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# CD Assessment

Very tricky process, high stakes when it involves custody decisions – accuracy is essential especially when it is related to the safety and welfare of children
Some one is always unhappy with the process and will challenge the findings
Involved attorneys always want their clients to be happy with the outcome despite the reality that what we want is often bad for us.

Involved attorneys sometimes try to influence the process by disparaging the party making the accusation – "would you believe she doesn't even want him to have a drink with clients when doing so is an inherent part of sales and establishing business relationships"

Since it is so easy for the client to present a false image, the assessor needs to be constantly looking for indicators that indirectly reflect alcohol/drug abuse knowing full well that all active addicts lie and will attempt to create an image of themselves that minimizes their involvement with drugs/alcohol

FRONT END INDICATORS:

- High level of resistance to the process
- Multiple appointment changes or failure to appear due to busy schedule or forgetting due to work load
- Bad mouthing the accusing part at every opportunity – "they drink just as much or more than I do. They just don't want me to be with my kids. They think that any drinking is too much."

One of the first things necessary is to establish that this is not a DR. – Patient relationship and therefore nothing said is confidential. Remind them that all parties will have a copy of the report. Essential that they are honest and forthcoming because the other party will highlight obvious lies, errors and omissions which in the end will be a bad reflection on them.

The following are what I believe to be essential areas to be explored when doing an adequate evaluation.
Begin with asking them **their understanding of why this evaluation is necessary**.
What to look for:

- How they conceptualize the issue, are they factual and straight forward or angry, resentful and/or views the eval as being done out of anger, hurt, jealousy or spite?

**Educational History**:

- How far did they get and why they may have stopped
- Did they ever have any disciplinary actions taken against them
- Were they members of a frat/sorority – any actions ever taken against their hours or the house against them

**Employment History**:

- Attempt to get as complete a list as possible of all jobs held since graduation

Troubling indicatiors:

- Multiple jobs of short duration
- Whether or not they bad mouth their employer/boss
- Whether or not they ever received any write ups or disciplinary actions
- Reasons of all terminations
- Reasons why they left each job

**Medical Hx**:

- What medication are they currently on and what conditions are they treating or do they have any current medical problems?
- Have you ever been hospitalized and for what?
- For what reasons have you used the ER in the last 4 years?

Looking for medical issues that are related to ETOH/drug addiction (i.e. ulcers, esophageal varicies, high BP, heart problems, falls, emphysema, etc.
Have they ever been told by a physician to reduce, slowdown or stop drinking/using drugs?

**Psychiatric Hx**.

- Any admissions to residential psych. tx.
- Ever worked with psychologist, SW, therapist or marriage counselor, if so what were the issues, was alcohol or drug use ever any issue **(release of case notes can be very helpful – since this information is historical and often given well before any legal matters arose, they often contain important information that may have been given without denial and minimization.**
- Ever taken any psych. Meds – why
- Any hx of depression, bipolar, ADD, ADHD, PTSD – all highly related to addiction
- Any hx. of traumatic events
- Any childhood hx. of abuse X3

**Legal History**:

- Hx. of arrests, convictions, dropped charges, SIS

- Any hx. of DWI, DUIs, public intoxication, indecent exposure, disruption of duty of police officer, destruction of property, defacing public property
- Hx of drug charges, SATOP classes, Weekend intervention
- Hx of civil cases, anything pending?
- If there is a hx of arrests/convictions it is important that you as a referring attorney make every attempt to secure, and forward, all available documents. Obviously these documents are hard and factual evidence that can be effectively used in the evaluation process. Though "hear say" material is helpful, it is not as powerful

**Chemical Dependency Hx**:

- I begin with when client 1st began experimenting with drugs/alcohol – how do they label their use (social, occasional, problematic, etc). How much and how often? Did their use cause any problems with parents, school officials, law, etc?
- College years – how much how often, how would they label their use, frequency they drank to intoxication? How much would it take to feel intoxicated? Any issues or problems?
- Age 20 – 30
- Age 30 – 40
- Age 40 – 50 and so on
- Any hx. of CD tx, anyone ever share their concern regarding your use, anyone ever suggest that you attend AA/NA/CA, have you ever attended a 12 Step program meeting, have you ever had any blackouts, ever felt guilt or shame stemming from a using event, has drinking/using ever been an issue in any of your relationships, any control issues,

Those with no issues respond quickly and without hesitation. Red flags when there are gaps between question and response. The longer the silent the more the concern. These individuals are reviewing their possible answers and trying to select the least troubling response (filtering).

Paper and pencil testing – SASSI – 4 Substance Abuse Subtle Screening Inventory – primary strength of this tool is that many question do not openly involve alcohol or drug use but tap into the behavioral and attitudinal characteristics common to the addicted mindset. Most instruments are very obviously structured around easily identifiable patterns of abuse/addiction and the responses are seldom honest.

Family Hx: This is an important section in that it is highly related to addiction thru heredity, parenting style and/or personal characteristics of the parents

- Are the parents alive and still married? If divorced, do you know why?
- Father, what characteristics describe him? His current age, what he does/did for a living. How would you describe your relationship with him as a child? As an adult? How active of a roll did he play in your childhood? Any hx. of psychiatric or CD problems. How often do you talk with him?
- Mother – same questions
- Siblings – What do they do for a living, any hx. of CD, psych or legal problems
- Marriages – how long, why they ended, any children, any issues regarding drinking/using. How would you describe spouse? What kind of issues do you have in your current marriage? Is drinking/using an issue?
- Children – how many, what ages, what kind of student are they, any behavioral, legal, psych or drug issues, if separated/divorced how often do you see them?
- If single – are you currently involved in a relationship, how long, does S.O. have any CD or Psych issues, has your use of alcohol/drugs ever been an issue in this relationship?

**COLLABRATIVE CALLS**: This is perhaps one of the most important parts of the assessment process. It gives the evaluator the opportunity to view the client through multiple eyes other than the primary involved parties which usually produces a more honest view of the client.
Each party is asked to indentify at least 3 individuals who know the client and who might have 1st hand experience and knowledge of client's relationship with drugs/alcohol
Rule out: children and people who might work under or are currently managed by the client in a work setting. I always identify the collaborative individuals with the other involved party and ask if they have any thoughts on these individuals. Ask that they contact these individuals and inform them of the coming call. This minimizes the evaluator's need to give background information some of which may be unknown to the individual.

Red flags:

- One or both parents of the client are omitted from the list
- Identified parties are said to be "using buddies"
- Siblings who are identified as harmfully involved with drugs/alcohol
- When no close friends are identified

- Older friends or relatives who only see the client a few times of the year
- Individuals who cannot identify the required 3 parties

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**CD Treatment – 3 types**

1. Harm reduction – only useful for abuse not in cases of dependency
2. Intensive Outpatient – length varies, research shows the longer the program the better, this usually involves 4 to 8 weeks of multiple session followed by up to 4 – 6 months of weekly aftercare
3. Residential tx – 30 – 90 days of residential tx often with the option of residing in a halfway house (LOS 6mos)

**Tx. is composed of:**

- front end assessment – medical, psychological, psychosocial (who is this patient and what are his/her issues?). Determine if secondary diagnosis is indicated
- creation of a formal TX plan which identifies the problems and approaches and guides the staff on what to address with the client
- involves individual sessions, educational groups, process groups
- Generic goals are:

    1. Break through denial and plant the seeds of acceptance
    2. Educate regarding the disease concept of addiction
    3. Introduce and stress importance of ongoing active AA involvement – active and frequent involvement greatly increases the probability of long term recovery
    4. Establish the importance of honest with self and others
    5. Educate about relapse and relapse prevention

        40 -60 % will relapse in one year – very little difference in relapse rates between drug/alcohol and other physical diseases that are heavily related to life style  Diabetes 30 -50%, hypertension 50 – 70%, smoking 60 – 90%, obesity/weight loss 70 – 90%

# Monitoring

Broadly defined: The tracking of one or more variables for the purpose of facilitating compliance and or behavioral change

Two types of monitoring:

1. non-clinical
2. clinical

Non-clinical (e.g. ignition lock, ankle strap, UAs when no clinician in the loop)

- usually involves technician (with little to no clinical training)
- data compiled over time and reported at a later date
- main purpose is deterrence and detection (i.e. ankle band, ignition lock)

Clinical

- clinician is the monitor/advocate
- used in conjunction with a therapeutic process (individual or group therapy)
- involves use of a therapeutic contract
- test results are not confidential, client understands that relapse is immediately reported
- process becomes the means by which client renews the trust destroyed by addiction

Monitoring has been in place decades for "safety sensitive " positions. This involves individuals of concern who are in the position to do considerable damage to the public

Examples:

- Medical providers (doctors, dentists, pharmacists, etc)
- Airline pilots
- Transportation employees (railroad, trucking)

Over time monitoring has proven itself. It increase success rates (duration of recovery). Average relapse rate for chemical dependency treatment is 50 - 65% (probably an underestimate). Average relapse rate for medical providers in

monitoring is approximately 5 - 10%. Conversely approximately 90+% of physicians and dentists in a monitoring program continue to be in recovery (drug free) after 5 years of monitoring. The program for airline pilots is less effective (66%). This is primarily due to the newness of their program and the low frequency of UA

The primary elements involved in clinical monitoring are:

- a highly detailed recovery contract spelling out client expectations
- frequent individual/group contact with clinician
- random urine/breath testing
- major consequences for relapse - usually involves loss of license. How else might a physician, dentist, pharmacist, etc earn income if they can't practice their profession? Not much demand for a professional without a license to practice.

I believe the family court/law is in desperate need for clinical monitoring. Addiction destroys health, finances, careers, self esteem, families and family members.

Chemical dependency is among the top 3 factors behind divorce and custody cases. All divorce attorneys, GALs, and Family Court judges are keenly aware of this problem. Historically it has been difficult for divorce attorneys, GAL and judges to track the effectiveness (maintaining recovery) of treatment after an individual has completed structured treatment (IOP, residential treatment). Remember, all the major challenges to recovery take place after discharge. Treatment takes place in the recovery facility but recovery takes place at home.

It is to everyone's advantage that the family court system embrace clinical monitoring. Once in place Clinical monitoring can increases recovery rates and provide a greater degree of safety for all family members. The system quickly identifies relapse and the clinician, who is familiar with the client, is already in place to structure healthy change.

Clinical monitoring provides:

- structure and accountability
- provides a safe and easy transition from treatment to mainstream life
- eases the client into their roles and responsibilities of everyday life
- increases motivation to sustain a structured and organized plan for continuous recovery.
- through frequent clinical contact with a clinician, red flags can be identified and quickly addressed. The clinician can quickly provide the individual with needed services thus supporting the client on their path to recovery
- BOTTOM LINE - when structured through clinical monitoring, research has shown that recovery success can reach 80 - 95%

In order to be effective the recovery monitoring program must provide:

- a transparent plan observable to all
- a highly structured Recovery Contract
- a high level of accountability
- irrefutable, factual evidence of being drug free (biomarkers: blood, breath)
- random testing
- loss of something significantly valued by the client (in the case of the family court, immediate loss of access to the client's children)
- provides a clear path to regain trust destroyed by addiction (highly motivating for the serious client)

Current accountability tools used in clinical monitoring: (must always be used in tandem)

- UA - high level of accuracy, can detect past use ( 3 days to 3 months) invasive and often inconvenient, delayed reporting
- ignition lock - facilitates abstinence not recovery
- ankle strap - 24/7 monitoring, little anonymity, men/women are hesitant to wear shorts, bathing suit. No swimming. Women hesitant to wear a skirt, delayed reporting
- hair, nail testing - most effective in determining use over time (months)
- saliva - used onsite, gives immediate results, no formal laboratory report, easily fooled without close visual monitoring

- Soberlink - newest technology, hand held breathalyzer with built-in camera and GPS location

Advantages of Soberlink:

- user friendly and easily used (short learning curve)
- highly sensitive and accurate, uses same technology as police
- wirelessly sends real time reports of BAC to cloud for remote access
- each sampling includes BAC, GPS location, real-time photo and time of report
- allows flexibility for monitor to determine timing of testing. Monitor has control of frequency of testing, time of testing, time period between automated text message and actual testing (can vary between 45 minutes to 3 hours)
- immediately texts the monitor if test is late, missed or positive
- immediate results facilitates a sense of mutual trust and accountability
- allows total anonymity
- all positive tests must be validated by UA if custody or visitation is temporarily suspended

Predictions:

1. Soberlink will shortly replace ankle bands
2. Clinical monitoring, due to its effectiveness, will eventually be recognized by the insurance industry and will become a covered clinical service. Currently it is not.

# WHEN SEEKING A CHEMICAL DEPENDENCY EVALUATOR

What to look for

- High level of training and education in the field – Master's or PhD. Level preferred
- Skilled in the evaluation process – long history of executing evaluations
- Avoid SATOP evals – often done by individuals with little education/training
- Avoid initial evals often given by treatment facilities – often done without cost and usually only involve the person of concern
- Avoid computer based evals – often lack validity, often given by whoever is available at the time, never involves other parties or sources of information
- Both parties must be involved – addicts/alcoholics lie to themselves and others
- Collaborative calls are essential – want to get as much info as possible from as many parties as possible (everything must be taken with a grain of salt , everyone has an agenda)

Basic understanding:

- All those harmfully involved with alcohol lie and deceive.
- Seldom does someone admit they have a problem unless they find themselves in a life crisis usually caused by their use
- No one admits to a problem that they believe , or delude themselves into believing, they don't have
- Those harmfully involved usually view their drug of choice as their valued friend which they don't want to give up and will do whatever possible to keep in their life
- Everyone wants to present themselves in the best light possible and therefore stretch the truth when necessary

There is no test or biomarker that will definitely determine if a person is alcoholic. If that were the case then evaluations would not be necessary

Sections:

- Background information – why, in their words, is this evaluation necessary
- Employment Hx.
- Legal Hx
- Medical Hx
- Psychiatric Hx.
- Family Hx.
- Drug/Alcohol Hx.
- Collaborative calls

# MONITORING CONTRACT
## (Without AA involvement)

Name: Date:

I, , agree to the following:

1. Without exception, I will remain alcohol/drug free.
2. I am fully aware of all fees and will be responsible for timely payment.
3. I will surrender my deposit should I lose or break the Soberlink device.
4. I will respond to all Soberlink texts in a timely manner (60 minutes or less).
5. I will appear on time for all scheduled appointments with Dr. Orlovick. Should I be unable to attend, I will contact Dr. Orlovick 24 hours in advance to discuss my situation.
6. Should/when I travel I will inform Dr. Orlovick as soon as possible to allow my testing schedule to be changed to match the local time zone and travel activities.
7. I will make no attempts to alter/deceive the Soberlink device or falsify its' results. Any attempt to do so will be considered a major violation and immediately reported to all involved parties
8. I have reviewed, with Dr. Orlovick, the items which may influence my BrAC and will make every attempt to avoid them.
9. Should I have a BAC of .02 or above, I will contact Dr. Orlovick to schedule an appointment for ETG urine testing within 24 hours. I will be responsible for payment ($85.00) of this additional test.
10. I give my permission for Dr. Orlovick to write a monthly report concerning my contract compliance to all involved attorneys.
11. I give my permission for Dr. Orlovick to immediately contact all attorneys should I have a BAC of .02 or above.
12. Should I stop complying with this contract prior to the agreed upon termination date, I give Dr. Orlovick permission to contact all involved parties.
13. This contract will remain in force for months from the date it is signed.
14. I fully understand, should I consume alcohol, my custody agreement may be altered to protect the safety of my children.

| --- | --- | --- | --- |
| Name | date | witness | date |

# MONITORING CONTRACT

Name: Date:

I, , agree to the following:

1. Without exception, I will remain alcohol/drug free.
2. I will get a sponsor and work the AA 12 Step Program. I will give permission to my sponsor to discuss my AA involvement with Dr. Orlovick.
3. I am fully aware of all fees and will be responsible for timely payment.
4. I will surrender my deposit should I lose or break the Soberlink device.
5. I will respond to all Soberlink texts in a timely manner (60 minutes or less).
6. I will appear on time for all scheduled appointments with Dr. Orlovick. Should I be unable to attend, I will contact Dr. Orlovick 24 hours in advance to discuss my situation.
7. Should/when I travel I will inform Dr. Orlovick as soon as possible to allow my testing schedule to be changed to match the local time zone and travel activities.
8. I will make no attempts to alter/deceive the Soberlink device or falsify its' results. Any attempt to do so will be considered a major violation and immediately reported to all involved parties
9. I have reviewed, with Dr. Orlovick, the items which may influence my BAC and will make every attempt to avoid them.
10. Should I have a BAC of .02 or above, I will contact Dr. Orlovick to schedule an appointment for ETG urine testing within 24 hours. I will be responsible for payment ($85.00) of this additional test.
11. I give my permission for Dr. Orlovick to write a monthly report concerning my contract compliance to all involved attorneys
12. I give my permission for Dr. Orlovick to immediately contact all involved attorneys should I have a BAC of .02 or above.
13. Should I stop complying with this contract prior to the agreed upon termination date, I give Dr. Orlovick permission to contact all involved attorneys.
14. This contract will remain in force for 6 months from the date it is signed.
15. I fully understand, should I consume alcohol/drugs, that my custody agreement may be altered to protect the safety of my children.

| ---------- | ---------- | ---------- | ------- |
|---|---|---|---|
| Name | date | witness | date |

## RECOMMENDATIONS WHEN ABUSE IS INDICATED

**Recommendations:** A line needs to be drawn such that should Mr./Ms experience any future substantive negative outcomes directly related to drinking (DUI, police involvement, acts of aggression, alcohol related emergency room visits, etc.) he/she be mandated to seek IOP (intensive outpatient treatment). It is highly recommended Mr./Ms establish a rule of never drinking and driving regardless of the amount consumed, independent of whether or not his daughter is in the car. It is suggested he/she remove alcohol from his/her life for a period of no less than 4 months (monitored via Soberlink). This will provide opportunity for him/her to better assess the role alcohol plays in his/her life and institute more adaptive patterns of living.

Should Mr./Ms decide to return to drinking after 4 months of being alcohol free, it is recommended he/she be monitored through the Soberlink system, for a period of no less than eight months when his/her children is in his/her custody. Should Mr./Ms consume alcohol while with his/her children, it is recommended he/she admit himself to intensive outpatient treatment, successfully complete the program and follow all discharge recommendations. At this point, it is unknown if clinet can return to non-problematic drinking. Should h/she decide to do so, it is suggested he/she partake in Moderation Management and strictly adhere to their protocol. It is also recommended client seek individual counseling with a therapist experienced in treating alcohol abuse. The frequency of counseling to be determined by the therapist

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# SUGGESTIONS FOR THE RECOVERING ALCOHOLIC/ADDICT ON HOW TO RE-ESTABLISH TRUST WITH THEIR EX-PARTNERS (XP)

1. Don't drink or use.
2. Take care of your side of the street – take responsibility for yourself and your behavior, don't take your XP's inventory, concentrate on your program, use the tools of recovery.
3. Go to frequent meetings and establish a XPund, and visible, relationship with your sponsor. Your XP needs to sees this.
4. Live in truth and honesty – continued lying to your XP will delay, and possibly destroy, the process. NO WHITE LIES!
5. Encourage your XP to attend Alanon – attendance at Alanon will be far more effective than anything you can say.
6. Remember your words are meaningless – the only things that will have any impact are your actions and time.
7. Expect your XP to be mistrusting, hurt, angry and resentful. Attempt to respond with understanding and compassion. Anyway, when you think about it, their anger and resentment are natural consequences of your alcoholic behavior.
8. Going to treatment does not wipe clean the consequences of your sick behaviors.
9. Remember that re-establishing trust takes action and time. Your XP will recover according to their own time table, NOT YOURS.
10. If you become frustrated with their lack of progress, talk with your sponXPr. Avoid taking out your frustrations on your XP. Above all, don't drink/use to cope with your feelings.
11. Avoid feeling angry that they aren't forgiving you fast enough to suit your needs. Learn to stand there and hurt awhile. There are going to be times that your XP. is going to dump their pent up hurt and anger. Allow them to do this without defending yourself. After all, you probably deserve it. Defending yourself will only be seen as more denial, rationalization and avoidance of responsibility. Do not attempt to defend the undefendable.
12. Go to some Alanon meetings to get a feeling of what it's like to be on the receiving end of addict behavior. This will help sensitize you to the reality of the situation.
13. Practice acts of kindness and love. It's the small things that count. Small acts of love, practiced consistently over time, will work wonders.
14. Get counseling if things fail to improve.