

RESOURCES FOR THE COMMUNITY

Heather R. Hayes

Addiction Doesn't Happen in my Neighborhood

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Until recently, drug and alcohol use or addiction was considered a "lower class" affliction. Affluent families were assumed to be immune from the drugs and alcohol thought to plague hard-scrabble neighborhoods. Perhaps this was a byproduct of stereotypes perpetuated in the media, but nonetheless, the misconception persisted.

Consequently, it shocked people when someone like me, who came from an esteemed family whose members held white-collar jobs and who had every



advantage available to her, became an addict. This "kind of thing" simply didn't happen to kids from "my" neighborhood.

Of course, we now know there is little truth to these outdated notions about who abuses drugs and alcohol. Addiction extends to every neighborhood in every city, and socioeconomic boundaries simply don't exist with respect to substance abuse. Not only is every community vulnerable, but research also shows that wealthier areas are impacted more frequently by teens and young adults who abuse substances with more regularity and at higher volumes.1

A composite of studies demonstrates that kids from more affluent homes are at a much greater risk of abusing the following substances:¹

- · Alcohol (including frequent binge drinking): approximately 76% regularly drink and about 30% report binge drinking at least 12 times per year.
- · Marijuana: more than 50%.
- · Stimulants: 9.5% of male and 10% of female college students use nonprescribed Adderall; 6% of high school students do.

Motivating factors for these adolescents to use may be the intense pressure they feel from parents, teachers, or coaches to succeed, which leads to increased levels of anxiety and depression. Couple these overwhelming feelings with a lack of healthy coping skills and support, and substance abuse starts to look very appealing as a means of escape or a way to rebel against the expectations placed upon them.

Interestingly, research has also shown that parents in higher socioeconomic groups tend to have more permissive attitudes toward substance use. In fact, among a group of teens surveyed about how they acquired alcohol, 21.1% said a parent, guardian, or some other adult family member gave it to them.²

The truth is, it's very easy for kids to procure drugs and alcohol, even if they don't have money of their own. Other teens don't want to party alone, so they are more than happy to share whatever they have. Teens are also quite resourceful when it comes to finding various drugs.



Research also illustrates that the best protective and preventative factors are parents taking an active role in their kids' lives and being proactive about setting boundaries around substance use. Explicitly stating that using drugs is unacceptable, while also providing an open and safe environment to have the hard conversations around substance abuse, really does makes a difference.

It's important not to be lulled into a false sense of complacency about the subject, convincing yourself that your child, your neighborhood, and your community is immune to the ravages of addiction. No one is immune, but we are not helpless, either. Be proactive within your home and community and resolve to fight back against drug and alcohol abuse no matter where you live.

Sources

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When Is It Time for an Intervention?

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



When Is It Time for an Intervention?

When your teen, young adult child, or anyone else close to you battles a drug or alcohol addiction, the pain you experience is palpable, and all you want to do is help them heal. But that is often far easier said than done. This can be further complicated by the fact that sometimes your loved one resists going to treatment. In these cases, family members may also grapple with the question of whether or not to do an intervention.



In the simplest terms, it is time to call an interventionist if someone you love struggles with alcoholism, a drug addiction, or a mental health or eating disorder that creates a significant negative impact on their life in several areas (at home, at work or school, and in their relationships)—and if they are unwilling to talk about it or refuse to get help.

At this point, attempting to convince, coerce, or otherwise plead with your loved one is likely to be fruitless and will probably just increase tensions and distress for all involved. Contacting a professional interventionist can help de-escalate the stress among family members and loved ones by allowing an objective, yet compassionate, third party to enter into the situation and gently guide you through this difficult time.

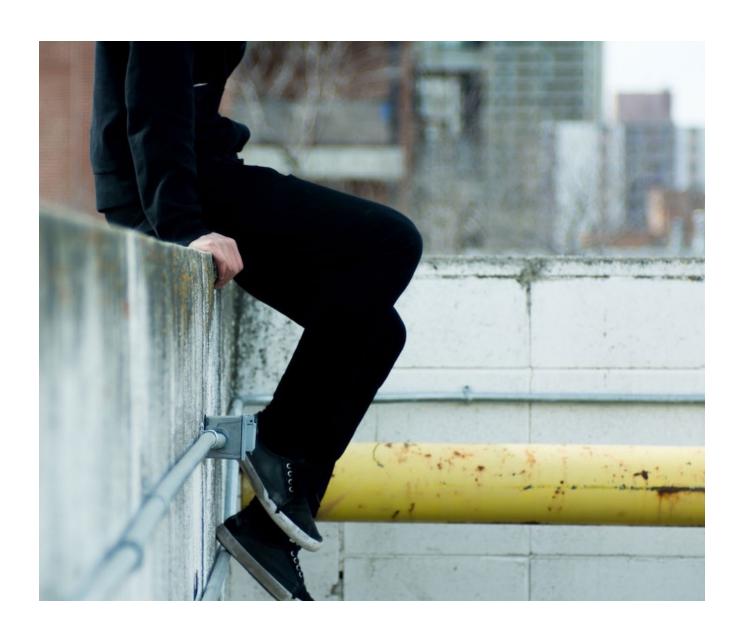
The ultimate goal of any intervention is for the addicted person to willingly enter an appropriate treatment program and for them to continue as long as needed with care that supports their recovery. An ethical interventionist will not only walk the family through the process of finding the right treatment program and getting their addicted loved one into it, they will continue to advocate for your loved one and follow their recovery progress for six months to a year. Because the interventionist works for the family and not the treatment center, their focus is solely on the wellbeing of the family and the addicted person's long-term success in sobriety.

During this time, an interventionist will provide continued education for family members about what to expect at each stage of recovery and offer support along the way. They will also stay in regular communication with treatment program staff to ensure that your loved one's treatment is progressing as it should, monitor the effectiveness of that treatment, and even facilitate a move to a more appropriate program or lower level of care, if necessary. After your family member completes their initial course of treatment, your interventionist will work with your family to determine the best aftercare plan, which may include a less-intensive outpatient program, ongoing individual or family counseling, and support groups.

For your family to be able to rest in the confidence that an experienced and ethical interventionist can provide is perhaps one of the greatest advantages they offer to you during this difficult time. As is knowing you don't have to go through it alone and will be well cared for along the way. If you believe your family needs the assistance of an interventionist, contact us today.

How to Recognize the Early Signs of Teen Drug Abuse

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Too often, parents don't learn about their teen's drug addiction until they are squarely in the middle of a crisis. By then, it's a mad scramble to manage the symptoms of the substance abuse, whether it's the aftermath of an overdose or legal troubles. Being able to recognize some of the early signs and symptoms can help you find help for your teen before the worst happens.

First, it's important to understand that most kids who get involved in drugs may do so as early as 12 years old, so it's not unreasonable to look for signs



much sooner than you might think.¹ Among the common signs of drug use or abuse are changes in behavior or mannerisms, but many parents may only look for radical changes.

Other early warning signs of teen drug abuse may include:

Behavioral changes

- Becoming uncommunicative with family members
- Isolating themselves in their rooms
- Skipping family trips
- Refusing to complete their household chores
- Violating curfew
- Unusual communication patterns, such as being excessively talkative or speaking incoherently
- Skipping classes; grades plunging
- Stealing money or items to pay for drugs
- Lying about their whereabouts or what they've done
- Lying about insignificant or unimportant things
- Exhibiting manipulative behaviors
- Responding angrily or violently to simple requests or trivial arguments; aggressive behavior in general.
- Excessive drowsiness
- Constant picking or scratching at skin or hair

Social changes

- Frequent change of friends
- Withdrawing from normal family time such as dinner time or movie nights
- Changing normal routines or activities
- Getting into trouble at school

Emotional changes

- Showing apathy or low productivity
- Exhibiting poor self-control
- Dramatic mood swings
- Depression or crying spells
- Anxiety; nervousness



Physical changes

- Dressing differently or bizarrely
- Neglecting their personal appearance and hygiene
- Sudden changes in weight—losses or gains
- Slurring speech
- Bloodshot eyes, widely dilated pupils, or pinpoint pupils
- Needle tracks in arms, legs, or abdomen
- Raw, dripping nostrils from snorting drugs

If you notice any of these changes in your teen, it's not always a sign of drug use, but it's wise to follow up with any concerns you have. First, have a conversation with them, but remain calm and non-judgmental. Listen more than you talk and let them know you are there for them whenever they feel ready to open up.

If you believe there is drug use taking place, buy a drug-testing kit from your local pharmacy and ask them to take it. Or you can take them to their primary care doctor for a drug screening. You may need to check with their pediatrician first to ensure they feel comfortable administering a standard screening and have referrals available for adolescent drug treatment, if necessary.

You can also find an addiction specialist in your area and contact them directly. Both the American Academy of Child & Adolescent Psychiatry and the American Society of Addiction Medicine have provider finder tools on their websites. Ask specific questions about how they treat teens your child's age and make sure you can meet with them in advance for an informational session if you would like one.

The most important thing is to do something if you suspect anything. Early detection and treatment produce the best long-term outcomes for teens and young adults.

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What Your Teens Are Really Doing at Weekend Parties

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Rather than risk getting caught buying alcohol underage or begging an older sibling to score some weed, many teens are simply going to the family medicine cabinet, grabbing an assortment of whatever pills are in there, and heading out the door. Called "pharming" or "Skittles" parties, teens each bring a baggie full of whatever medications they could find and dump them into a big bowl at the party. After mixing this pharmaceutical concoction, everyone scoops a handful of pills and takes them.¹

The dangers of this reckless practice are fairly obvious, the worst of which



include "stroke, heart attack, or irreversible brain damage." 2 "Pharming" also makes it difficult for emergency room clinicians to help them since even the teen doesn't know what they took. Figuring it out can waste precious time that may prove fatal or result in uncertain treatment protocols.

Still, prescription drugs remain wildly popular with adolescents. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that medications like OxyContin and Xanax are the second-most commonly abused drugs (after marijuana) among teens and young adults ages 12 to 24.3 Their popularity has far surpassed illicit drugs like cocaine, heroin, and ecstasy, perhaps due in part to their easy accessibility—the nearest medicine cabinet or friend with a prescription—and affordability. Adolescents say that what they can't get for free in their own medicine cabinets, they can buy from friends or people in their community for far less than the cost of marijuana or cocaine.⁴

Along these lines is another form of medication abuse known as "Robotripping." This involves drinking massive amounts of the cough medicine Robitussin or other cough suppressants that contain dextromethorphan, which produces a high. Overdosing on cough medicine is dangerous enough, but teens compound their risk by adding alcohol to the mix. These substances are also easily obtained for free or very cheaply, making them an attractive option for teenagers.⁵

The time has passed for parents to believe that prescription or over-the-counter medications are safer than illicit drugs. Their dangers are present and real for teenagers, and parents are on the front lines of ensuring that their kids don't fall prey to any misconceptions about the harm they can cause. Studies confirm that teenagers whose parents explicitly state they strongly disapprove of drug or alcohol use actually use fewer drugs and less alcohol. So, make a point to have the conversation with your child today, and follow health providers' mantra about in-home medication safety: "If you don't need it, get rid of it."

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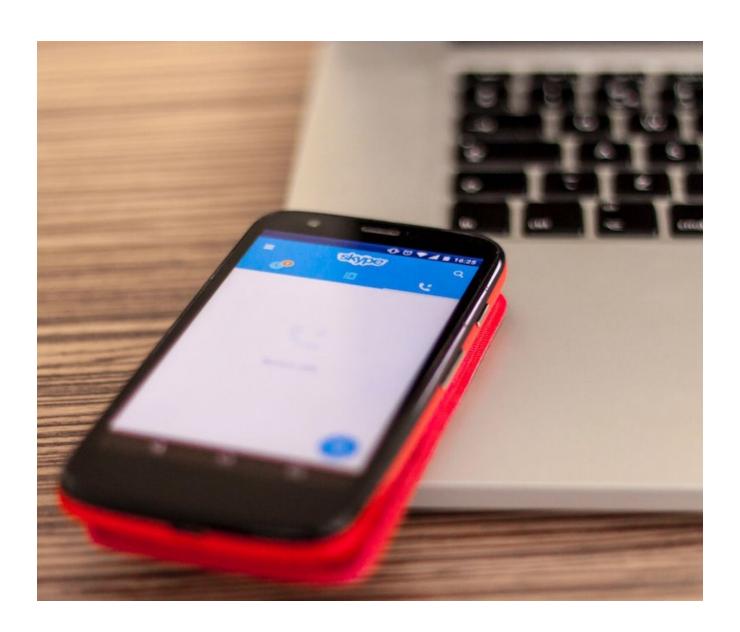
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Is Your Teen Buying Drugs on Snapchat?

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Social Media's New Role in Adolescent Drug Use

Everyone is on social media. From 90-year-old grandmas who want to keep tabs on their grandchildren to 9-year-old kids watching their favorite YouTube celebrity, you'd be hard-pressed to find someone not well-versed in the world of Instagram, Twitter, and Facebook. And teens are perhaps among the savviest of users. Only five years ago, 77% of teens and 86% of young adults were on Facebook, and we know those numbers have risen since then—and spread out among more popular teen-focused social media



applications, such as Snapchat.1

The hashtags made popular on Twitter have moved to every social media site, making it simple to search for whatever you want. This is typically innocuous if your interests range from #ootd (outfit of the day) to #tbt (throwback Thursday), but it takes a darker turn when a 13-year-old searches #marijuana (which, as of the time of this blog has more than 9.5 million posts on Instagram).

Kids can find images of #party or #drunk as easily as they can find their online homework assignments, and research suggests that the more they see images of drug and alcohol use online, the more susceptible they are to using themselves.1 The Media Practice Model takes a slightly different view, stating that "adolescents choose and interact with media based on who they are, or who they want to be, in that moment," and social media makes it all too easy to pick and choose your preferred persona.²

But today, the most worrying of all teen social media trends is the ability to buy drugs quickly and anonymously. There is no minimum age limit; dealers can connect directly with willing buyers as young as 13 via certain hashtags and emojis that symbolize what's in stock and ready to move. People who work with teens note that in the last 18 months, buying drugs via social media went from being a relatively unknown subject to being the topic on nearly every teen's lips.³

Youth workers note that cannabis is the most popular drug obtained through social media at the moment but that other drugs like MDMA, ecstasy, and Xanax are readily available, too.⁴ Snapchat and Instagram appear to be the most popular sites for teens to connect with dealers, who are perfect strangers to these kids for the most part.

This lack of personal connection also means a lack of concern about who these drugs are going to and how they might affect the—in this case, very young—user. The ease of accessibility is also a real concern because kids no longer have to venture out to questionable neighborhoods or meet-up locations to score drugs—they're now delivered straight to their doors.⁵

While tighter regulations or restrictions on social media sites are appealing to some, others note that the problem is so widespread that these



measures may be ultimately ineffective. Instead, youth workers note that clear and consistent education about the dangers of buying drugs online should be the first line of defense for parents and anyone else who works with teens.⁶ Start the hard conversations and keep them going. Together we can equip our kids with what they need to stay safe and thrive.

Sources

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Your Medicine Cabinet: The Most Dangerous Part of the Home

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Why Your Medicine Cabinet Is the Most Dangerous Place in Your Home

With the national opioid epidemic making regular headlines, it's clear that prescription medication abuse is impacting teens at an alarming rate. It's important for parents to understand that the family medicine cabinet is now one of our most dangerous drug dealers and that prescription medications can be just as dangerous and addictive as "street drugs."



Among American teenagers 14 and older, prescription drugs are the most commonly abused substance after alcohol and marijuana. In 2017 alone, nearly 11% of all 12th graders had misused them.¹ In fact, college- and post-college-aged (18-25 year olds) young adults abuse prescription opioid painkillers more than any other demographic in the country.²

Teens use these substances for a variety of reasons, including pure curiosity, peer pressure, to relieve legitimate physical pain (e.g., for a sports injury or after surgery), or to numb emotional pain. More than 2/3 of teens said they got the prescription medications they abused from family or friends, which means that your medicine cabinet may now be one of the most dangerous places in your house.³ Adolescents and young adults also report obtaining prescription drugs from people at school or from dealers in the community.

Teens abuse prescription drugs by:

- Taking someone else's prescription painkillers.
- Taking their own medications for reasons other than prescribed.
- Taking them for the express purpose of getting high.
- Taking them with other drugs (e.g., pharma parties).

The National Institute on Drug Abuse reports that teens most commonly abuse the following prescription medications:

- Opioids: Vicodin, OxyContin, etc.
- Stimulants: Ritalin, Adderall, etc.
- Depressants: Xanax, Valium, etc.

These drugs all create potential side effects when they are abused, including:

- Sleepiness (opioids and depressants).
- Nausea (opioids).
- Constipation (opioids).
- Depressed breathing (opioids).
- Paranoia (stimulants).
- Dangerously high body temperature (stimulants).
- Dangerously fast heart beat (stimulants).
- Slurred speech (depressants).



- Shallow breathing (depressants).
- Disorientation (depressants).
- Seizures (when suddenly stopping depressants after abusing them).
- Changes in mood, perceptions, and behavior.
- Poor judgment.
- Increased risk-taking behaviors.

Teens and young adults typically aren't worried about these side effects when they take the medications, nor are they considering the real peril they can create, including overdose and death. However, in 2014, more than 1,700 kids ages 18-24 died from a prescription drug overdose, which is nearly 5 people a day.2 And for every death that year, adolescents made 119 ER visits and had 22 admissions to treatment centers related to prescription medications.

This is a serious problem plaguing our young people today, and it shows no sign of improving. This means that we, as parents, educators, and mental health and medical professionals, need to be vigilant about actively protecting our young people. Various preventative measures may include comprehensive education about painkillers and other prescription medications and their effects when abused. Parents, especially, must consider how to safely store and dispose of medication at home, particularly if they know that their teen has experimented with these substances or has a propensity toward risk-seeking behaviors.

Additionally, the medical community must hold themselves to the highest standard concerning prescription drug monitoring, and all of us must demand that our elected officials take seriously the dangers of irresponsible practices around prescribing highly addictive substances. Together we can push back against the wave of prescription drug abuse harm, addiction, and death in our country.

Sources

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Not Your Grandma's Pot

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



What Today's Marijuana is Really Like for Your Teen

Parents, listen up. Today's marijuana is not the marijuana of your parents' generation. We've entered a new generation of marijuana production and consumption, and the dangers of today's marijuana are momentous.

Today, teens report viewing marijuana as relatively harmless because "it's a plant" (reality check: heroin and cocaine also come from plants) and because it's legal for medicinal purposes in many states. However, today's marijuana



is significantly more potent than it was in the 1990s. Scientists tested the levels of THC (tetrahydrocannabinol)— marijuana's primary psychoactive ingredient—in batches seized by the United States DEA over the last 20 years and discovered that pot had about 4% THC in 1995 vs. 12% in 2014.² On the other hand, the ingredient in marijuana considered most beneficial as a medicine, CBD (cannabidiol), fell from 0.28% in the 1990s to less than 0.15% in the mid-2000s. Put another way, there was 14 times more THC than CBD in 1995, while there was 80 times more in 2014.

That's a significant change, with potentially damaging consequences.

Researchers aren't entirely sure why today's marijuana is so strong, but they think it may be due, in part, to an increasing amount of the more potent type of cannabis known as sinsemilla. This higher-intensity marijuana can lead to negative experiences when smoked, such as panic attacks or even psychosis. This is a far cry from the marijuana of your grandmother's generation.

What's even more disturbing is the development of synthetic marijuana, also known by the following names:

- K2
- Spice
- Black Mamba
- loker
- Kronic
- Kush

Synthetic marijuana is a group of manmade chemicals that is "either sprayed on dried, shredded plant material so it can be smoked (herbal incense) or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices (liquid incense)." Though this isn't really marijuana, the chemicals are known as cannabinoids due to their similarity to chemicals in the marijuana plant.

Teens probably know the drugs listed above as "fake weed," but that's really a misnomer. They aren't safe or legal in any state. They are far more powerful psychoactive substances whose effects are not fully known. Yet, we do know that people who use them may experience effects similar to those



of marijuana, including:

- Feeling relaxed.
- Having an elevated mood.
- Having an altered perception of things around them.
- Experiencing delusional or disordered thinking consistent with psychosis.

If someone experiences psychosis, they may feel confused, highly anxious, or paranoid and may hallucinate. Synthetic cannabinoids can also impact your physical health by causing one or more of the following symptoms:

- Racing heart.
- Raised blood pressure.
- Nausea or vomiting.
- · Kidney damage.
- Seizures.
- · Violent behavior.
- Suicidal thoughts.

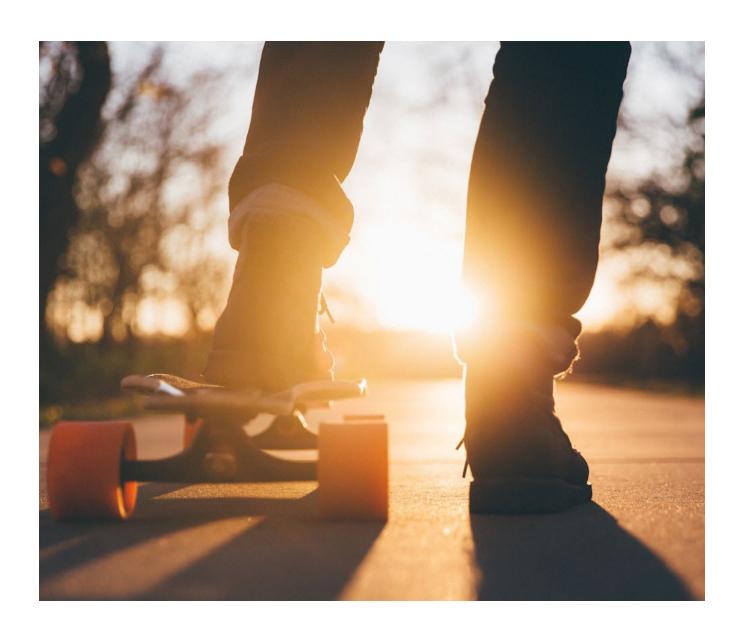
What makes these drugs both more enticing and more dangerous to teens is that they are packaged in bright, shiny packages and are sold in novelty stores, on the Internet, and even at gas stations. Even though they are illegal to sell or have in your possession, those who make these synthetic cannabinoids work around restrictions by slightly altering the chemical formulas. Furthermore, the popular belief that all marijuana (or, presumably marijuana-like substances) is natural, and therefore safe, makes these variations a real threat to young people's health and well-being.

Sources

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At What Age Should I Talk to My Kids about Drugs and Alcohol?

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



When children first come into the world, the idea that they may struggle with hard issues such as drug or alcohol abuse is difficult to imagine. Those first few years often fly by, and before you know it you are driving the carpool to middle school. It's crazy to think that you should be talking to your kids about drugs and alcohol as they head into middle school, but the reality is that if you wait much longer, you will likely be playing catch-up. Statistics show that most kids who use drugs first try them around age 12.



The National Institute on Drug Abuse provides some sobering numbers on what substances high school students have tried. By their senior year:

- · 70% have tried alcohol.
- \cdot 50% have tried an illegal drug (such as cocaine or heroin).
- · 40% have smoked cigarettes.
- · 20% have used a prescription medicine for non-medical reasons.

Drug-awareness programs target children much younger than you might think. Red Ribbon Weeks are a staple in most elementary schools across the country because one fact is certain—you can never start too early to educate your child about drugs and alcohol. When we know that nearly 2,500 children try prescription drugs to get high every single day, we have lost the luxury of remaining complacent or burying our heads in the sand. The threat to our children's health—and their lives—is real and serious.

What that means for you as parents is that starting in early elementary school, it is important to have age appropriate conversations about drugs and alcohol. Great resources exist to help you navigate this sometimes tricky terrain, such as D.A.R.E., which offers recommendations about what to say and how to say it.² A few things to remember when talking with your kids:

- · Stay calm.
- · Present facts without over-dramatization.
- · Tell them lovingly but directly that it is unacceptable to you that they use drugs. Setting this boundary with them early on makes a bigger difference than you might think.
- · In addition, you might share your own experience with drug or alcohol use or addiction, again, factoring in age-appropriateness. Be honest but discriminating about the details you share with your 8-year-old versus what you might ultimately disclose to your 14-year-old. Few of us were a paragon of virtue of growing up, so it's probably best to not pretend like we were. Kids respect authenticity and can smell insincerity a mile away. So, take the opportunity to use your own regrettable choices as a teachable moment for your kids. Tell them what you wished you'd done instead and what kind of real consequences you faced for your choices. This type of genuine connection is far more meaningful to kids than any scripted "just say no" type of lecture.



If you have a family history of addiction, be honest about that, too. Explain that because of their genetics it is more likely that simple experimentation may not be so simple and could develop into a full-blown problem. You might shed light on the real reason Uncle Frank always ends up storming out of family dinners or why cousin Amber rarely shows up for holiday gatherings. Remember to leave judgment and shame out of the equation: you are simply offering the truth in a way that your child can understand at their age.

Most importantly, let love guide every conversation you have with your kids about drugs and alcohol. That's a given for you, of course, but make sure that message also comes through loudly and clearly when you sit down with your child. Create an open environment where they feel safe to come to you and tell you about their own experimentation or their concern for a friend. Listen calmly; hold back any criticism; then listen some more. Share with them that getting help for substance abuse issues isn't shameful—it's an illness that deserves to be treated like any other. Check in with them frequently about the challenges they're facing and how their friends are doing, and remind them that you are their safe place, that you love them, and that you want them to live a happy, healthy, and full life."

Sources

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Am I an Alcoholic? How to Recognize When Your Drinking Is Out of Control

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Are you one of the 15 million Americans suffering from an alcohol use disorder? Do you ask yourself, "Am I an alcoholic?"

Unfortunately, more than 3 million deaths occur each year due to alcohol, often due to drunk driving.

While you cannot diagnose yourself as an alcoholic, as you need a professional diagnosis to do so, you can recognize the warning signs that you're in trouble.



In this article, we'll talk about some of the behavior that shows you may have a problem with alcohol.

You Drink By Yourself

Many people have a drink when they're out with friends or over dinner. They may have a beer when they get home from work, or a glass of wine to try to melt out the stress of the day. But, when this ritual becomes something you depend on, that's where the trouble begins.

You may be an alcoholic if you depend on alcohol every single evening, or you must drink in order to fall asleep. You may also be an alcoholic if you find yourself drinking by yourself often at times that are usually not socially appropriate.

Additionally, if you lie about the alcohol you consume when you're alone and minimize it to your family and friends, this is also a warning sign.

You Drink Throughout the Day

Do you find yourself unable to get through the day without a little bit of alcohol? Maybe you spike your coffee with alcohol in the mornings or throughout the day. Maybe you have a shot or two at lunch.

No matter how you rationalize this in your head, if you need alcohol in order to make it through the day, you may be an alcoholic.

You Drink Despite Other Responsibilities

Do you sit down and have a drink, even if you know you have to get your kids from daycare in an hour? Do you still get drunk, even if you need to study for an exam? Do you frequently call into work sick because you have a hangover or because you want to spend the day drinking instead?

If you drink despite having other responsibilities to attend to, that means that you could be an alcoholic.



You Drink Despite the Risk to Your Health

Are you on medication that your doctor has told you not to mix with alcohol? Or, as your doctor told you that your liver cannot handle all of the alcohol you consume? Do you have a disease or disorder in which it is recommended that you abstain from alcohol while being treated?

If any of these are the case, and you continue to drink despite warnings from your doctor, you are most likely an alcoholic.

"Am I an Alcoholic?" How to Get Help If You Suspect the Answer is Yes

If you believe the answer to "Am I an alcoholic?" is yes, it may be time for you to seek professional help.

Reach out to Heather Hayes to help you find the best possible treatment for your alcoholism, and to put you on the road to recovery.

Teen Addiction: Signs Your Child Is Abusing Drugs (And What to Do About It)

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Studies show that teens are using fewer illegal drugs than ever before. Their abuse of prescription drugs has also dropped significantly.

And while that is a considerable victory, it doesn't mean that you can relax as a parent. Drug use can begin earlier than you may think and teens are often deep into their drug addiction before parents recognize the symptoms of a teen addict.



The first symptom to notice in a teen's addiction is a change in mannerisms and we'll discuss them in this blog post.

Keep reading to learn more about some of the tell-tale ways that your teen is using that may not be what you expect.

Frequent Changes in Friends

While for some teens, frequently changing friends means that they're experimenting with which group they fit in. That's totally normal.

However, if you observe your child changing groups of friends so often you couldn't even name who they're hanging out with, this can be a problem.

Drug use can begin for many teens as early as 6th grade, so this is around the age that you may want to start paying closer attention to their habits and behaviors.

You may also notice your child hanging out with friends you may have explicitly told them not to or people whom you do not approve of. This is another warning sign to consider as a parent.

Isolation

Spending time alone in their room is also a normal teenage activity. Having a child spend quality time by themselves regularly shouldn't be alarming in itself.

However, a teen that is using may take this to an excess. This may mean they don't leave their room the entire weekend or skip out on things you know they'd otherwise look forward to, like family holidays.

They may also be generally difficult to communicate with. Again, this can be a normal symptom of being a teenager, but a teen addict typically does not confide in anyone.

Most teenagers will have a friend or family member they feel comfortable around, but an addict will stay uncommunicative with practically everyone.



Violating Rules

Often, this is where parents begin to pay attention to their child's behaviors and possible drug use. If your child stops attending school or is often late, this can be a sign of drug use.

You may get communication from your child's teachers that they're not showing up to school, even though you've seen them leave. You may also be informed that your child is leaving school early without your or the school's permission.

Your child may also begin violating curfew and other rules set by the house.

While most teens will test boundaries, it is important to draw a distinction between the behaviors. A teen testing boundaries may do one of the above behaved once or twice, while a teen who is an addict may do this habitually.

Teen Addiction: What to Do If It's Time for an Intervention

While some children experiment with drugs and never become addicts, others don't have this experience and may develop a serious problem. Seeking help for your teen's addiction as early as possible is important.

A teen addict or even an addicted adult can tear a family apart, so take action sooner rather than later.

If you suspect your child is abusing drugs, you can contact us here to start the process of recovery. Early detection is the key to keeping your child drug-free for the long haul.

How Does A Teen Drug Intervention Work

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



When a loved one becomes addicted to drugs, the shock, sadness and worry hit you right in the gut. But when you realize your teen is addicted; that hit becomes a heavy-weight sucker punch. Many parents don't even realize their teen is using until it's too late because early warning signs can be mistaken for normal teenage angst. If you've tried getting them help on your own to no avail then it may be time for a professional intervention. Here's what you can expect with a teen drug intervention.



The ABCs of Teen Drug Abuse

Sadly, it's not uncommon for kids to get involved with drugs as early as 12 years old. In fact, the National Institutes of Health's 2018 Monitoring the Future survey found that within the last 12 months 13.4 percent of 8th graders, 29.9 percent of 10th graders and 38.8 percent of 12th graders have used an illicit drug.

As to why kids use, it can be as simple as succumbing to peer pressure, boredom or rebellion to a means of escape from trauma, to risk factors such as mental health issues or a family history of addiction.

What is a Teen Drug Intervention?

A drug intervention can generally be defined as an "action taken to improve a situation" and often includes a mental health component since these issues can lie beneath the addiction. Drug interventions are typically organized on behalf of concerned friends and family members to help a person in crisis and they can begin a life-changing process for your teen.

Benefits of a Professional Drug Intervention for Your Teen

A professional drug interventionist is an objective third party who can help de-escalate the stress during this emotionally-charged time and guide your teen toward treatment in partnership with your family. While the steps in the process may be similar regardless of age, a teen drug intervention takes into account their unique needs, family and peer relationships and psychological development.

The expertise of a teen drug interventionist can be invaluable in helping your family:

- · Find the right drug treatment program and transport plan
- · Advocate for your teen
- · Understand what to expect and how drug abuse affects all of you
- · Follow recovery progression
- · Develop an aftercare plan to support recovery



How Does This Work at Heather R. Hayes & Associates

With three licensed clinicians on our team, it's our goal to provide a compassionate and customized approach to teen drug interventions that achieves the best possible outcome.

Here's what you can expect:

Step One: Place a call to our team and a clinical coordinator will get background information on your teen, including any mental health issues that may be co-occurring.

Step Two: A clinical supervisor will follow up with you to answer any additional questions and discuss how our Trauma Informed Intervention Protocol, proven to result in better long-term recovery and healing, supports your teen and family as a whole.

Step Three: Once you decide to move forward, we'll begin to look at drug treatment options with your family and will also discuss what you want to say to your teen during the intervention itself.

Step Four: Once a treatment option is selected, the intervention will be scheduled. Typically it takes place in a family member's home.

Step Five: The night before the intervention we'll have a prep meeting with your family and our team.

Step Six: The intervention takes place and, while your teen can be sent to the treatment center involuntarily, hopefully they choose to go to treatment.

Step Seven: Two highly-trained transporters will accompany your teen to the treatment center. We have developed a Respectful Adolescent Transport Protocol® to support you throughout the process and our transporters are an important part of your treatment team. They will stay with your teen from the moment of introduction until arriving at the treatment center. Their priority is your teen's safety as well as respecting their dignity by building rapport, empowering choice and acknowledging their frustration in a trauma-informed way. Throughout the journey, you'll be informed of their



progress and your teen's emotional and physical well-being.

After the Intervention

To us, the teen drug intervention is simply a starting point. That's why we include six months of case management to guide your teen and family through the process of recovery. We'll follow up with your family on a weekly basis, stay connected to the treatment center for updates and provide you with ongoing support and education.

For more information on our teen drug intervention services, call 800-219-0570 or email info@heatherhayes.com today.

Dual Diagnosis Intervention: Addiction & Mental Illness

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Beyond the challenges of addiction, could your loved one also be struggling with mental illness? Known as dual diagnosis, this affects more people than you may realize. According to the National Association of Mental Illness (NAMI), approximately 37 percent of those addicted to alcohol and 53 percent of those with drug addictions have at least one mental illness as well. A dual diagnosis intervention addresses these issues simultaneously with an integrated approach to begin the recovery process.



The Addiction and Mental Illness Connection

You've likely heard this analogy, "Which came first, the chicken or the egg?" The connection between addiction and mental illness poses a similar question, which triggers the other? In many cases, people with untreated mental illnesses initially turn to alcohol or drug use because they lack other coping skills. On the other hand, there can be situations where a person has a psychotic break due to substance use. Yet regardless of which came first, accurate diagnosis is crucial in determining the right treatment as is an understanding of how each issue affects the other.

Defining Dual Diagnosis

NAMI defines dual diagnosis (also called co-occurring disorders) as when someone experiences a mental illness and an alcohol or drug addiction at the same time. In some cases, there can be more than one mental illness involved such as an eating disorder and depression. There can also be more than one addiction involved such as prescription painkillers and heroin. It's a complex scenario and sadly, only 12 percent of Americans diagnosed with addiction and mental illness get treatment that addresses both according to the Office of Applied Sciences at the Substance Abuse and Mental Health Service's Administration (SAMHSA).

Dual Diagnosis Intervention

For the best chance at long-term recovery and healing, these issues should be addressed simultaneously with an integrated treatment approach. We see dual diagnosis intervention as the first step in this process. While a dual diagnosis intervention follows the same steps as any other intervention [link to How does intervention work blog], in our experience there can be heightened anxiety for a couple of reasons. One, people often 'know' what addiction looks like, where mental illness tends to be more misunderstood. Also, quite frankly, your loved one may have been living with mental illness for some time, and the wear and tear of that may have reached its breaking point for all of you.



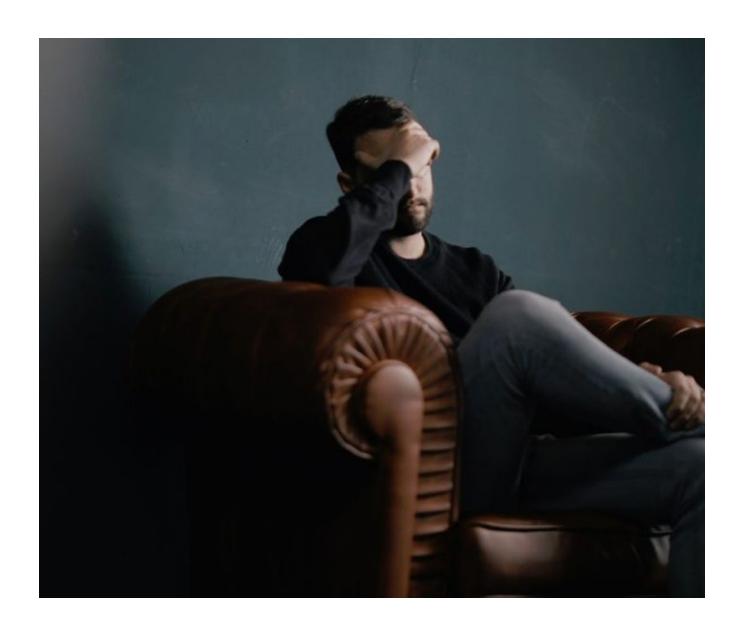
Beyond the Intervention

With three licensed clinicians on our team and a wealth of dual diagnosis experience, we specialize in getting people to the appropriate facility for psychological evaluation and testing – a critical component in the recovery process. What's more, we include six months of case management after the intervention. This allows us to support your family throughout the recovery journey with the guidance of our master's level clinical team and a trauma informed intervention protocol that has proven to result in better long-term recovery and healing.

For more information on our dual diagnosis intervention services contact us, call 800-219-0570 or email info@heatherhayes.com today.

What To Do When An Intervention Doesn't Work

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



Watching someone you love battle a drug or alcohol addiction can be excruciating. When your pleas for them to get help are ignored or they deny there is a problem, your family may decide it's time for an intervention. You plan, you get everyone there and your goal is for your loved one to willingly enter a treatment program. But it doesn't go as planned. So, what's next? What do you do when and intervention doesn't work?



The Facts

According to the National Survey on Drug Use and Health, in 2017 an estimated 20.7 million people aged 12 or older needed substance use treatment. Yet, only about 4 million of those people had received any substance use treatment in the past year.

That's a staggering number and underscores the reality of how difficult it can be to get an addict to seek help.

The question is why? Some of the more common reasons an intervention doesn't work include:

Denial: Your loved one may truly think they have things under control. **Lack of consequences:** You often hear an addict has to hit rock bottom in order to realize they need help. While not entirely true, if their addiction hasn't caused them serious consequences so far, they may not think it's a big deal.

Fear of withdrawal: We've all heard the horror stories and your loved one may think they'd rather take their chances with the addiction than the difficulties of withdrawal from alcohol or drugs.

Next Steps When Your Intervention Doesn't Work

It's important to keep in mind that, even if unsuccessful, your intervention did not fail. Your efforts were not lost because you had to try. So, where do you go from here?

Use this as a learning opportunity: Consider what reasons led to the outcome of your intervention and what you could have done differently. Use that understanding to set realistic expectations going forward as more than one intervention may be needed before your loved one agrees to get the help they need.

Follow through: Each person involved in the intervention should have agreed upon consequences for your loved one in the event they did not seek addiction treatment. Those consequences should have been made clear to your loved one during the intervention. Now is the time to show how serious you were by implementing them whether it be cutting off financial support, having them move out, cutting ties or other deterrents.



Seek professional help: A professional interventionist can not only be an objective third party who can help de-escalate the stress and guide your loved one toward treatment, their expertise can be invaluable throughout this difficult time. They can help with everything from finding the right treatment program, advocating for your loved one, educating the family on what to expect, following recovery progression and assisting in developing an aftercare plan to support recovery.

Don't Give Up

You've taken a positive step in supporting your loved one's recovery even though the intervention didn't have the result you'd hoped. Letting your loved one know you won't be enabling them and allowing them to experience the consequences of their addiction is a strong motivator to make a change.

If, and when, you're ready to plan another intervention, our compassionate and experienced team is here to help. Call 800-219-0570 or email us at info@heatherhayes.com to learn more.

5 Signs It's Time to Enlist the Help of a Drug Interventionist

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



The familiar saying, "Go with your gut, it never lies," holds particular weight in cases of drug or alcohol addiction. If your instinct is telling you that your loved one needs help, it's wise to listen as addicts often become masters at convincing everyone, even themselves, that everything is fine. With emotions running high, it's important to have backup beyond instinct alone. Here, we detail when it's time to enlist the help of a drug interventionist.



What is a Drug Interventionist?

A drug interventionist is a qualified professional who leads a formal, structured intervention to facilitate healing and change for your loved one. They serve as an objective third party who can help de-escalate the stress and guide your loved one toward treatment. Rather than taking this on yourself, the expertise of a drug interventionist can be invaluable throughout this difficult time by helping your family:

- · Find the right treatment program
- · Advocate for your loved one
- · Understand what to expect
- · Follow recovery progression
- · Develop an aftercare plan to support recovery

Signs You Should Enlist the Help of a Drug Interventionist

There are some common signs which include:

Reduced ability to function on a daily basis — This includes negative impacts at home, at work, or both, as well as increased conflicts with family members or isolating themselves to avoid normal interactions with family. **Acting erratically** — They may exhibit irrational behavior or mood swings and you may never know if you'll find your loved one angry, depressed, elated or hostile.

Unexplained financial problems — This is likely the result of your loved one spending more and more to feed their habit; they may even try manipulating you or other family members to give them money.

Being incredibly secretive — Whether it's hiding bottles of alcohol, showing up at events already intoxicated to avoid drinking in public, or hiding pills in unmarked medication bottles so you can't determine the substance, your loved one will likely try to hide their behavior.

Exhausted and drained from turmoil — This could apply to your loved one or your family altogether. As the constant turmoil takes its toll, you start to realize this isn't normal—this is not the life we want to have.



How to Select a Drug Interventionist

There are countless drug interventionists out there, but it's crucial to find a qualified and ethical professional to give your loved one the best shot at recovery. First, look at the Network of Independent Interventionists; members must adhere to clearly stated ethical guidelines. Once you find a few drug interventionists to consider, make sure you ask the right questions such as:

- · What is your education level (ideally master's degree or higher in relevant field)?
- · What are your professional credentials/accreditations/association memberships?
- · Are you educated, trained, or licensed to work with mental health issues and dual diagnoses (a mental health disorder combined with drug or alcohol addiction)?
- · Are you an independent drug interventionist?
- · Do you have a financial connection with any treatment center (helps you avoid conflict of interest)?
- · Can you provide references from other families you've worked with or clients?

Bonus tip: The contract should always be between you and the interventionist; avoid hiring an interventionist through a treatment center.

When You're Ready to Move Forward

It's a difficult time, there's no getting around it. We see intervention as a starting point and each case is unique, often with layers that may also include mental health issues. That's why our drug interventionists provide a compassionate, customized approach that includes a Trauma Informed Intervention Protocol proven to result in better long-term recovery, as well as six months of case management. It's the goal of our master's-level clinical team to guide and stand by your family throughout the process. You can also count on us to help you set and maintain appropriate boundaries before, during, and especially after, the intervention.

For more information on our drug interventionist services, call 800-219-0570 or email info@heatherhayes.com today.

Step by Step: How Does an Intervention Work?

By Heather R. Hayes, M.Ed., LPC, CAI, CIP



If your loved one is addicted to drugs or alcohol, you likely would not be surprised to hear that most who need treatment feel like things are fine. In fact, of the more than 18 million addicts who did not receive treatment for substance use in 2017, only 1 million felt they actually needed it according to the National Survey on Drug Use and Health. If you've unsuccessfully tried to get your loved one help, this painful reality hits close to home. If you're just starting the process, you may feel overwhelmed. Either way, a professional intervention can offer a path forward. But, how does an intervention work?



What is an Intervention?

Chances are you've heard the term, but what exactly is an intervention? Drug and alcohol interventions can be defined as "actions taken to improve a situation." Interventions often include a mental health focus as well, as these issues frequently lie beneath addiction. Typically organized on behalf of concerned friends and family members to help a person in crisis, they can begin a life-changing process for your loved one.

Benefits of a Professional Intervention

A professional interventionist is an objective third party who can help de-escalate the stress and guide your loved one toward treatment. Their expertise can be invaluable throughout this difficult time by helping your family:

- · Find the right treatment program
- · Advocate for your loved one
- \cdot Educate you on what to expect
- · Follow recovery progression
- · Assist in developing an aftercare plan to support recovery

How Does an Intervention Work at Heather R. Hayes & Associates?

We see intervention as a starting point and include six months of case management for each client to guide your family through the process of navigating the recovery journey. With three licensed clinicians on our team, here's what you can expect:

Step One: You place a call to our team and a clinical coordinator will answer your questions and get background information on your loved one including any mental health issues that may be co-occurring.

Step Two: A clinical supervisor will follow up with you to answer additional questions and discuss the service that works best for your needs.

Step Three: Once you decide to move forward we'll begin to look at treatment options with your family. We will discuss what you want to say to



your loved one during the intervention itself.

Step Four: Once a treatment option is selected, the intervention will be scheduled. Typically it takes place in a family member's home or your loved one's home.

Step Five: The night before the intervention, we'll have a prep meeting with your family, our team, and the transporter who will be taking your loved one to treatment. We only use professional transporters and ensure they are gender-specific to minimize stress and ensure your loved one's safe arrival at treatment program.

Step Six: The intervention takes place and hopefully your loved one chooses to go to treatment.

After the intervention, our team follows up with your family on a weekly basis, stays connected to the treatment center for updates and provides ongoing support and education to your family.

Finding Peace of Mind

There's no question that your loved one's recovery will likely be one of the most challenging journeys your family will face. That's why our goal is to provide a compassionate and customized approach to interventions that achieves the best possible outcome. We do this by offering you the expertise and guidance of our master's level clinical team and a trauma informed intervention protocol that has been proven to result in better long-term recovery and healing for patients and their families.

For more information on our intervention services, call 800-219-0570 or email info@heatherhayes.com today.

