RESPONDING TO A SUBSTANCE INDUCED CRISIS

Approaches and practices to promote the safety of a client in an altered mental state

Robert Pedroza, LCP

Disclaimer Statement

- This informational presentation was developed by independent experts and is **not intended to be appropriate for every clinical situation nor does it replace clinical judgment**.

- No financial conflicts to disclose

Robert M. Pedroza, LCP

- Licensed Clinical Psychotherapist (LCP)
- 15 years in the mental health field
- 9 years in correctional mental health

Objectives

- Identify the signs and symptoms of a client that is in an altered mental status
- Assess the situation and risk factors when dealing with an intoxicated client in crisis
- Understand the ethical, legal, and clinical considerations for interventions at our disposal

****Warning: Drug and Drug Paraphernalia****

DRUG & ALCOHOL USE

Statistics

- Among people aged 12 or older in 2021, an estimated **61.2 million** people used illicit drugs, **21.9%** of the population (*SAMHSA, 2023*)
  - If you include alcohol, that number jumps to 133.1 million people, 47.6% of the population
- In 2021, among the **17.9 million** adults aged 18 or older with co-occurring AMI and a SUD, **52.5**% received either substance use treatment at a specialty facility or mental health services (*SAMHSA, 2023*)

Accessing Care

- Despite the prevalence, only about 1 in 10 people with a substance use disorder receive any type of specialty treatment

- Common barriers include:

  - Not recognizing the need for treatment
  - Not ready to stop using
  - Lack of insurance or resources
  - Social stigma

What other barriers have you encountered?

RECOGNIZING AN ALTERED STATE

Challenges to Recognizing Intoxication

- Threading out mental illness from substance use can be difficult, even for trained clinicians
- The prevalence of co-occurring disorders (“dual diagnosis”) can make it a challenge to differentiate
  - Often are presented with the overlapping of symptoms. Signs and symptoms of substance use can look a lot like mental illness.
- Willingness to disclose also creates a barrier for intervention

Mental Illness or Drugs? (or both?)

- **Along with the following specific signs/symptoms, here are a few general tips to help differentiate drug use from mental illness**
  - **Onset, chronic v. sudden**
  - **Physiology**
  - **Longevity of Symptoms**
  - **Triggers**

DRUG INTOXICATION SYMPTOMS

Amphetamines

Amphetamines

Signs of Intoxication

Long-term amphetamine abusers are likely to be severely malnourished and suffering serious mental effects from the drug use.

When they stop using amphetamine, they often experience the symptoms of the damage that was created, including:

- Depression
- Anxiety
- Extreme fatigue

Symptoms of Intoxication

- Increased body temperature
- Euphoria
- Increased blood pressure
- Dry mouth*
- Faster breathing*
- Dilated pupils*
- Increased energy and alertness
- Decreased fatigue
- Decreased appetite

Alcohol

Alcohol

Signs of Intoxication

Changes in mood/behavior are usually first. Then intentional movement and speech. Confusion and volatility.

Smell is a great cue for alcohol

Vomiting, slow breathing, and/or unconsciousness and can't be awakened may be alcohol poisoning and is an emergency.

Symptoms of Intoxication

- Slurred speech*
- Loss of coordination*
- Slow and/or poor judgment
- Slowed breathing and heart rate
- Vision problems
- Drowsiness*
- Loss of balance

Opioids/Heroin

Opioids/Heroin

Signs of Intoxication

Some of the first recognized signs of heroin use are track marks

Items that are used to inject, snort or smoke it (paraphernalia).

Indications of changes in behavior are also associated with opioid use, especially longer-term issues with self care.

Symptoms of Intoxication

- Tiny, pinpoint pupils*
- Tendency to nod off*
- Slow breathing*
- Flushed skin*
- Runny nose or itchy nose
- Vomiting
- Scratching*
- Slurred speech
- Sweating*
- Weight loss*

Crack/Cocaine

Crack/Cocaine

Signs of Intoxication

Crack cocaine effects do not last as long as powder cocaine. Users generally need to disappear for another dose in as short a time as 10 to 15 minutes.

Prolonged use of cocaine may lead to the development of formication, i.e. tactile hallucinations of insects crawling on or under their skin (“coke bugs”)

Symptoms of Intoxication

- Dilated pupils*
- Dry mouth*
- Excessive sweating*
- Weight loss*
- Restless and talkative*
- Unable to sleep
- Compulsion to be physically active*

Phencyclidine (PCP)

Phencyclidine (PCP)

Signs of Intoxication

Effects of PCP will vary depending on the purity of the product, how it was ingested, and how much was ingested. Common effects last from 4-6 hours

In some cases you see violent, hostile behavior and psychosis. In others, you see lethargy or even a comatose state.

Symptoms of Intoxication

- Nausea
- Vomiting
- Hostile or Aggressive Behavior*
- Paranoia*
- Eyelid Flickering*
- Disoriented/Delusional
- Heavy Sweating*
- Muscle Spasms*
- Numbness in Extremities

K2/Synthetic Cannabinoids /“Spice”

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- Originally developed to study the structure and function of cannabinoid receptors
    - First appeared for sale in European countries around 2005 before becoming available in the United States in 2008

K2/Synthetic Cannabinoids /“Spice”

- Presentation
  - Neurologic signs and symptoms, including agitation, sleepiness, irritability, confusion, dizziness, incoordination, inability to concentrate, stroke, and seizures;
  - Psychiatric signs and symptoms, including hallucinations, delusions, psychosis, violent behavior, and suicidal thoughts;
  - Other physical signs and symptoms, including tachypnea, tachycardia, hypertension, severe nausea and vomiting, chest pain and heart attack, rhabdomyolysis, kidney failure, and death

Important!

As a therapist, identifying the type of drug used is not as important as responding in a timely fashion!

PREVENTING HARM

When intervention occurs

So you have assessed the client and you are reasonably sure they are in an altered state. The next step becomes assessing safety.

A client in an altered state poses a statistically higher risk of harm to themselves (increases the risk of suicide by 6 times)

Although intervention is always a judgement call, an intoxicated client is not *always* a crisis

- Consider recreational alcohol use

Assessing Risk

The key challenge as a clinician to recognize risk of harm

Key Risk factors for self-harm include:

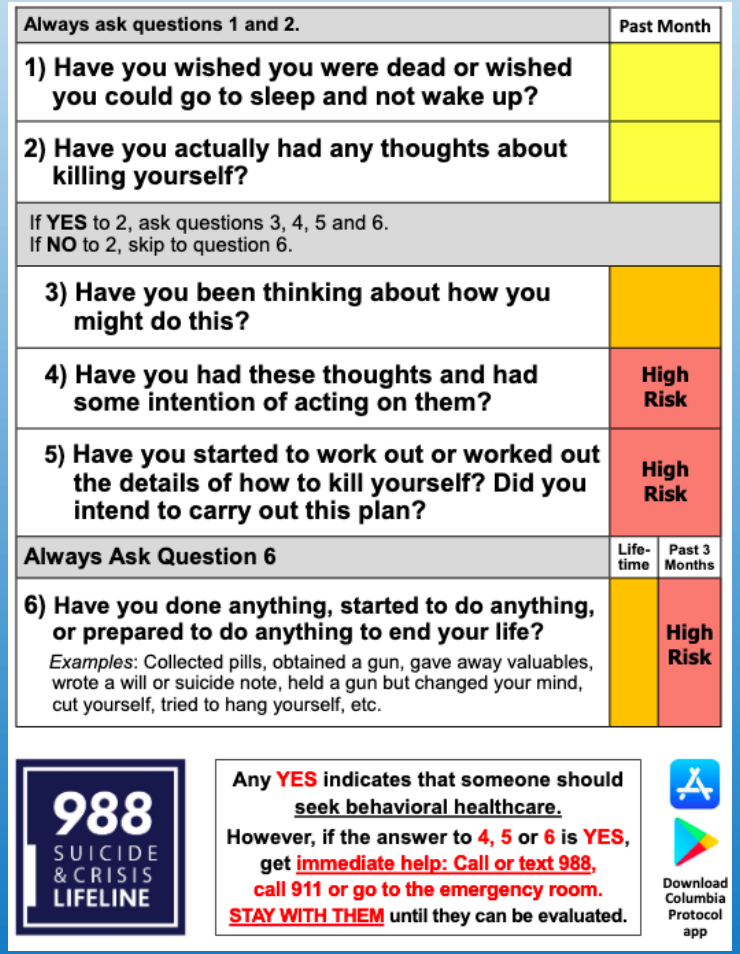
- Actively using substances (**Alcohol and Stimulants**)
- Behavioral Control is one of the strongest predictors of suicidal ideation
  - An individuals perception of self-confidence in their ability to perform a behavior
- A positive attitude toward suicide
- Impulsivity
  - Impulsivity is associated with much greater odds of a suicide attempt in general, but this is particularly true for individuals who struggle with substance abuse

Assessing Risk

The Substance Abuse and Mental Health Services Administration (SAMHSA) also lists the Columbia Suicide Severity Rating Scale (C-SSRS) as a resource.

Short questionnaire that can be administered quickly in the field by responders with no formal mental health training

Resource: cssrs.columbia.edu



Always ask questions 1 and 2.	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.	
3) Have you been thinking about how you might do this?	
4) Have you had these thoughts and had some intention of acting on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk

Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

Preventing Permanent Harm

- If you feel the individual poses a serious threat to themselves:
  - **Call 911**, if danger for self-harm seems imminent.
  - **Ask them** if they are thinking about killing themselves. This will not put the idea into their head or make it more likely that they will attempt suicide.
  - **Listen without judging** and show you care.
  - **Stay with the person** or make sure the person is in a private, secure place with another caring person until you can get further help (***taking your own safety into consideration***).

Pharmacotherapies

- Naloxone/Narcan
  - Quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.
  - Safe for someone who does not have opioids in their system
  - Most common forms are injectable or nasal spray
  - Tennessee law makes it available without a prescription and protects from civil suit any bystander who administers it to those who they believe are experiencing an overdose.

Overdose

- The DEA Laboratory has found that, of the fentanyl-laced fake prescription pills analyzed in 2022, 6 out of 10 now contain a potentially lethal dose of fentanyl (DEA.gov)
- Recognizing an overdose can be difficult. If you aren't sure, it's best to treat the situation like an overdose.
- Signs may include:

"Pinpoint Pupils"

Falling asleep or loss of Consciousness

Shallow breathing

Choking or gurgling sounds

Limp body

Pale, blue, or cold skin

Hospitalization

- One of the most difficult decisions a clinician can make is deciding whether or not to seek an involuntary intervention for a client that they feel is at risk.
- These are complex situations that require ethical, clinical, and legal consideration.

Hospitalization

- An opinion piece published by the American Psychological Association (APA) identified 4 separate challenges a clinician faces when considering a hospitalization

1. Beneficence and Nonmaleficence vs. Patient Autonomy
2. Professional Judgement vs. Personal Biases/Influences
3. Making the “best possible decision”
4. Application of standards from “APA Ethics Code”

Code of Ethics Considerations

APA Ethics Code, 2017

3.04 Avoiding Harm

- (a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, re- search participants, organizational clients, and others with whom they work, and to minimize harm where it is foresee- able and unavoidable.

American Counseling Association Code of Ethics, 2014

A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

Legal Considerations

- The occurrence of a tragedy like suicide or accident does not directly or necessarily support a legal claim of malpractice
- However, mental health professionals who are treating clients in crisis do have responsibilities that could be called into question in a:
  - Breach of Duty (Acting in a negligent or improper manner)
  - Causation (legally demonstrated causal relationship)
- Your best protections are going to be:
  1. Know your agency's policies on managing clients who are intoxicated and review them with your client
  2. Conduct thorough risk assessments, initial and ongoing
  3. Document thoroughly!

State Codes

Tennessee Code provides stipulations and definitions to familiarize yourself with:

- Detention without a warrant (33-6-402)
- Admission to treatment facility (33-6-403)
  - Has a mental illness
  - Poses an immediate substantial threat
  - Is in need of care or treatment
  - All other less drastic alternatives are unsuitable

State Codes

“Substantial likelihood of serious harm” (33-6-501):

IF AND ONLY IF

1)

A) a person has threatened or attempted suicide or to inflict serious bodily harm on the person, OR
B) the person has threatened or attempted homicide or other violent behavior, OR
C) the person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR
D) the person is unable to avoid severe impairment or injury from specific risks, AND

2) there is a substantial likelihood that the harm will occur unless the person is placed under involuntary treatment,

THEN

3) the person poses a “substantial likelihood of serious harm” for purposes of this title.

CASE EXAMPLES

Case Example #1

You see Jane for individual therapy. You've been working with her for 6 months on her depression following a suicide attempt and have seen some small, but noticeable, improvement. Her drinking has been discussed in session before, but she assures you that it's only social and completely under control. One day however, you notice that she comes to session smelling like alcohol, with red eyes, slurred speech, and poor coordination. You calmly reminder her of your policy on being intoxicated during session, but she becomes agitated, grabs her keys, and insists on leaving right now. She threatens that this situation will turn physical if you don't leave her alone.

How do you proceed?

Case Example #2

You are doing a home visit for John as part of his parole. John has been on parole for 18 months now and has 5 months left to go. As you start your meeting something immediately appears odd. He has pinpoint pupils and appears fatigued, almost looking as if he might fall asleep as you're talking. As you look around the room you see a bottle of pills and an opened bottle of alcohol. When you ask if he'd been using he said he'd simply forgot you were coming over. He insists it's the first time he's fallen off the wagon and he promises it will be the last. He begs you to not to call the police or his parole officer. He promised his kids he would stay out this time and says he can't handle going back to prison, even offering to let you take the pills and alcohol if you won't report him. He finally, states that he "won't go back to prison" but won't elaborate.

How do you proceed?

Conclusion

Regardless of work environment, at some point we will all likely encounter clients that are struggling with substance abuse

Clients that we may have known for a long time, and may know well, will suddenly be unpredictable

In these moments it’s important to remember to:

- Keep yourself safe
- Have a plan, for you and for your client
- Keep emergency contacts easily accessible

Questions?

Thank you!

Robert Pedroza, LCP
rpedroza@teamcenturion.com

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