 1995, 2000 CHILD DEATHS DUE TO ABUSE OR NEGLECT
  - 78% OF CHILDREN KILLED WERE UNDER AGE 5
  - 38% OF CHILDREN KILLED WERE UNDER AGE 1
- CHILDREN EXPOSED PRENATALLY TO ILLICIT DRUGS ARE 2 TO 3 TIMES LIKELIER TO BE ABUSED OR NEGLECTED

CHILD WELFARE ISSUES
CAPTA REQUIREMENTS

"…ESTABLISHMENT OF A TRIAGE SYSTEM THAT-

- ASSESSES REPORTS TO DETERMINE:
  - WHICH REPORTS REQUIRE AN INTENSIVE INTERVENTION
  - WHICH REPORTS REQUIRE VOLUNTARY REFERRAL TO ANOTHER AGENCY, PROGRAM OR PROJECT;
- PROVIDES A VARIETY OF COMMUNITY-LINKED SERVICES TO ASSIST FAMILIES IN PREVENTING CHILD ABUSE/NEGLECT
- PROVIDES FURTHER INVESTIGATION AND INTENSIVE INTERVENTION WHERE THE CHILD'S SAFETY IS IN JEOPARDY"

CHILD WELFARE ISSUES
NEW COMPREHENSIVE ASSESSMENT

- ASSESSMENT IS A CONTINUOUS REEVALUATION PROCESS
  - BASED ON MULTIPLE AND VERIFIABLE SOURCES OF INFORMATION
  - ONGOING THROUGHOUT THE LIFE OF A CASE
- PLANS ARE DEVELOPED WITH FAMILIES AS FULL AND EQUAL PARTNERS
- WE MUST ALWAYS ASSESS:
  - SAFETY & RISK
  - PERMANENCY
  - WELL-BEING

METHAMPHETAMINE

- CNS STIMULANT SYNTHESIZED IN 1887
- 1ST EPIDEMIC IN WWII AND POST WAR JAPAN (1941-1957)
- AMPHETAMINE WAS OTC IN U.S. UNTIL 1959
- 31 MILLION PRESCRIPTIONS FOR AMPHETAMINES WRITTEN IN 1967
- BY THE 70'S, ILLICIT PRODUCTION BECAME THE PRIMARY SOURCE
- PRIOR TO THAT, MOST DRUG WAS OBTAINED BY DIVERTING LEGAL SUPPLIES
- BEGAN AS A WEST COAST PHENOMENON BUT HAS SINCE SPREAD TO ALL OF THE U.S.

METHAMPHETAMINE

- METHAMPHETAMINE CAN BE SMOKED, INJECTED, SNORTED, TAKEN ORALLY OR PER RECTUM
  - HAWAII-SMOKING PREDOMINATES
  - SAN FRANCISCO/LOS ANGELES-INJECTING PREDOMINATES BUT NEWER USERS TEND TO SMOKE

METHAMPHETAMINE

- ALCOHOL & MARIJUANA MOST COMMONLY USED WITH METHAMPHETAMINE*
- OTHER DRUGS ARE ALSO USED IN CONJUNCTION WITH METHAMPHETAMINE:
  - BENZODIAZEPINES
  - ECSTASY
  - GHB
  - AMYL NITRATE
  - CRACK COCAINE
  - HEROIN/PRESCRIPTION OPIATES
  - SILDENAFIL (VIAGRA)

METHAMPHETAMINE

- PREDOMINANT EFFECTS
  - CNS: EUPHORIA, DECREASED FATIGUE & NEED FOR SLEEP, ^LIBIDO (INITIALLY), DECREASED APPETITE/THIRST, ^ENERGY
  - PNS: TREMOR, RESTLESSNESS
  - CARDIOVASCULAR SYSTEM: ^HEART RATE AND BLOOD PRESSURE

METHAMPHETAMINE (MECHANISM OF ACTION)

- ENHANCES RELEASE OF AT LEAST 5 NEUROTRANSMITTERS:
  - NOREPI, EPI, DOPAMINE, SEROTONIN & ACETYLCHOLINE
- INHIBITS RE-UPTAKE OF NEUROTRANSMITTERS
- AT HIGH DOSES:
  - ACTS AS A MAO INHIBITOR
  - ACTS AS A FALSE NEUROTRANSMITTER

METHAMPHETAMINE

- TOLERANCE/DEPENDENCE DEVELOPS WITHIN DAYS
- MEDICAL COMPLICATIONS:
  - SEIZURES, MI, CVA, ARRHYTHMIAS, RENAL AND INTESTINAL NECROSIS
  - PROBLEMS ASSOCIATED WITH NEEDLE USE
    - ABSCESS FORMATION
    - SEPTICEMIA
    - HIV
    - HEPATITIS B & C

MENTAL STATUS EXAMINATION

- APPEARANCE
- BEHAVIOR
- SENSORIUM
- ORIENTATION
- SPEECH
- AFFECT
- MOOD
- THOUGHT PROCESS
- THOUGHT CONTENT
- COGNITIVE EXAM
- SUICIDE
- HOMICIDE
- JUDGMENT
- INSIGHT

METHAMPHETAMINE (PSYCHIATRIC COMPLICATIONS)

- IMPULSE CONTROL PROBLEMS
- “MANIA”
- PANIC DISORDER
- PSYCHOSIS
- “DEPRESSION”
- “ANXIETY”
- SLEEP DISTURBANCE

ALCOHOL-INDUCED MENTAL ILLNESS

- IMPULSE CONTROL PROBLEMS
- SLEEP DISTURBANCE
- “ANXIETY”
- “DEPRESSION”
- PSYCHOSIS
- DEMENTIA

MARIJUANA-INDUCED MENTAL ILLNESS

- DELIRIUM: MEMORY PROBLEMS, DIFFICULTY WITH MULTI-STEP TASKING
- PSYCHOSIS
- PANIC DISORDER

SELF-MEDICATION OF PRE-EXISTING MENTAL ILLNESS WITH METHAMPHETAMINE

- METHAMPHETAMINE USED TO SELF-MEDICATE:
  - MAJOR DEPRESSIVE DISORDER
  - ATTENTION DEFICIT/HYPERACTIVITY DISORDER

SELF-MEDICATION OF PRE-EXISTING MENTAL ILLNESS WITH METHAMPHETAMINE

MAJOR DEPRESSIVE DISORDER:

- DEPRESSED/IRRITABLE MOOD
- MARKED DIMINISHED INTEREST OR PLEASURE FROM USUAL ACTIVITIES
  - SIGNIFICANT WEIGHT LOSS/GAIN
  - INSOMNIA/HYPERSOMNIA
  - PSYCHOMOTOR AGITATION/RETARDATION
  - FATIGUE
  - FEELINGS OF WORTHLESSNESS OR GUILT
  - DIMINISHED ABILITY TO THINK OR CONCENTRATE
  - RECURRENT THOUGHTS OF DEATH OR SUICIDE

SELF-MEDICATION OF PRE-EXISTING MENTAL ILLNESS WITH METHAMPHETAMINE

ATTENTION-DEFICIT/HYPERACTIVITY-IMPULSIVITY DISORDER

- INATTENTION
- HYPERACTIVITY-IMPULSIVITY
- SYMPTOMS WERE PRESENT < AGE 7
- SYMPTOMS MUST BE PRESENT IN AT LEAST TWO AREAS OF THE CHILD'S LIFE

DIAGNOSTIC STRATEGIES

- ASSESS HEALTH STATUS
- ASSESS MENTAL HEALTH STATUS
- EVALUATE THE NATURE OF THE PATIENT’S METHAMPHETAMINE USE
- ATTEMPT TO DETERMINE “CAUSE/EFFECT”
  - MEDICAL PROBLEM-INDUCED
  - METHAMPHETAMINE-INDUCED
  - PRE-EXISTING MENTAL ILLNESS SELF-MEDICATED BY METHAMPHETAMINE
  - COMBINATION OF THE ABOVE

TREATMENT STRATEGIES

- MEDICALLY SUPERVISED DETOXIFICATION, IF NECESSARY
- MEDICAL STABILIZATION
- ASSESS/TREAT PSYCHIATRIC DISORDERS, IF PRESENT
  - PRE-EXISTING
  - METHAMPHETAMINE-INDUCED
- COGNITIVE-BEHAVIORAL TREATMENT

ELEMENTS OF EFFECTIVE OUTPATIENT TREATMENT

THE FOLLOWING ARE EMPIRICALLY TESTED ELEMENTS OF OUTPATIENT TREATMENT:

- COORDINATION AMONG ALL AGENCIES INVOLVED IN A GIVEN CASE
- ENGAGEMENT & RETENTION
- STRUCTURE
- PSYCHO EDUCATION
- RELAPSE PREVENTION
- FAMILY INVOLVEMENT
- SELF HELP INVOLVEMENT
- DRUG & BREATH TESTING

OUTPATIENT TREATMENT

COORDINATION AMONG ALL AGENCIES INVOLVED IN A GIVEN CASE

- NO CONFIDENTIALITY AMONG AGENCIES
- “FREQUENT” PROGRESS REPORTS
- “FREQUENT” TREATMENT PLANNING MEETINGS AMONG ALL AGENCIES
- BEWARE OF “SPLITTING”

OUTPATIENT TREATMENT

ENGAGEMENT & RETENTION

- RELATIONSHIP BETWEEN PATIENT AND THERAPIST IS MOST IMPORTANT CURATIVE FACTOR IN TREATMENT
- THERAPIST MUST DEVELOP A TRULY NONJUDGMENTAL, SUPPORTIVE RELATIONSHIP
- INTERACTIONS BETWEEN PATIENT AND THERAPIST MUST BE REAL AND DIRECT, BUT NOT CONFRONTATIONAL OR PATERNALISTIC

OUTPATIENT TREATMENT

ENGAGEMENT & RETENTION:

MOTIVATIONAL ENHANCEMENT: STAGES OF CHANGE:

- PRECONTEMPLATION
- CONTEMPLATION
- PREPARATION
- ACTION
- MAINTENANCE

OUTPATIENT TREATMENT

ENGAGEMENT & RETENTION:

PRINCIPLES OF MOTIVATIONAL ENHANCEMENT:

- HELP THE PATIENT RECOGNIZE THAT NOT MANAGING THEIR ILLNESS INTERFERES WITH ATTAINING THEIR GOALS
  - EXPRESS EMPATHY
  - NOTE DISCREPANCY BETWEEN CURRENT AND DESIRED BEHAVIOR
  - AVOID ARGUING WITH PATIENT
  - REFRAIN FROM DIRECTLY CONFRONTING RESISTANCE
  - ENCOURAGE BELIEF THAT THE PATIENT DOES HAVE THE ABILITY TO CHANGE

OUTPATIENT TREATMENT

STRUCTURE

- A COMMON RELAPSE TRIGGER IS POOR TIME MANAGEMENT
- PATIENTS NEED TO BE TAUGHT HOW TO STRUCTURE THEIR TIME:
  - PLANNING THEIR DAY/WEEK
  - KEEPING APPOINTMENTS
  - MANAGING FREE TIME

OUTPATIENT TREATMENT

STRUCTURE

- PATIENT ISN'T THE ONLY ONE WHO NEEDS TO BE WELL ORGANIZED
- TREATMENT ACTIVITIES SHOULD BE CONSISTENT AND PREDICTABLE
- BOUNDARY MANAGEMENT SHOULD ALSO BE PRACTICED AT ALL LEVELS OF THE TREATMENT SYSTEM:
  - CONFIDENTIALITY & TIME BOUNDARIES
  - INTERPERSONAL BOUNDARIES:
    - STAFF-STAFF
    - STAFF-PATIENT
    - PATIENT-PATIENT

OUTPATIENT TREATMENT

PSYCHO EDUCATION FOR PATIENTS AND FAMILIES

- ALL ASPECTS OF METHAMPHETAMINE USE SHOULD BE PRESENTED IN AN OBJECTIVE, NONJUDGMENTAL MANNER
- FEAR TACTICS AND BULLSHIT SHOULD BE AVOIDED

OUTPATIENT TREATMENT

RELAPSE PREVENTION

- RELAPSES ARE A COMMON BUT NOT AN OBLIGATORY PART OF TREATMENT
- ALL RELAPSES MUST BE STUDIED IN A NON-PUNITIVE AND NON-JUDGMENTAL MANNER
- RELAPSE IS A PROCESS
- IDENTIFIABLE TRIGGERS
- PREDICTABLE SET OF THOUGHTS, FEELINGS & BEHAVIORS
- IDENTIFY RELAPSE PATTERN
- INSTITUTE ALTERNATIVE BEHAVIORS

OUTPATIENT TREATMENT

FAMILY INVOLVEMENT

- “FAMILY” MUST BE INVOLVED
- IF FAMILY IS NOT WORKING WITH YOU IN THE TREATMENT PROCESS, THEY WILL WORK AGAINST YOU
- FAMILIES MUST BE EDUCATED ABOUT ADDICTION, RECOVERY AND MENTAL ILLNESS
- IF THERE IS NO FAMILY, PATIENTS SHOULD HAVE SOME SORT OF “TREATMENT BUDDY”

OUTPATIENT TREATMENT

SELF HELP INVOLVEMENT

- SUCCESSFUL UTILIZATION OF SELF HELP PROGRAMS REQUIRES THE ABILITY FOR ABSTRACT THINKING
  - THIS LIMITS ITS UTILITY WITH ADOLESCENTS AND OTHERS WHO CANNOT CONSISTENTLY THINK ABSTRACTLY
- FOR THOSE PATIENTS WHO CAN TAKE ADVANTAGE OF IT, SELF HELP PARTICIPATION SHOULD BE A MANDATORY PART OF TREATMENT
- PATIENT’S SHOULD BE TAUGHT ABOUT SELF HELP PROGRAMS PRIOR TO THEIR ATTENDING
- MENTALLY ILL PATIENTS SHOULD BE ACCOMPANIED BY STAFF TO PRE-SELECTED MEETINGS AND HAVE THE OPPORTUNITY TO REHASH THEIR EXPERIENCES

OUTPATIENT TREATMENT

DRUG & BREATH TESTING

- AN IMPORTANT PART OF ANY OUTPATIENT PROGRAM
- TESTS SHOULD BE DONE RANDOMLY & FOR PROBABLE CAUSE
- POSITIVE TESTS SHOULD INDICATE THAT THE CURRENT TREATMENT PLAN NEEDS AUGMENTING

CHILD WELFARE ISSUES

REMOVAL VS. FAMILY PRESERVATION WITH SERVICES

- THE FOLLOWING ISSUES, AMONG OTHERS, MUST BE TAKEN INTO CONSIDERATION WHEN MAKING DECISIONS ABOUT REMOVAL VS. PRESERVATION WITH SERVICES:

  - METHAMPHETAMINE “LABORATORIES”

  - ACTIVE PSYCHOSIS
    - METHAMPHETAMINE-INDUCED
    - PRE-EXISTING PSYCHOTIC DISORDER
      - SCHIZOPHRENIA
      - SCHIZOAFFECTIVE DISORDER
      - DELUSIONAL DISORDER

CHILD WELFARE ISSUES

REMOVAL VS. FAMILY PRESERVATION WITH SERVICES

- SERIOUS MOOD DISORDER
  - SELF-MEDICATION OF MAJOR DEPRESSIVE DISORDER
  - METHAMPHETAMINE-INDUCED MOOD DISORDER
  - BOTH OF THESE CONDITIONS CAN BE COMPLICATED BY THE PRESENCE OF PSYCHOTIC SYMPTOMS
- THE PRESENCE OF ANY OTHER SERIOUS MENTAL ILLNESS THAT INTERFERES WITH THE PARENTS' ABILITY TO CARE FOR THEIR CHILD(REN)
  - POSTTRAUMATIC STRESS DISORDER
  - BIPOLAR DISORDER
  - OBSESSIVE COMPULSIVE DISORDER
- THE PRESENCE IN THE HOUSEHOLD OF A MAN WHO IS UNRELATED TO THE CHILD(REN)

CHILD WELFARE ISSUES
REMOVAL VS FAMILY PRESERVATION WITH SERVICES

- ENCOURAGING A CHILD TO PARTICIPATE IN DRUG SALES OR THEFT
- ENCOURAGING A CHILD TO USE DRUGS AND ALCOHOL
- EXPOSING A CHILD TO PARENTAL SUBSTANCE ABUSE

CHILD WELFARE ISSUES
VISITATIONS

- FREQUENT CONTACTS WITH BIOLOGICAL PARENTS RESULTS IN FEWER BEHAVIORAL AND EMOTIONAL PROBLEMS WITH CHILD IN OUT-OF-HOME PLACEMENTS
- VISITATION IS FOR THE CHILD’S BENEFIT
- WITHHOLDING VISITATION SHOULD NEVER BE USED TO PUNISH PARENTS WHO ARE NOT COOPERATING WITH THEIR TREATMENT PLANS AND/OR DO NOT ADMIT THEY HAVE A SUBSTANCE ABUSE PROBLEM
- THE PRESENCE OF A POSITIVE UA SHOULD NOT AUTOMATICALLY PROHIBIT A PARENT FROM VISITING WITH THEIR CHILDREN

CHILD WELFARE ISSUES REUNIFICATION

- REUNIFICATION CANNOT OCCUR IF THE ORIGINAL REASONS FOR THE REMOVAL HAVE NOT BEEN ADDRESSED:
  - METHAMPHETAMINE LABORATORIES
  - UNTREATED MENTAL ILLNESS
  - EXPOSURE/INVOLVEMENT OF CHILDREN TO ONGOING ANTISOCIAL BEHAVIORS
  - OTHER UNSAFE CONDITIONS

CHILD WELFARE ISSUES REUNIFICATION

- REUNIFICATION SHOULD BE CONSIDERED IF THE PARENT(S) IS MAKING SATISFACTORY PROGRESS IN THEIR TREATMENT:
  - REMEMBER, SUBSTANCE ABUSE IS A CHRONIC ILLNESS CHARACTERIZED BY PERIODS OF STABILITY INTERSPERSED BY PERIODS OF ACTIVE SYMPTOMATOLOGY
  - UA'S ALONE DO NOT MEASURE PROGRESS
  - PROGRESS CAN BE DETERMINED BY WORKING CLOSELY WITH THE TREATMENT PROVIDERS AND BY MONITORING OTHER PARAMETERS OF FUNCTIONING SUCH AS:
    - EMPLOYMENT
    - SCHOOLING
    - MAINTAINING REASONABLE HOUSING
    - ABILITY TO UTILIZE COMMUNITY SERVICES

CHILD WELFARE ISSUES
DRUG-EXPOSED INFANTS

SOCIAL WORKER MAKES AN ASSESSMENT BASED ON:

- PARENTS' ATTITUDE/ACKNOWLEDGEMENT OF DRUG USE
- PARENTS' WILLINGNESS TO VOLUNTARILY PARTICIPATE IN SERVICES
- AVAILABILITY/WILLINGNESS OF EXTENDED FAMILY AND SOCIAL NETWORK TO ASSIST AND INTERVENE IF NECESSARY
- SAFE HOME ENVIRONMENT
- PRENATAL HISTORY, MENTAL HEALTH, SIBLING HEALTH
- IDENTIFIED FAMILY STRESSORS
- SEVERITY OF MEDICAL PROBLEMS OF NEWBORN

CHILD WELFARE ISSUES
METHAMPHETAMINE ABUSE & MENTAL ILLNESS

- BOTH ARE CHRONIC CONDITIONS WITH EXCELLENT PROGNOSIS IF PROPERLY TREATED
- BOTH CONDITIONS ARE CHARACTERIZED BY PERIODS OF STABILITY INTERSPERSED WITH PERIODS OF ACTIVE SYMPTOMATOLOGY
- THE PRESENCE OF THESE CONDITIONS, EITHER BY THEMSELVES OR IN COMBINATION, DO NOT NECESSARILY
  - WARRANT CHILD REMOVAL
  - PREVENT FAMILY REUNIFICATION
  - PREVENT VISITATION