

British Columbia Foster Care Education Program

CARING FOR CHILDREN: SUBSTANCE MISUSE AWARENESS

Ministry of Children and Family Development

About the Author

This material was initially prepared by writers contracted through the Ministry of Children and Family Development and has been edited for presentation by Malaspina University-College, Faculty of Health and Human Services.

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INTRODUCTION

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A. RATIONALE

This is a basic introductory module on substance misuse awareness. The misuse of drugs and alcohol is a large issue that affects our society. The participants will receive

basic information about drugs and alcohol and will focus on the children and youth who use them. It is important that caregivers who have children or youth who are misusing substances placed with them be able to respond appropriately and effectively to those children and youth.

The goal of this module is to help caregivers learn to identify signs of substance misuse and work effectively with the child's worker to develop appropriate plans of care.

If the child or youth has been abused or neglected this may also be a contributing factor to their misuse of drugs (see "When Children Experience Abuse and Neglect" module.) Other important factors include the impact of separation and loss on the child or youth that might result in them turning to substance misuse to dull their pain.

In this module the term "Substance Misuse" will include misuse of alcohol, drugs and inhalants.

B. LEARNING OUTCOMES

The caregiver can:

- define terms relevant to substance misuse.
- describe myths regarding substance misuse.
- describe degrees of substance use and the implications for caregivers.
- describe indicators of substance misuse
- identify several factors that may contribute to and/or cause substance misuse.
- describe basic approaches to assist and support a child or youth who misuses substances.
- identify and access resources to educate and assist himself and a child or youth regarding concerns related to substance misuse.

Honesty: Be as honest as possible and express yourself as you really think and feel.

Respect: We learn by examining and expressing our thoughts, feelings, and values.

Confidentiality: If using descriptions of children in care and their families, no names or other identifying information are to be used.

A. Revisiting Your Youth

Exercise:

Answer the questions in Handout #3, "Revisiting Your Youth."

Possible responses to each question from the handout are provided below.

Revisiting Your Youth

1. When you were a teenager, what beliefs did your peer group have regarding alcohol and drugs?
 - It was ok to smoke and drink.
 - It was ok to drink and drive.
 - Some "hippies" used marijuana and other drugs.
2. What beliefs did your parents and their peer group have regarding alcohol and drugs?
 - Do as I say, not as I do.
 - Smoking and drinking were a sin.
 - Social drinking was ok for adults.
3. What did your parents and their peer group (i.e., including schools and the media, etc.) say, and how did they say it, regarding alcohol and drugs?
 - "Don't you dare drink!"

 - TV and movies showed it was "cool" to drink and

smoke (e.g., Dean Martin, smoking commercials, etc.).

- School response may have been no information or may have included guest speakers or pamphlets.

4. What was your parents' and their peer groups' behaviour regarding the use of drugs and alcohol?

- Didn't drink or use drugs at all.
- Drank socially.
- Drank and used drugs regularly.

How did you respond to the prevention strategies used by parents, schools, and the media. How effective were the prevention strategies?

Identify times your parents asked you not to smoke or drink, but as parents they continued to role-model that behaviour.

- Are you a smoker?
- How would you respond if you were told to stop smoking right now?

Telling someone to stop using drugs is usually futile and creates anxiety and resistance.

B. Helpful Hints

Instructions:

Review Handout #4, "Helpful Hints," (duplicated here for your convenience) and walk through each of these. Keep these in mind as you work through the remainder of the session on Substance Misuse.

Helpful Hints

- Most substance misuse can be prevented.
- A child or youth with a substance misuse problem is unwell and has a right to treatment.
- Serious substance misuse may impair a child's or youth's ability to recognize the impact his behaviour has on him or on others.
- It is important to remember that some parents may have a substance misuse problem but are still able

to provide adequate and responsible care for their children.

- Recovery is a process, not an event, and relapses may be part of the recovery process.
- Change can be difficult to implement and maintain. Therefore, support services may be essential in assisting children and youth in this ongoing process.
- It is important to work with the guardianship team and other support services to assist a child or youth with a substance misuse problem.
- It is more important to focus on people than on substances.
- Be respectful and have a belief that the child or youth can change.
- Expect resistance.
- Recognize that abstinence is not the only solution.

Drug and alcohol misuse is a large issue that affects our society. This module will provide the participants with basic information about drugs and alcohol but will focus on the children and youth who use them. It is important that caregivers who have children or youth who are misusing substances placed in their homes are able to respond appropriately and effectively to these young people.

This module examines the broad spectrum of drug and alcohol usage including everyday drugs such as caffeine and tobacco. It is important to realize that other substances such as gasoline, glue, and inhalants can also be misused.

This module does not include specific information on descriptions of drugs and drug paraphernalia. If this information is desired a separate session should be arranged through the local Foster Parent Association and/or the appropriate MCF worker using relevant local resources.

2. INFORMATION ABOUT SUBSTANCES

Learning Outcomes:

The caregiver can define terms relevant to substance misuse. The caregiver can describe myths regarding substance misuse. **Materials:**

Handouts

- Handout #5 True-False Quiz
- Handout #6 True-False Quiz Answer Sheet
Do not distribute until participants have completed the True-False Quiz.
- Handout #7 Drug Classification and Drug Effects
Do not distribute until after the exercise on drug categories.

Overheads

- Overhead #5

Definitions Other

- Three sheets of paper with headings of “Depressants,” “Stimulants,” and “Hallucinogens”

Instructions:

This module focuses more on the “people aspect” of drugs than on the substances themselves. However, caregivers will be more effective if they have basic information about substances as a foundation for further learning. This exercise provides this basic knowledge.

Exercise 1:

Think of a word association of the term, “Drug.” “What comes to mind when you hear the word ‘Drug’?” Write your comments on a sheet of paper.

Repeat this for “Addiction” and

“Dependency.”

Review Overhead #5, “Definitions”:

Drug: A substance that changes the way the body and mind works.

Addiction: A bodily need for a substance to be present in your system all the time. It is a physical need.

Dependency: A state in which a person feels they can no longer function well or adequately without a particular substance or substances. It is a psychological need.

Referring to the definition “drug” give examples of “drugs” that we use regularly in society which we consider “acceptable.” How do these lines of acceptable/unacceptable get drawn? Note that caffeine is one of the most widely used drugs in the world.

Exercise 2:

Complete Handout #5, “True-False Quiz” on a sheet of paper. It is not a test but a tool to indicate how much accurate drug knowledge you have.

Review Handout #6, “True-False Quiz Answer Sheet” after you have completed the quiz.

- “Is some of this information new to you?”
- “Do you think most people are aware of this?”

Exercise 3:

The purpose of this exercise is to learn basic information about substances. Read Handout #7, “Drug Classification and Drug Effects,” and use it as a reference as you proceed through this exercise.

Make three columns on a sheet of paper with the

following headings:

“Depressants”

“Stimulants”

“Hallucinogens”

Think of substances that belong under each of the three headings and write them down.

Refer to Handout #7, "Drug Classification and Drug Effects" to ensure the list is complete and accurate.

Summary Remarks:

Many of the substances that are used change the way our bodies work or the way we perceive our situation. These changes can be positive or negative, safe, or dangerous.

Whether the substance is being misused or not depends on the circumstances and the intent of use (e.g., under a doctor's supervision, prescribed for a specific purpose, etc.). The substances are not necessarily a problem themselves.

So far the module has focused on substances. The focus will now shift to the users – to the people who misuse substances.

3. DEGREES OF SUBSTANCE USE

Learning

Outcome:

The caregiver can describe degrees of substance use and the implications for caregivers.

Materials:

Handout

- Handout #8 Degrees of

Substance Use Overhead

- Overhead #6 Degrees of Substance Use
 - Overhead #6A Questions for Discussion
-

Instructions:

When a child or youth-in-care is using substances, caregivers may need to be able to provide information to the care team that contributes to the assessment of the degree

of use. The following exercise will illustrate what to look for when evaluating the degree of use.

Exercise:

Overhead #6, “Degrees of Substance Use.”

Degrees of Substance Use:

1. No use
2. Experimental use
3. Occasional use
4. Regular use
5. Problem use
6. Dependency

Review Overhead #6A, “Questions for Discussion” and answer the following questions:

- How would you describe use at each degree?
- Why do you think some people would use substances to that degree?

Refer to Handout #8, “Degrees of Substance Use,” and review against your conclusions.

- How is the use of drugs different from misuse?
- How can you distinguish between a social drinker and an alcoholic?

Summary Remarks:

There are no absolute right or wrong answers to the questions posed. The purpose was to demonstrate how difficult it is to assess the degree of substance use.

Most people use substances, at least socially (e.g., caffeine, tobacco, alcohol). It is harmful and dependent use that becomes problematic. It is often difficult to differentiate among the types of use. For example, a person who appears to be a “social drinker” may, in fact, be dependent on alcohol.

Addiction to a substance can manifest itself as a physical or psychological addiction or both. A physical addiction occurs when one's body craves the substance and goes into withdrawal if the substance is not used again. Psychological addiction is when one becomes obsessed with getting and using the substance.

Two characteristics of addiction are:

- withdrawal: when the body physically reacts to the absence of the substance, and
- tolerance: when the body becomes tolerant of the substance, that is, needing more of the substance to reach the desired effect.

Addiction does not happen overnight; it develops over time. The degrees described above represent a progression. It may be hard to distinguish between them at times, but they represent the progressive involvement of the youth towards addiction.

4. INDICATORS OF SUBSTANCE MISUSE

Learning Outcome:

The caregiver can describe indicators of substance misuse.

Materials:

Handouts

- Handout #9 Possible Indicators of Substance Misuse
- Handout #10 Observable Effects of Substance Use

Overhead

- Overhead #7 Indicators of Harmful Substance Involvement – Group Instructions

Other

- Six pieces of paper with the following headings:
 1. Changes in performance
 2. Changes in physical appearance
 3. Changes in eating or sleeping habits
 4. Changes in friends
 5. Changes in behaviour
 6. Other changes

Exercise:

Most teenagers (up to 90%) will try drugs and/or alcohol at some time during their teen years. This exercise will

help caregivers recognize harmful involvement.

Read Overhead #7, "Indicators of Harmful Substance Involvement – Instructions."

Indicators of Harmful Substance Involvement

Brainstorm as many "indicators of substance misuse" as possible in five minutes.

Write these indicators on a sheet of paper.

Identify them as one of the following:

1. Changes in performance
2. Changes in physical appearance
3. Changes in eating or sleeping habits
- 5) Changes in friends
- 6) Changes in behaviour
6. Other changes

Read Handout #9, "Possible Indicators of Substance Misuse," and Handout #10, "Observable Effects of Substance Use."

Summary Remarks:

For many, substance misuse starts in late childhood or adolescence. Remember that as many as 90% of children and youth will try some form of drug or alcohol before adulthood. It is important to learn how to distinguish between experimental use and harmful use.

It is not the individual factor that is important but the number of factors and how they cluster together that provides an indication that a problem may exist.

Caregivers need to proceed with caution as the indicators for substance misuse can also be indicators for other problems. When concerns arise, caregivers should document the behaviours of concern, advise the child's worker and work together with the guardianship team to assess the child's needs and establish a plan to help him.

5. POSSIBLE CAUSES AND INFLUENCING FACTORS

Learning

Outcome:

The caregiver can identify factors that may contribute to and/or cause substance misuse.

Materials:

Handout

- Handout #11 Why Children and Youth Misuse Substances

Overhead

Overhead #8 Why Children and Youth Misuse Substances

Instructions:

Most people have some ideas about why people use drugs. These ideas (i.e., beliefs or values) can enhance or inhibit a caregiver's ability to work effectively with children in care and their families when drugs or alcohol are involved.

Exercise:

Why do you think children and youth use substances such as drugs and alcohol?

Why Children and Youth Misuse

Substances There are 2 basic concepts:

1. Psychological issues – a person feels they need the substance to function adequately in social settings.
2. Physiological issues – the body craves the substance and the person has developed a tolerance to the substance and/or withdrawal symptoms occur when the substance is withdrawn. Not all substances have this effect.

There are four basic psychological needs children and youth have that must be considered:

A. To feel they belong

- The youth has a belief everyone else does drugs/alcohol.

- The youth feels that if she doesn't do drugs the group may reject her.
-
- The youth has a need to be part of the culture (values and philosophy) that comes with the substance use.
- **B. To feel they are independent or unique**
- Substance misuse represents a challenge to authority.
- The culture associated with the substance provides a way of being separate from adults and parents that is exciting.
- Often youth feel they represent a new way of thinking and acting that adults cannot understand.
- Youth feel in charge; they realize adults can do little to force them to stop.

C. To feel they are significant

- The feeling of belonging to a caring group is particularly important if the youth has felt this to be missing from her life.
- The youth "knows" something adults do not.
- The substance can dull anxiety and mask negative feelings giving youth a sense of well-being. The substance allows them to escape the pain of their current experience as they see it;
- The youth can develop feelings of pride in surviving the clandestine nature of the world of drugs (e.g., being able to outsmart the police).

D. To feel there is a meaning to life

- The youth may find the experience pleasurable and fun.
- There is a sense of "community" to which the youth now feels he belongs.
- The culture presents a structure with its own values and philosophy organized around shared activities. This leads to a sense of community.
- The youth may believe the substance helps free him to be more creative and open to new experiences.
- The youth may now feel he has a pleasurable activity to replace boredom.

It is important to consider that there are other related

reasons why children and youth may try an intoxicating substance, including the following.

- They may be simply exploring experiences they have heard about. This may be part of their normal growing and does not necessarily indicate they are seriously involved in substance misuse. How the caregiver responds should be shaped by the circumstances.
- The child or youth may be trying to cope with the abuse and/or neglect he has experienced.
- The child or youth may be trying to cope with the loss of family and significant others and adjusting to being in-care.
- The child or youth may be responding to a sense of isolation due to a loss of her cultural community and thus her identity.
- He may be thinking he is expected to do it, that because everyone in his family and/or community is doing it, he should too.

These concepts may apply to adults as well.

Overhead #8, “Why Children and Youth Misuse Substances,” should be referred to in the following section of the module.

Summary Remarks:

Read Handout #11 ,“Why Children and Youth Misuse Substances”.

The question, “Why do children and youth use substances such as drugs and alcohol?” requires a great deal of thought and soul searching. The answers are complex and people are just beginning to understand some of the dynamics.

It is important to remember that curiosity and risk-taking are part of child and youth development. This often leads young people to experimentation with drugs and sometimes occasional use. A caregiver’s reaction to this curiosity is important. Risk-taking and curiosity have a positive side.

As circumstances change and children and youth develop, they may well change their attitudes and behaviours regarding substance use. As they grow older most teens learn from experience. They equip themselves

with skills to avoid problems and risks with alcohol and other drugs. They develop a greater ability to change themselves and their environment as they gain more personal power.

It is helpful to remember that, once a child has tried drugs, he is not necessarily “doomed.” The caregiver maintains the role of providing support, guidance, feedback, and possibly intervention. Caregivers can do this by monitoring the child or youth’s activities and responding appropriately.

It is important to start with the knowledge that substance use has two key components: the physiological and the psychological. Both must be dealt with at the same time to be effective in helping children and youth who have a substance misuse problem. Most substance misuse develops over a period of time that often starts in late childhood or adolescence. The child or youth’s psychological and emotional development is an important factor that can shape whether the child or youth has skills to function effectively. Even if the emotional needs are met, however, there may still be a physiological addiction that needs attention.

The next section will look at helping these children and youth.

6. RESPONDING TO SUBSTANCE MISUSE

Learning

Outcome:

The caregiver can describe basic approaches to assist and support a child or a youth who misuses substances.

Materials:

Handouts

- Handout #12 Influencing Factors and Responses
- Handout #13 How Caregivers Can Help

Overhead

- Overhead #8 Why Children and Youth Misuse

Substances Other

Instructions:

The purpose of this module is to increase participants' awareness of substance use by children and youth-in-care. It is impossible in a three-hour session to fully address the ways of responding to these children as well. This brief exercise, however, will provide participants with some initial ways of responding. Note caregivers are part of the team needed to help such children and youth; they are not alone in the helping process.

Exercise:

Review Overhead #8, "Why Children and Youth Use Substances." List on a sheet of paper the factors that could influence children and youth to use or misuse substances.

List ways a caregiver could respond to each factor. Refer to Handout #12, "Influencing Factors and Responses".

Influencing Factors and Responses

1. **Factor:** Peer group pressure

Response

- Nurture child's self-esteem so her peers will not as easily influence her in a negative way.
- Encourage and facilitate interaction with a healthier peer group (e.g., music, hobby or sports clubs).

2. **Factor:** Boredom

Response

- Pay attention to the child or youth.
- Do things with the child (e.g., walks, games, fishing, and movies).
- Encourage the child to participate in sports activities.
- Encourage the child to develop hobbies.
- Allow the child to have her friends home to do an activity together (e.g., play games, build a fort, go swimming etc.).

- Challenge the child's abilities (e.g., skiing, chess, and painting).

3. **Factor:** Inappropriate parental modelling

Response

- Model a safe and healthy approach to alcohol and drugs.
- Practice what you preach.

4. **Factor:** Wanting to take a risk

Response

- Provide other activities that are challenging and stimulating for the child.

5. **Factor:** Wanting to rebel against authority

Response

- Put the child in a leadership role.
- Give real responsibility to the child.
- Model appropriate behaviour.
- Show the child respect.
- Give the child praise and encouragement.

6. **Factor:** To dull pain

Response

- Consult with the child's worker about counselling for the child or youth.
- Look for indicators of suicide risk, and document.
- Assist the child or youth to find positive and constructive ways to cope.
- Have the child meet and talk with someone who has "been there."
- Refer the child or youth to a support group.

Refer to Handout #13, "How Caregivers Can Help," which provides some straightforward steps the caregiver can take.

1. Begin a discussion with the child

- Be non-judgmental.

- Don't have a confrontation but let the child or youth know you are concerned and available to help.
- Recognize you will not be able to force children or youth to stop the activity if they are determined to carry on.
- Share with the child or youth the changes you have observed in attitude and behaviour.
- Outline your expectations and rules for drug use.
- Share your understanding of the consequences of ongoing drug use.
- Encourage the child or youth to share her view of the situation but do not engage in an argument with her.
- Deal with your own negative feelings separately. Share your feelings and anxieties with the child's worker or your own resource worker or other staff assigned to help. Use your support group if you have one established. Avoid displays of anger with the child or youth.
- Share with the child or youth your need to involve her worker and to seek outside assistance.

The key roles of the caregiver are to observe and document indicators as outlined in this module, to inform the child's or youth's worker, and to provide the child or youth with reassurance and support.

2. Seek ongoing help

- Determine the child or youth's degree of substance misuse.
- Determine with the child or youth and his guardianship team the plan for assisting him.
- Continue to discuss as much as the child will allow but try to avoid judgment. Your job is to help and to reinforce her positives. Try to help build her sense of worth and value.
- Continue to review the limits that are expected and set realistic consequences. Also share the natural or logical consequences of continued use (see "Guiding

the Behaviour of Children and Youth”). Do not argue with the child.

- Seek help and support for yourself as needed.

There is not enough time in this module to practice these ideas. You can seek more training from community sources.

Summary Remarks:

Many of the needs of children who use or misuse substances are addressed in the other modules of the British Columbia Foster Parent Education Series. Substance misuse by a child or youth-in-care may be an indication of the possibility of past abuse or neglect and should be monitored carefully.

Some of the indicators of substance misuse may be subtle. By observing the child or youth’s behaviour over time, recording your observations and discussing the youth’s progress with the worker, caregivers can develop clear concepts about these issues.

It is important that caregivers be alert to the possibility that substance misuse by a child or youth is related to self-destructive or suicidal behaviours. These issues are addressed more fully in the module: “Suicide Awareness.”

When you suspect or determine that there is a problem, be sure to inform the child’s or youth’s worker so he can ensure a plan for help is developed and made available to you and the child or youth in your care. Specific courses on substance misuse and any courses on human behaviour (e.g., Communication, Parenting, Guiding Children’s Behaviour) may help caregivers to deal more effectively with children or youth who misuse drugs or alcohol.

This module does not include counselling skills or methods. If the caregiver believes the child or youth needs counselling, she should talk to the child or youth’s worker about the need for professional intervention.

7. RESOURCES

Learning

Outcome:

The caregiver can identify and access resources to educate and assist himself and a child or youth regarding concerns related to substance misuse.

Materials:

Handout

- Handout: #14 Community Resources

Instructions:

When trying to assist children or youth with substance misuse problems, it is necessary for caregivers to seek appropriate help. It is important that caregivers know the local resources and how to access them.

What resources are you aware of in the community that provide treatment for substance misuse. Refer to Handout #14, "Community Resources."

What can you do if you are unfamiliar with the resources or you find the needed resources are lacking in your local community. Read below.

If the resources are unknown or lacking, caregivers can:

- 2) ask the child's worker for assistance.
2. help develop the resource in their community by:
 - discussing the need with other caregivers through the local Foster Parent Association (e.g., in support group meetings) and contacting the BC Federation of Foster Parent Associations.
 - asking community groups, churches, etc. for their assistance.

3. use the resources in another community.

Summary Remarks:

The child or youth with substance misuse problems will likely require outside assistance and support. The caregiver can play a key role in first identifying the

possibility of a problem and then along with members of the guardianship team, including the child or youth wherever possible, assisting in assessing the degree of the child's or youth's problem.

Caregivers may need assistance and support for themselves as well. In addition to accessing community resources, the caregivers may want to explore a support group through their local Foster Parent Association, which may also have reading material available in its library.

It is important to note that this module is not about how caregivers are to “treat” the child but about how they may identify a problem and work with others to help the child.

Instructions:

There is a likelihood that young people will become reliant on alcohol or drugs when their ability to find meaning and real rewards in life is limited by a lack of skills necessary to deal with life. If children and youth can be equipped with effective skills to deal with day-to-day living, they may be less likely to become dependent on alcohol and other drugs now and later in life.

Refer to Handout #15, Suggested Resources.”

APPENDIX I: HANDOUTS

HANDOUT #1**LEARNING OUTCOMES**

The caregiver can:

1. define terms relevant to substance misuse.
 2. describe myths regarding substance misuse.
 3. describe degrees of substance use and the implications for caregivers.
 4. describe indicators of substance misuse.
 5. identify several factors that may contribute to and/or cause substance misuse.
 6. describe basic approaches to assist and support a child or youth who misuses substances.
 - 8) identify and access resources to educate and assist himself and a child or youth regarding concerns related to substance misuse.
-

HANDOUT #3**REVISITING YOUR YOUTH****Questions For Discussion**

1. When you were a teenager, what beliefs did your peer group have regarding alcohol and drugs?
2. What beliefs did your parents and their peer group have regarding alcohol and drugs?

3. What did your parents and their peer group (i.e., including schools and the media etc.) say, and how did they say it, regarding alcohol and drugs?

 - 5) What was your parents' and their peer group's behaviour regarding the use of alcohol and drugs?
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HANDOUT #4

HELPFUL HINTS

The following values and attitudes contribute to effective helping:

- Most substance misuse can be prevented.

- A child or youth with a substance misuse problem is unwell and has a right to treatment.

- Serious substance misuse may impair a child or youth's ability to recognize the impact his behaviour has on him or on others.

- It is important to remember that some parents may have a substance misuse problem but are still able to provide adequate and responsible care for their children.

- Recovery is a process, not an event, and relapses may be part of the recovery process.

- Change can be difficult to implement and maintain. Therefore, support services may be essential in assisting children and youth in this ongoing process.

- It is important to work with the guardianship team and other support services to assist a child or youth with a substance misuse problem.

- It is more important to focus on people than on substances.

- Be respectful and have a belief that the child or youth can change.
 - Expect resistance.
 - Recognize that abstinence is not the only solution
-

HANDOUT #5

TRUE-FALSE QUIZ

1. Because of the effects it produces, alcohol can be classified as a stimulant.
 - *True* ~ *False*
2. Drugs don't addict people, people addict themselves.
 - *True* ~ *False*
3. The body can burn up the amount of alcohol in a bottle of beer much faster it can burn up the amount of alcohol contained in a cocktail.
 - *True* ~ *False*
4. Alcohol is generally a less harmful substance than many other illicit substances.
 - *True* ~ *False*
- .5 Drinking black coffee is one way to sober up more quickly.
 - *True* ~ *False*
6. The use of hashish may result in a feeling of well-being, talkativeness, a heightened sense of humour, an increased sense of imagination, an altered sense of time, rapid mood changes and an enhanced sense of sight, taste, sound, smell and touch.
 - *True* ~ *False*
7. The most used drugs are cocaine, LSD and heroin.
 - *True* ~ *False*
8. The active ingredient in marijuana is THC.
 - *True* ~ *False*
9. Only certain people can become problem drinkers or dependent on alcohol.

- *True* ~ *False*
10. Amphetamines produce a response which is very similar to the body's reaction to stress or an emergency.
- *True* ~ *False*
11. People cannot become dependent on over-the-counter drugs.
- *True* ~ *False*
12. Marijuana leads to the use of harder drugs such as heroin.
- - *True* ~ *False*
13. Barbiturates are depressants of the central nervous system and produce an effect varying from mild drowsiness to unconsciousness, depending on the dose.
- *True* ~ *False*
14. Cocaine can be classified as a depressant because its use results in a feeling of drowsiness and a decrease in alertness and concentration.
- *True* ~ *False*
15. Unlike those who use alcohol, people who use marijuana can still drive after its use.
- *True* ~ *False*
16. Inhalants are common substances that are sniffed to achieve an effect somewhat like the intoxication produced by alcohol.
- *True* ~ *False*
17. Studies indicate that many youth today use opiate narcotics such as morphine and heroin. The use of opiates is becoming increasingly prevalent in the children in care population.
- *True* ~ *False*
18. Because of substances contained in tobacco smoke, long-term smokers may develop a reduced ability to exercise and/or may experience breathing and blood-flow problems.
- *True* ~ *False*
19. Inhalants are most commonly used by adults.
- *True* ~ *False*
20. The abuse of steroids is not a problem for youth.
- - *True* ~ *False*

HANDOUT #6

TRUE-FALSE QUIZ – ANSWER SHEET

1. *Because of the effects it produces, alcohol can be classified as a stimulant. (False)*

- It is a depressant drug.
- It slows the action of the brain and the central nervous system.
- In the brain, it affects inhibitions.
- Stimulated behaviour may be observed because of lowered inhibitions.
- It is the drug most used and misused by teens.
- Stimulants produce an opposite effect.

2. *Drugs don't addict people, people addict themselves. (False)*

There are many factors that influence the development of a substance misuse problem. Many factors contribute to alcohol and drug problems, including the genetic and psychological make up of the individual, as well as cultural and sociological factors. There is no evidence to indicate substance misuse is caused by a lack of morality or by a flawed character.

3. *The body can burn up the amount of alcohol in a bottle of beer much faster than it can burn up the amount of alcohol contained in a cocktail. (False)*

- Ethanol is the name of alcohol.
- There is an equivalent amount of alcohol (½ oz. of ethanol) in the following drinks:

1 regular beer or 1 ½ light beer

1 glass (4-5 oz.) of wine

1 glass (3 oz.) of sherry (fortified wine) 1 shot (1 ½ oz.) distilled spirits (liquor)

4. *Alcohol is generally a less harmful substance than many other illicit substances. (False)*

- Alcohol is a powerful neurotoxin that can damage the user's health.
- Alcohol can impair judgment.
- Alcohol can result in life-threatening disease.
- Alcohol use can result in accidental death.
- The extent of the harm is dependent on the individual situation, the amount used, how it is used, frequency, etc.

5. *Drinking black coffee is one way to sober up more quickly. (False)*
- The liver metabolizes at a set rate of less than one standard drink per hour.
 - You cannot change the rate at which the liver metabolizes alcohol.
 -
 - If you drink a beer, it will be eliminated by your body within a couple of hours.

 - You can influence absorption by the food you eat, your level of mood, and the medications you take.
 - With age and excessive drug use, your liver will eliminate alcohol at a different (i.e., slower) rate.
6. *The use of hashish may result in a feeling of well-being, talkativeness, a heightened sense of humour, an increased sense of imagination, an altered sense of time, rapid mood changes and an enhanced sense of sight, taste, sound, smell and touch. (True)*
- Hashish is the third drug of choice among teens.
 - It can produce dependence.
7. *The most used drugs are cocaine, LSD and heroin. (False)*
- They are caffeine, alcohol and nicotine.
 - Caffeine is the most widely used drug.
 - Caffeine is found in coffee, tea, many soft drinks, chocolate, headache tablets, stay awake pills and cold remedies.
 - Caffeine is a stimulant.
 - Large amounts of caffeine can harm the stomach or cause tiredness or restlessness.
 - Small amounts of caffeine can make some people nervous, sleepy or sick.
 - Many people are dependent on caffeine.
 - In Ontario 90% of adults drink a caffeinated beverage daily.
 - In Canada 80% of people age 15 to 19 drink alcohol.
 - 34% of Canada's population smoke.
8. *The active ingredient in marijuana is THC. (True)*
- THC is tetrahydrocannabinol.
 - There are more than 400 chemicals in cannabis.
 - The amount of THC depends on soil conditions, climate, strain of the plant, etc.
 - In marijuana grown here, the amount of THC is low compared to the amount in marijuana grown in Southeast Asia, Mexico or

Hawaii.

- It takes 3 to 5 days for half of the THC to leave the body and about 27 days for all of it to leave.

9. *Only certain people can become problem drinkers or dependent on alcohol. (False)*

- Alcoholics cannot be identified by their place on the social ladder or by a common personality trait.
- There is no evidence to support the idea of a dependent personality.

-There appears, however, to be a factor related to genetics as well as to the environment.

10. *Amphetamines produce a response which is very similar to the body's reaction to stress or an emergency. (True)*

- They produce alertness, keenness, quick actions.
- They are what people refer to as “speed.”
- Names tend to end with “-ine.”
- Diet pills are amphetamines.
- They stimulate the central nervous system.
- Users do not feel tired or hungry.
- Users include students and truckers.
- Amphetamines are not widely used anymore.
- Young people are not getting these drugs.
- Amphetamines do not produce long-lasting effects.

11. *People cannot become dependent on over-the-counter drugs. (False)*

- Their effects can be similar to those of prescribed drugs.
- They are definitely classified as drugs.
- They can be addicting.

12. *Marijuana leads to the use of harder drugs such as heroin. (False)*

- Most marijuana users do not use heroin.

13. *Barbiturates are depressants of the central nervous system and produce an effect varying from mild drowsiness to unconsciousness, depending on the dose. (True)*

- They are used to treat insomnia and anxiety tension.
- They are called “downers” and can be classified as sedatives or depressants.

14. *Cocaine can be classified as a depressant because its use results in a feeling of drowsiness and a decrease in alertness and concentration. (False)*
- It is a stimulant.
 - It produces a powerful sense of well-being and an increased alertness.
 - Users are really “sharp” (for a few minutes).
 - Cocaine comes from the coca bush.
15. *Unlike those who use alcohol, people who use marijuana can still drive after its use. (False)*
- Use of marijuana causes impaired physical co-ordination.
 - It distorts time, speed and space perceptions.
16. *Inhalants are common substances that are sniffed to achieve an effect somewhat like the intoxication produced by alcohol. (True)*
- Substances such as glue, nail polish remover and gasoline are used as inhalants.
 - They produce euphoria, light-headedness and exhilaration.
 - The use of inhalants damages the brain, kidneys, tissues, etc.
 - Users may die of suffocation.
17. *Studies indicate that many youth today use opiate narcotics such as morphine and heroin. (False)*
- Young people very rarely use opiates.
 - Morphine and codeine are constituents of opium.
 - Heroin is a derivative of morphine.
 - Opiate narcotics are depressants of the central nervous system.
 - Opiate narcotics are highly addictive.
- Note: The use of opiates is becoming increasingly prevalent in the children in care population, especially in urban areas.
18. *Because of substances contained in tobacco smoke, long-term smokers may develop a reduced ability to exercise and/or may experience breathing and blood-flow problems. (True)*
- Tobacco use is the major cause of cancer of the mouth, larynx, esophagus and lungs.
 - It contributes to heart disease and respiratory ailments.
19. *Inhalants are most commonly used by adults. (False)*
- Users tend to be young people.
 - Studies show that most users are in grade eight, and use steadily declines with age.

20. *The abuse of steroids is not a problem for youth. (False)*

- There are many reported instances of students using steroids.
 - Steroids can improve sports performance and enhance muscle growth.
 - The side effects may include the following:
 - mood swings and an increase in aggressive behaviour;
 - increased blood pressure, heart disease, liver cancer;
 - decreased sex drive with repeated use;
 - cystic acne (tendency to leave severe scarring);
 - deepening of voice for both males and females;
 - stunted growth in adolescence (premature stoppage of long bone growth);
 - breast development in males;
 - premature male baldness;
 - excess body and facial hair growth in females;
 - disruption of menstrual cycle.
-

HANDOUT #7

DRUG CLASSIFICATION AND DRUG EFFECTS

Depressants

These drugs have a depressant effect on the central nervous system (CNS) that tends to slow down or decrease body functions (e.g. speech, vision, co-ordination, thought processes, emotions, breathing, heart rate, blood pressure and reflexes.) They include:

Alcohol

Barbiturates:

- Amytal
- Nembutal
- Luminal
- Seconal
- Tuinal

Benzodiazepines:

- Valium
- Librium
- Ativan
- Serax

- Xanax

Inhalants:

- Glue
- Gasoline
- Nail polish remover
- Solvents (household)

Talwin:

- Along with Ritalin, this depressant forms a concoction known as T's and R's, "a poor man's heroin." It is very common among children in care who are "street-involved."

Another category of Depressants are the **Opioid Analgesics**. These produce analgesia and sedation as well as many of the effects of depressants. They include:

Natural Opioids:

- Opium
- Morphine
-
- Codeine

Semi-Synthetic Opioids:

- Heroin
- Percodan
- Lomotil

Stimulants

These drugs stimulate the CNS and produce an increase in alertness and physical activity, a lessened sense of fatigue and intensified emotions. They include:

Amphetamines:

- Ritalin
- Cylert
- Methamphetamine (Meth)
(Speed) - Dexedrine
- Benzedrine
- MDMA (Ecstasy)

Cocaine (Coke):

- Crack
- Freebase

Nicotine

Caffeine

Hallucinogens

Hallucinogens produce changes in mental state and mood and cause hallucinations by distorting one's perception.

Psychedelics:

- LSD
- PCP
- MDA
- Mescaline
- Psilocybin (shrooms)

Cannabis:

- Marijuana (pot, ganja, weed, smoke)
 - Hashish (hash)
 -
 - Hashish oil
-

Drug Effects

HANDOUT #8

DEGREES OF SUBSTANCE USE

TREATMENT DETOX



Decreasing Choice, Decreasing Control

CHOICES AND CONTROL

Non-Use religious Approximately 20% concerns. of our society	Reasons why people choose not to use substances include or cultural beliefs and health-related
Experimental times Approximately 90% a drug. of teenagers	The experimental phase of use is limited to the first couple of a person tries
Occasional Approximately 20%	In the occasional/social phase, use of mood-altering substances occurs one to three times per month or less, and never in an excessive manner or with severe negative results. Remember that use of some drugs (such as cocaine) is so risky that even infrequent use would not be considered in this category.
Regular Approximately 40%	Use may be weekly or even daily, and may be a fairly integral part of a person's life. Although there inevitably are some negative consequences, there is no major interference in any area of life and the person uses the substance responsibly and in a controlled manner.
Problematic Approximately 10%	Frequency of use can vary, but in this phase, the person tends to use excessively and disregards risks and negative consequences. There is a very thin line between the problematic (abuse) phase and dependency. Often a person can tell what side of the line he is on only when he attempts to discontinue drug use. An abuser still has some degree of choice and control and is able to moderate drug use without major difficulties.

Dependency

Approximately 10%

This phase is characterized by an inability to predict or control drug consumption. Periods of abstinence tend to be short-lived and very traumatic. Serious negative consequences arise in many areas of life, but the person has difficulty understanding and accepting that drug abuse may be the cause of many problems (denial). In this phase, drug abuse has clearly become a primary problem which must be addressed.

Key Concepts

Loss of choice and control as drug use progresses.

The younger a person is when he chooses to use/abuse alcohol and drugs, the greater the risk of dependency. The only people *NOT* at risk are those who choose not to use drugs at all.

HANDOUT #9**POSSIBLE INDICATORS OF SUBSTANCE MISUSE****1. Changes in Performance**

- changes in school performance *
- frequent tardiness and absenteeism from school *
- reduced energy and/or falling asleep in class *
- discipline problems and reduced motivation *

2. Changes in Physical Appearance

- changes in self care *
- red eyes

3. Changes in Eating or Sleeping Habits

- insomnia/fatigue *
- weight loss or sudden appetite *

4. Changes in Friends

- either new or different friends *
- reluctance to introduce friends to parents and family *
- new friends who are very different in appearance, language, goals, etc.

5. Changes in Behaviour

- moodiness, depression, hostility *
- hypersensitivity *
- diminished interest in hobbies or activities *
- lying
- spends most of the time in her bedroom and does not welcome parents in

*

- stealing (money to buy drugs)

6. Other Indicators

- drug oriented graffiti on school books
 - drug related paraphernalia
 - drug related literature or slogans
 - articles/charge cards/money missing from home or bank accounts
 - odours such as gasoline, glue, marijuana
 - aerosol cans with liquid remaining but no propellant
 - concerns expressed by peers, neighbours or school officials
 - alcohol/prescription drugs missing from home
-

HANDOUT #10

OBSERVABLE EFFECTS OF SUBSTANCE USE

Alcohol:

Staggering gait, bloodshot eyes, flushing, slurred speech, vomiting, impaired muscular co-ordination.

Barbiturates/Benzodiazepines:

Similar to alcohol, plus: dilated pupils, weak and rapid pulse, drowsiness, shallow breathing, trembling hands, fainting, mood swings.

Inhalants:

Chemical odour on body and clothes or in room, nosebleeds, rash around nose and mouth, dilated pupils, runny nose, watery eyes, loss of co-ordination, slurred speech, stupor, vomiting weight loss.

Heroin:

Sleepy appearance, slurred speech, droopy eyelids, constricted pupils, decreased respiration rate, slow gait.

Cocaine:

Decreased inhibitions, dilated pupils, runny nose, rapid speech, tremors, sweating, severe weight loss, elevated respiration rate.

Amphetamines:

Similar to cocaine, plus: acne that resembles a measles rash.

PCP:

Muscle rigidity, slurred speech, inability to speak coherently, loss of co-

ordination, blank stare, rapid and involuntary eye movements, exaggerated gait.

LSD:

Dilated pupils, confusion, disoriented sense of direction, distance and time.

Psilocybin:

Dilated pupils, sweating, hyperventilation, rambling speech, hyperactivity, tremors, vomiting, impaired attention span, depression.

Marijuana:

Red or bloodshot eyes, increased appetite, meaningless giggly conversations, impaired short-term memory, restlessness, dry mouth, pungent odour.

HANDOUT #11

WHY CHILDREN AND YOUTH MISUSE SUBSTANCES

There are 2 basic concepts:

1. **Psychological** – the person feels that they need the substance to function adequately in social settings.
2. **Physiological** – the body craves the substance and the person has developed a tolerance to the substance and/or withdrawal symptoms occur when the substance is withdrawn. Not all substances have this effect.

N.B. These concepts apply to adults as well and may help caregivers understand the behaviour of the child or youth's parent.

There are four basic psychological needs children and youth have that must be considered:

A. To feel they belong

- The youth has a belief everyone else does drugs/alcohol.
- The youth feels that if she doesn't do drugs the group may reject her.
- The youth has a need to be part of the culture (values and philosophy) that comes with the substance use.

B. To feel they are independent or unique

- Substance misuse represents a challenge to authority.
- The culture associated with the substance provides a way of being separate from adults and parents that is exciting.
- Often youth feel they represent a new way of thinking and acting that adults cannot understand.
- Youth feel in charge; they realize adults can do little to force them to stop.

C. To feel they are significant

- The feeling of belonging to a caring group is particularly important if the youth has felt this to be missing from her life.
 - The youth “knows” something adults do not.
 - The substance can dull anxiety and mask negative feelings giving youth a sense of well-being. The substance allows them to escape the pain of their current experience as they see it.
 -
 - The youth can develop feelings of pride in surviving the clandestine nature of the world of drugs (e.g. being able to outsmart the police).
-

D. To feel there is a meaning to life

- The youth may find the experience pleasurable and fun.
- There is a sense of “community” to which the youth now feels he belongs.
- The culture presents a structure with its own values and philosophy organized around shared activities. This leads to a sense of community.
- The youth may believe the substance helps free him to be more creative and open to new experiences.
- The youth may now feel he has a pleasurable activity to replace boredom.

It is important to consider that there are other related reasons children and youth may try an intoxicating substance, including the following.

- They may simply be exploring experiences they have heard about. This may be part of their normal growing and does not necessarily indicate they are seriously involved in substance misuse. How the caregiver responds should be shaped by the circumstances.
- The child or youth may be trying to cope with the abuse and/or neglect he has experienced.
- The child or youth may be trying to cope with the loss of family and significant others and adjusting to being in care.

- The child or youth may be responding to a sense of isolation due to a loss of her cultural community and thus her identity.
-
- He may be thinking he is expected to do it, that because everyone in his family and/or community is doing it, he should too.

HANDOUT #12

INFLUENCING FACTORS AND RESPONSES

Factor	Response
Peer Group Pressure	<ul style="list-style-type: none"> • <i>Nurture the child's self-esteem so her peers will not as easily influence her in a negative way.</i> • <i>Encourage and facilitate interaction with a healthier peer group (e.g., music, hobby or sports clubs).</i>
Boredom	<ul style="list-style-type: none"> • <i>Do things with the child (e.g., walks, games, fishing, and movies).</i> • <i>Encourage the child to participate in sports activities.</i> • <i>Encourage the child to develop hobbies.</i> • <i>Allow the child to have her friends at home to do an activity together (e.g., play games, build a fort, go swimming etc.).</i> • <i>Challenge the child's abilities (e.g., skiing, chess, and painting).</i>
Inappropriate parental modelling	<ul style="list-style-type: none"> • <i>Model a safe and healthy approach to alcohol and drugs.</i> • <i>Practice what you preach.</i>
Wanting to take a risk	<ul style="list-style-type: none"> • <i>Provide other activities that are challenging and stimulating for the child.</i>
Wanting to rebel against authority	<ul style="list-style-type: none"> • <i>Put the child in a leadership role.</i> • <i>Give real responsibility to the child.</i>
To dull their pain	<ul style="list-style-type: none"> • <i>Consult the child's worker about counselling for the child or youth.</i> • <i>Assess for indicators of suicide risk.</i>

- | | |
|--|--|
| | <ul style="list-style-type: none">• <i>Assist the child to find positive and constructive ways to cope.</i>• <i>Have the child meet and talk with someone who has “been there.”</i>• <i>Refer the child or youth to a support group.</i> |
|--|--|

HANDOUT #13

HOW CAREGIVERS CAN HELP

Begin a discussion with the child

- Be non-judgmental.
- Don't have a confrontation but let the child or youth know you are concerned and available to help.
- Recognize you will not be able to force children or youth to stop the activity if they are determined to carry on.
- Share with the child or youth the changes you have observed in attitude and behaviour.
- Outline your expectations and rules for drug use.
- Share your understanding of the consequences of ongoing drug use.
- Encourage the child or youth to share her view of the situation but do not engage in an argument with her.
- Deal with your own negative feelings separately. Share your feelings and anxieties with the child's worker or your own resource worker or other staff assigned to help. Use your support group if you have one established. Avoid displays of anger with the child or youth.
- Share with the child or youth your need to involve her worker and to seek outside assistance.

The key roles of the caregiver at the start are to assess the situation as outlined in this module, to inform the child or youth's worker, and to provide the child or youth with reassurance and support.

Seek ongoing help

- Determine the child or youth's degree of substance misuse.
- Assess along with the child or youth's worker the intervention required (medical, counselling, rehabilitation, etc.).
- Determine with the social worker and other appropriate helpers the plan for

the child or youth.

- Continue to discuss as much as the child will allow but try to avoid judgment. Your job is to help and to reinforce her positives. Try to help build her sense of worth and value.
 - Continue to review the limits that are expected and set realistic consequences. Also share the natural or logical consequences of continued use (see “Guiding the Behaviour of Children and Youth”). Do not argue with the child.
 - Seek help and support for yourself as needed.
-

HANDOUT #14

DRAFT

COMMUNITY RESOURCES

For general information and referrals call **PREVENTION SOURCE BC** at 1-800-663-1880.

Your local Ministry of Children and Family Development can also provide a list of resources and services.

HANDOUT #15

SUGGESTED RESOURCES

- 1. Adolescent Health Survey**
Province of BC, Ministry of Health, The McCreary Centre Society 1998
- 2. Adult Children of Alcoholics**
by Janet Geringer Woititz,

Ed. D. Health
Communications Inc.
Deerfield Beach, Florida
1990

3. **Alcohol and Other Drug Use by Canadian Youth** Health and Welfare Canada
1992

4. **Children of Alcoholics**
by Claudia Black, Ph.D.
M.S.W. Ballentine Books,
New York 1991

5. **The Health of Canada's Children** Canadian Institute
Of Child Health Ottawa
1994

6. **Kids, Alcohol and Drugs** By Ruth
Maxwell
Ballentine Books, New
York 1991

7. **Kids, Drugs and Booze**
By Sheila Moynihan and Colleen
Dragan Macmillan of Canada,
Toronto
1990

This book is from a Canadian perspective.

8. **Measuring Our Success – A Framework for Evaluating Population Outcomes**
Ministry of Children and Family Development
Province of BC

1997

- 10) **A Workbook for Healing Adult Children of Alcoholics** By Patty McConnell
Harper and Row Publishers, San Francisco
1990

10. **School-Based Prevention, Summary Report 1994/1995 Evaluation** BC Ministry of Health
Province of BC
1995

11. Additional pamphlets and information are available from your local Ministry of Children and Family Development office, Public Health office or Foster Parent Association.

12. For further information contact "Prevention Source BC" at 1-800-663-1880

13. **Survival Manual – Youth Services**

Directory Order from:

Watari Research Associates

#301, 877 E. Hastings St.

Vancouver, BC

V6A 3Y1

This is a good resource for youth and caregiver alike.

APPENDIX II: OVERHEADS

LEARNING OUTCOMES

The caregiver can:

- **define terms relevant to substance misuse.**
 - **describe myths regarding substance misuse.**
 - **describe degrees of substance use and the implications for caregivers.**
 - **describe indicators of substance misuse.**
 - **identify several factors that may contribute to and/or cause substance misuse.**
 - **describe basic approaches to assist and support a child or youth who misuses substances.**
 - **identify and access resources to educate and assist himself and a child or youth regarding concerns related to substance misuse.**
-

REVISITING YOUR YOUTH: QUESTIONS FOR DISCUSSION

- 1. When you were a teenager, what beliefs did your peer group have regarding alcohol and drugs?**
 - 2. What beliefs did your parents and their peer group have regarding alcohol and drugs?**
 - 3. What did your parents and their peer group (i.e., including schools and the media etc.) say, and how did they say it, regarding alcohol and drugs?**
 - 4. What was your parents' and their peer group's behaviour regarding the use of alcohol and drugs?**
-

OVERHEAD #4

HELPFUL HINTS

The following facts and attitudes contribute to effective helping:

- **Most substance misuse can be prevented.**
- **A child or youth with a substance misuse problem is unwell and has a right to treatment.**
- **Serious substance misuse may impair a child or youth's ability to recognize the impact his behaviour has on him or on others.**
- **Some parents who have a substance misuse problem are still able to provide adequate and responsible care to their children.**
- **Recovery is a process, not an event, and relapses may be part of the recovery process.**
- **Change can be difficult to implement and maintain. Therefore, support services may be essential in assisting children and youth in this ongoing process.**
-
- **It is important to develop teamwork when trying to assist a child or youth with a substance misuse problem.**

HELPFUL HINTS CONTINUED

- **It is more important to focus on people than on substances.**
 - **Be respectful and have a belief that the child or youth can change.**
 - **Expect resistance.**
 -
 - **Recognize that abstinence is not the only solution.**
-

OVERHEAD #5

DEFINITIONS

Drug: **A substance that changes the way the body and mind works.**

Addiction: **A bodily need for a substance to be present in your system all the time. It is a physical need.**

Dependency: **A state in which a person feels they can no longer function well or adequately without a particular substance or substances. It is a psychological need.**

OVERHEAD #6

DEGREES OF SUBSTANCE USE

1.No use

2.Experimental use

3. Occasional use

4. Regular use

5. **Problem use**

7) Dependency

OVERHEAD #6A

QUESTIONS

How would you describe use at each degree?

Why do you think some people would

use substances to that degree?

OVERHEAD #7

INDICATORS OF HARMFUL SUBSTANCE INVOLVEMENT

Instructions

2. Brainstorm as many “indicators of substance misuse” as possible in five minutes.

3. Write these indicators on a sheet of paper.

OVERHEAD #8

WHY CHILDREN AND YOUTH MISUSE SUBSTANCES

There are two basic concepts:

1. Psychological Issues

Four Basic Psychological Needs:

A. To “belong”

B. To be independent or unique

C. To feel significant

D. To give meaning to life

2.

3) Physiological Issues

Note: It is important to consider that there are other related reasons children and youth may try an intoxicating substance:

1. exploring experiences they have heard about.

2. coping with past abuse and/or neglect.

3. coping with the loss of family and significant others.

4.responding to a sense of isolation.

5.

6)thinking that he is expected to do it.