

Ventura County Family Law Bar Webinar: “Use of Drug and Alcohol Assessments in Child Custody disputes.”

I. Quite often both parents demand either alcohol or drug testing of the other in child custody disputes. However, such testing is subject to “strict statutory conditions”, and there must be a “judicial determination based upon a preponderance of evidence that there is the habitual, frequent, or continual illegal use of controlled substances or the habitual or continual abuse of alcohol” by the person seeking custody or visitation.” (Family Code § 3041.5)

This statute addresses the constitutional privacy concerns as discussed in case law such as *Wainwright v. Sup.Ct. (Sinker)* (2000) 84 Cal.App.4th 262.

In the following hypothetical both parents are concerned the other is drinking and is a danger to the children, however, neither is making any specific allegations, i.e. there have been no recent arrests, DUI’s or findings by a public agency, and neither party is admitting a problem. A hypothetical declaration from each parent is set forth below.

This “Webinar” will address a method by which counsel can enlist a Substance Abuse Professional to assist the Court to make findings supporting an order for testing and a mock cross examination of a SAP, “Substance Abuse Professional” in support.

II. By way of back ground, when making custody orders, Family Code § 3011 (d) requires the Court to consider “habitual or continual” illegal use of alcohol or controlled substances in determining the child’s best interest.

Before considering allegations of a parent’s drug or alcohol abuse, the court will usually require “independent corroboration” – such as written reports from law enforcement agencies, courts, probation departments, social welfare agencies, medical and rehabilitation facilities, or other public agencies or non-profit organizations providing drug and alcohol abuse services. (Family Code § 3011 (d); see also *A.G. v. C.S.* (2016) 246 Cal.App.4th 1269, 1284 [Although court did not seek corroborating evidence, mediator’s testimony that he drank 4-5 bears 3-4 times per week, was sufficient to show court considered F’s alleged history of alcohol abuse when making child custody determination.])

It is important to note that absent a Stipulation, an examination of this type would be preceded by a noticed motion for hearing on the issue governed by Family Code § 3041.5, and not the Code of Civil Procedure. See, generally, California Practice Guide, Family Law, §§ 7:320 et.seq. and 11:305 et. seq.

III. For purposes of this discussion the following declarations have been received by the Court, and a motion for an evaluation by an SAP has been granted. The Mediator has included only a blanket, “Each party shall refrain from use provision, but has not recommended testing”:

Wife's Declaration:

3. "In the last several months I think my husband has been drinking every night. He sits on the couch and zones out and never talks to our kids. He used to drink a lot and I think he's starting all over again. He had a DUI in 2010 and after that he said he would stop but I think he just hides it from me. He's one of those closet drinker types. My kids are old enough to know when he's "not right" and I want testing and supervised visits until a therapist says he can handle it again."

Husband's Declaration:

5. "I think it's almost laughable that my wife would say I'm a closet drinker. I work every day for Smooth Paving and if I was drinking or using drugs my co-workers would tell the boss. Plus, I've seen empty vodka bottles around the house and know she and her friends sneak out for afternoon drinks before they pick up the kids from school. One of her friends just got a DUI and she told me she got a DUI before we were married. I think she's saying I'm a drinker to hide what she's doing."



Marty Lythgoe

LAADC-CA, NCAC II, SAP

SUBSTANCE USE DISORDER EVALUATION

NAME: Stephanie Arroyo
DATE OF BIRTH: 04/28/1988

DATE OF EVALUATION: 06/25/2020

OVERVIEW:

Ms. Stephanie Arroyo is a 32-year old Caucasian female presenting for assessment as part of divorce proceedings that involve child custody. She had made allegations about her husband's drinking and he, in turn, expressed his concerns re: her drinking. Both have been required to be evaluated by a Substance Abuse Professional.

Ms. Arroyo presented as somewhat angry about having to be evaluated and was certainly guarded in her responses as might be expected in this situation. She had to be reassured several times that our goal was simply to ensure the safety of the children.

MENTAL STATUS EXAM:

Ms. Arroyo's appearance was neat, clean, and casual. Her behavior was less than fully cooperative. She initially replied in one-word answers until some level of trust was apparently established. Her posture was good. Her eye contact was poor. Her mood was somewhat anxious, as might be expected in this situation. She was fully oriented to person, place, time and situation. Her perception seemed generally accurate. Her short-term memory and long-term memory seemed basically intact. Intelligence is average. Insight and judgment were fair. Her thought content and process were within a normal range. She displayed no overt signs of severe mental illness.

FAMILY:

Ms. Arroyo was born and raised in Santa Barbara in an upper middle-class family. Her father is an orthopedic surgeon and Ms. Arroyo an only child. She had quite a privileged childhood until her parents divorced when she was 15. She then moved to Ventura with her mother, mainly for financial reasons. She maintains that the reason for her parents' divorce was her mother's affair. Her father remarried and she has very little relationship with him or her mother.

She met her husband of 9 years on a blind date. They have two children, an 8-year old son and a 7-year old daughter. She describes their marriage as "pretty good" up until the last two years when she believes her husband's drinking began to escalate. She also became suspicious he might be having an affair because of his loss of interest in their sex life since the birth of the children. She believes her inability to lose weight following the birth of their second child contributed to his lack of desire.

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Substance Use Disorder, page 3

Stephanie Arroyo

Her elevated score on the OAT scale suggests that she clearly recognizes in herself attributes or characteristics that are common in substance abusers. It becomes a good predictor that she would relate to others in a treatment setting or 12-Step group.

Her high score on the DEF scale, which measures defensiveness, indicates that her overall responses were guarded or defensive in nature. Elevated DEF scores may reflect situational factors, but the somewhat elevated (85th percentile) score on the SAM scale suggests that her defensiveness is about her drinking.

AUDIT (Alcohol Use Disorders Identification Test):

The AUDIT was developed by the World Health Organization as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of any presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The first edition of the AUDIT was published in 1989 and was subsequently updated in 1992. Since that time, it has enjoyed widespread use by both health workers and alcohol researchers.

A score of 4 or more for a female on questions 1-3 would suggest a level of drinking that the World Health Organization would call "hazardous." Ms. Arroyo scores 4.

A score of 4 or more on questions 4-6 would indicate either physical or psychological dependence on alcohol. Ms. Arroyo scores 1.

A score of 4 or more on questions 7-10 would suggest that significant problems already exist. Ms. Arroyo scores 1.

Ms. Arroyo's total score on the AUDIT is 6. Most alcoholics score 13 or more. Her responses on questions 1-3, however, suggest a level of drinking that the World Health Organization would call hazardous, information that surprised Ms. Arroyo.

DIAGNOSTIC CRITERIA FOR SUBSTANCE USE DISORDER - DSM-5 (must diagnose separately for each substance). The presence of at least 2 of these symptoms within a 12-month period indicates Substance Use Disorder. The severity of the SUD is defined as **MILD** (2-3 symptoms); **MODERATE** (4-5 symptoms); **SEVERE** (6 or more symptoms).

Impaired Control:

- ___ Substance often taken in larger amounts or over a longer period than was intended.
- ___ Persistent desire or unsuccessful efforts to cut down or control substance use.
- ___ A great deal of time spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- ___ Craving or strong desire or urge to use the substance.

Social Impairment:

- ___ Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

Substance Use Disorder, page 4

Stephanie Arroyo

- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.

Risky Use:

- Recurrent substance use in situations in which it is physically hazardous.
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use.

Pharmacological: (The presence of only the following two does not meet criteria for Substance Use Disorder.)

- Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - A markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either of the following:
 - Characteristic withdrawal syndrome for the substance used.
 - Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Diagnosis: There is no diagnosis for Substance Use Disorder. Though it has been reported that Ms. Arroyo sometimes drinks before picking up her children from school, there is no evidence of that.

ASAM CRITERIA (American Society of Addiction Medicine):

ASAM's criteria, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction. Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. ASAM's criteria are required in over 30 states.

ASAM's treatment criteria provide placement criteria to create comprehensive and individualized treatment plans. Treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided.

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1. Acute intoxication and/or withdrawal potential.
2. Biomedical conditions and complications.
3. Emotional, behavioral, or cognitive conditions and complications.
4. Readiness to change.

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Stephanie Arroyo

5. Relapse, continued use, or continued problem potential.
6. Recovery/living environment.

Ms. Arroyo, according to the ASAM Criteria, poses a moderate risk potential across each of the 6 dimensions:

- Dimension 1 (Acute Intoxication or Withdrawal Potential): Ms. Arroyo has no risk of severe withdrawal. Risk rating is zero (0).
- Dimension 2 (Biomedical conditions and complications): Having had gastric bypass surgery increases the risk of alcohol problems; unhealthy weight; hypertension. Risk rating is three (3).
- Dimension 3 (Emotional, behavioral, or cognitive conditions and complications): Ms. Arroyo may have inadequate impulse control re: both alcohol and food and lack coping skills. Risk rating is two (2).
- Dimension 4 (Readiness to change): Ms. Arroyo does not present as ready to give up drinking which she sees as not problematic. Risk rating is one (1).
- Dimension 5 (Relapse, continued use, or continued problem potential): Ms. Arroyo has not decided to completely abstain from alcohol, leaving some level of risk for future poor decision making. Risk rating is one (1).
- Dimension 6 (Recovery/living environment): Ms. Arroyo's living situation may change with divorce. She will have difficulty affording adequate housing. Risk rating is one (1).

RECOMMENDATIONS:

Based on my interview with Ms. Arroyo, as well as the SASSI-4 and AUDIT assessment tools, I believe Ms. Arroyo to be on the verge of possibly experiencing serious problems related to her use of alcohol. Though at this time she may not meet criteria for treatment, the fact that her own responses about her drinking suggest that it is at a "hazardous" level according to the World Health Organization, added to her continued drinking following gastric bypass surgery suggest either a level of denial or lack of impulse control.

If either Ms. Arroyo or her husband indicate any willingness to try and save their marriage, a referral to couples counseling is recommended. At this time there appears to be a lot of blaming in the relationship and I believe both parties could benefit by coming to understand that it is the drinking that is causing the problems. If they are not willing to attempt reconciliation, then I believe that random and probable cause drug testing offers the best chance to ensure that both parents are sober in the presence of the children.

Because alcohol is metabolized in the body so rapidly, EtG testing might be considered. Ethyl Glucuronide (EtG) is a direct metabolite of beverage alcohol (ethanol). Its presence in urine may be used to detect recent alcohol consumption, even after ethanol is no longer measurable. The presence of EtG in urine is a definitive indicator that alcohol was ingested. EtG testing detects recent usage more accurately and for a longer period of time than standard testing. It is ideal for zero tolerance and abstinence situations because it will detect alcohol ingestion within the previous 3-4 days.

Potential problems with EtG testing include that it may be too sensitive to distinguish between actual alcohol consumption and exposure to small amounts of alcohol found in many household and personal

SASSI-4 Substance Abuse Subtle Screening Inventory

To reorder: 1-800-726-0526

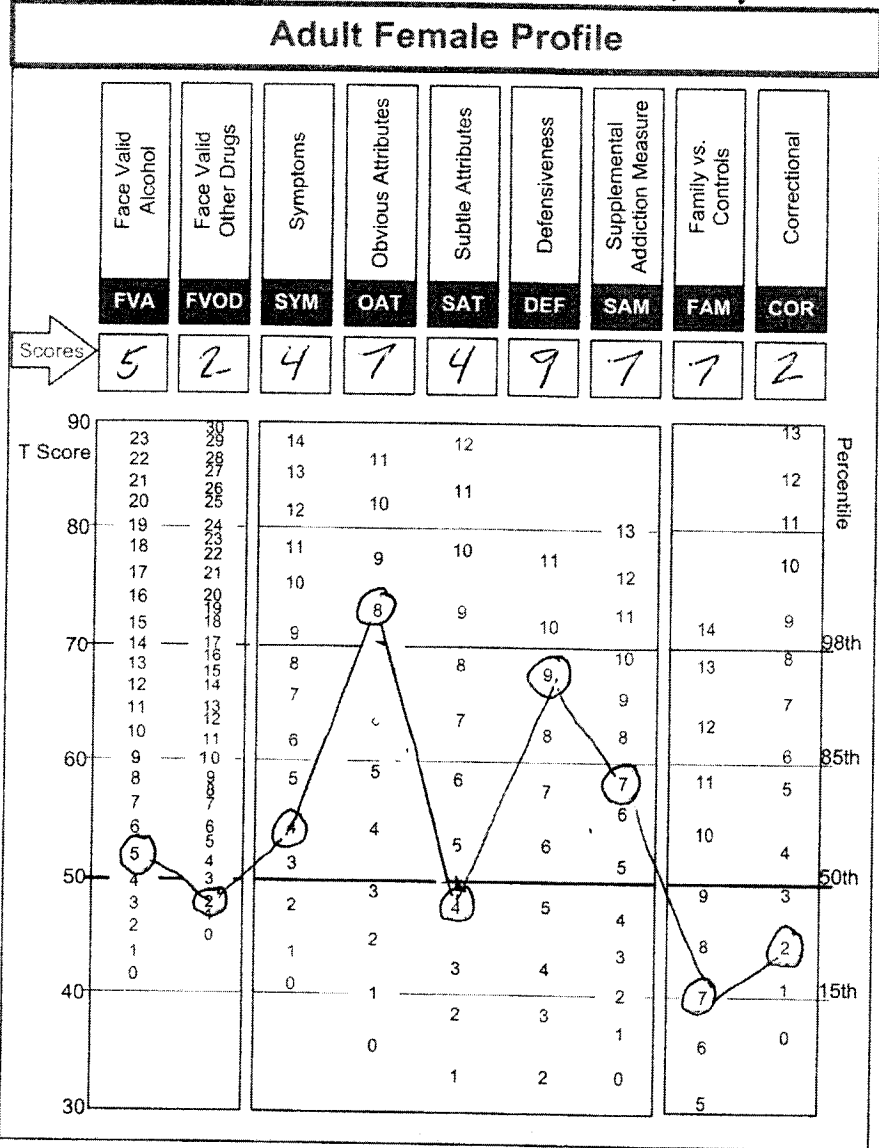
Professionals may call 888-297-2774 for free assistance interpreting this profile.



Name Stephanie Arroyo Gender F Age 32

Case Number _____ Test date 06/25/2020

RAP Random Answering Pattern
 If RAP is 2 or more results may not be meaningful. Try to resolve problem before proceeding.



Rx Prescription Drug Scale
 Rx1 2 + Rx2 2 = Rx Total 4

- Check every rule, yes or no.
- Rule 1**
 a. FVA 20 or more Either yes no
 b. FVOD 20 or more a or b? yes no
 - Rule 2**
 SYM 7 or more? yes no
 - Rule 3**
 OAT 8 or more? yes no
 - Rule 4**
 SAT 7 or more? yes no
 - Rule 5**
 a. SYM 5 or more Both yes no
 b. SAT 4 or more a and b? yes no
 - Rule 6**
 a. SYM 6 or more
 b. DEF OR SAM 7 or more Both yes no
 - Rule 7**
 a. OAT 7 or more
 b. SAT 6 or more Both yes no
 - Rule 8**
 a. FVA OR FVOD 3 or more
 b. OAT 3 or more
 c. DEF 9 or more All three yes no
 - Rule 9**
 a. FVA 6 or more OR FVOD 4 or more
 b. SAT 3 or more
 c. DEF 7 or more All three yes no
 - Rule 10**
 a. FVA 14 or more OR FVOD 8 or more
 b. SAT 1 or more
 c. DEF 4 or more
 d. SAM 4 or more All four yes no

THE DECISION RULE:

1. ANY rule answered "yes"? **HIGH PROBABILITY** of having a Substance Use Disorder
 Check if Rx is 3 or more High Probability of Prescription Drug Abuse

2. ALL rules answered "no"? **LOW PROBABILITY** of having a Substance Use Disorder
 Check if DEF is 8 or more Elevated DEF scores increase the possibility of the SASSI missing individuals with a substance use disorder. Elevated DEF may also reflect situational factors.

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Substance Use Disorder, page 2
Stephanie Arroyo

She is unclear re: family history of Substance Use Disorder. She says her father drank, but it did not seem to cause problems. Her mother drank very rarely. She did have a history of depression and took anti-depressant medication. She thinks it was Prozac but is not sure.

EDUCATION / EMPLOYMENT:

Ms. Arroyo graduated from Ventura High School and attended Ventura College for 2 years but did not earn a degree. She has worked in retail clothing – for JC Penney’s and Macy’s, at one time considering a manager training program but not following through. She now works part-time in a friend’s dress shop.

MEDICAL / PSYCHOLOGICAL:

Ms. Arroyo is overweight, probably bordering on obese. She admits she does not participate in any type of physical exercise, stating that she is often “just too tired.” Ms. Arroyo had gastric bypass surgery 3 years ago but has put back the weight she originally lost. She was unaware of the connection between gastric bypass surgery and increased problems with alcohol. She currently takes blood pressure medication. She denies any psychiatric history and has never taken psychotropic medication, having perceived a lack of benefit for her mother.

ALCOHOL / DRUG USE HISTORY:

Ms. Arroyo reports that she first drank alcohol and smoked marijuana when she was 15, trying to fit in with new peers after the move from Santa Barbara to Ventura. She describes herself as a “wild child” throughout high school, smoking marijuana regularly and drinking to intoxication most weekends. She claims that she has not smoked marijuana since the birth of her children and that her drinking is “social,” with some female friends and mostly on weekends. She drinks white wine mostly and says she cannot remember the last time she was intoxicated.

Ms. Arroyo admits some limited experimentation with mushrooms and with cocaine while in college, never developing any problem and really not enjoying it that much. She denies use of any other substances.

LEGAL:

Ms. Arroyo admits that she received 2 citations for being a minor in possession of alcohol when she was in high school. She also had a conviction for DUI in 2007 when she was 19. She completed the Drinking Driver Program. She denies any other legal problems.

SASSI-4 (Substance Abuse Subtle Screening Inventory):

The SASSI, first published in 1988, has been used and tested in many different clinical settings with a variety of subjects. Overall, the SASSI-4 decision rules identify Substance Use Disorder with an empirically tested accuracy of 92%. The SASSI-4 is also 93% accurate at identifying those who do not have a Substance Use Disorder.

Ms. Arroyo classifies as High Probability of Having a Substance Use Disorder according to the SASSI Decision Rules. Her very low scores on the FVA and FVOD scales suggest that she does not acknowledge a problem with either alcohol or other drugs. It could also be interpreted as possibly minimizing her usage. Her low score on the SYM scale seems to indicate that drinking is not a central part of her lifestyle.



Marty Lythgoe

LAADC-CA, NCAC II, SAP

SUBSTANCE USE DISORDER EVALUATION

NAME: Victor Arroyo **DATE OF EVALUATION:** 06/24/2020
DATE OF BIRTH: 06/04/1983

OVERVIEW:

Mr. Victor Arroyo is a 37-year old Latino male presenting for assessment as part of divorce proceedings that involve custody decisions re: his two children, an 8-year old son and a 7-year old daughter. Mr. Arroyo has been separated from his wife for several months and she has retained physical custody of the two children. She is now requesting drug testing and supervised visitation for an unspecified length of time.

Mr. Arroyo acknowledges that he is a "social drinker," but denies that his drinking is a problem. He, in fact, accuses his wife, Stephanie, of having her own drinking problem. He states that he has seen empty vodka bottles around the house and has been told that his wife and her friends "sneak out for afternoon drinks before they pick up the kids from school."

MENTAL STATUS EXAM:

Mr. Arroyo's appearance was neat, clean, and casual. His behavior was cooperative. He was highly talkative and had to be refocused several times. His posture was good. His eye contact was good. His mood was somewhat anxious, as might be expected in this situation. He was fully oriented to person, place, time and situation. His perception seemed generally accurate. His short-term memory and long-term memory seemed basically intact. Intelligence is average. Insight and judgment were good. His thought content and process were within a normal range. He displayed no overt signs of severe mental illness.

FAMILY:

Mr. Arroyo was born and raised in Oxnard, CA. His parents divorced when he was 5 years old and he was raised by his mother. He is the oldest child in a blended family. He has one brother and two half-sisters. His mother remarried when he was 12 years old. He reports that he has no relationship with his biological father. He does have close relationships with his siblings and their families as well as a large extended family.

Mr. Arroyo has been married to his wife, Stephanie, for 9 years. They have two children, an 8-year old son and a 7-year old daughter. He and his wife have been separated for several months. He claims they had a good marriage until the last year when his wife began associating with some other mothers she had met through their children's school who have "not been a good influence" on his wife.

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Substance Use Disorder Evaluation, page 2

Victor Arroyo

Family history is positive for Substance Use Disorder. Mr. Arroyo's father is apparently "an alcoholic," as are several uncles and cousins. There is reportedly a lot of drinking at regular get-togethers of his extended family.

He denies any family history of mental illness.

EDUCATION / EMPLOYMENT:

Mr. Arroyo is a high school graduate from Oxnard High School. He admits that he was not a good student, doing just enough to pass his classes.

He worked some odd jobs after high school, mostly construction, until going to work for Smooth Paving, a company for whom he has worked for 13 years. He is a crew chief on a slurry truck, supervising 4 other workers. He reports an excellent work record. He does not seem to have long-term goals beyond his current position and is satisfied with his level of income.

MEDICAL / PSYCHOLOGICAL:

Mr. Arroyo states that he is in good health, though a little overweight. He smokes ½ pack of cigarettes daily and has been a smoker since age 16. He does not participate in any kind of exercise program, stating that he "gets a workout" from his job.

He takes blood pressure medication for hypertension. This is his only reported medication. He denies any psychiatric history and has never been on psychotropic medications. He denies any history of counseling, including any marriage counseling.

ALCOHOL / DRUG USE HISTORY:

Mr. Arroyo first drank alcohol at age 15. He reports that his drinking was "occasional weekends or parties" through high school. He admits that he always drank to intoxication and states "that was the point." He was primarily a beer drinker and that in his early twenties he was probably drinking too much. Following a DUI at age 27, he stopped drinking all together for "several years" until resuming what he considers to be "social drinking" approximately 6 years ago, no longer drinking beer but switching to mixed drinks, usually vodka. He acknowledges that he did not drink at home for fear of worrying his wife. He states that he might have 2-3 drinks several times a week after work and has never seen it as problematic until his wife's allegations leading up to their separation.

He acknowledges smoking marijuana, beginning at age 15. This was his drug of choice through high school and he admits his use probably contributed to his poor performance in school. He claims his last use of marijuana was over 13 years ago, giving it up so as not to jeopardize his employment where he is randomly drug-tested.

Mr. Arroyo denies use of any other substances, either legal or illegal.

LEGAL:

Mr. Arroyo was arrested for DUI 10 years ago and completed the Drinking Driver Program. He has had no other legal issues and anticipates having this conviction removed from his driving record soon.

Substance Use Disorder Evaluation, page 3

Victor Arroyo

SASSI-4 (Substance Abuse Subtle Screening Inventory):

The SASSI, first published in 1988, has been used and tested in many different clinical settings with a variety of subjects. Overall, the SASSI-4 decision rules identify Substance Use Disorder with an empirically tested accuracy of 92%. The SASSI-4 is also 93% accurate at identifying those who do not have a Substance Use Disorder.

Mr. Arroyo, based on the SASSI-4 Decision Rules, scores as High Probability of having a Substance Use Disorder. His mid-range scores on the FVA and FVOD scales, which are direct questions about his use of alcohol and other drugs, seem to indicate that he does not see himself as having a problem with alcohol or other drugs. He was asked to respond to the questions on these scales reflecting how often he had experienced the situations described over his entire life, and do not necessarily represent current usage.

He also has a high score on the SYM scale. Items on the SYM scale were included in an effort to identify individuals who have experienced symptoms and consequences of substance misuse. His high score suggests that his use of alcohol and/or other drugs had at one time become a central focus in his lifestyle. Often individuals with high SYM scores have difficulty recognizing their substance use as problematic because it has become normalized.

Mr. Arroyo's low scores on the OAT and SAT scale suggest that he does not recognize in himself personality traits that might be common in most substance abusers. This is a good predictor that he would not relate to others in a treatment setting or in 12-Step meetings.

Mr. Arroyo's score on the DEF scale, which measures defensiveness, suggests that he answered the questions honestly, that his overall responses were not defensive in nature. It may also suggest a reasonably healthy self-esteem, something that Mr. Arroyo confirms.

My experience with SASSI Decision Rule #10 is that it tends to identify those individuals who may be in the early stage of a progressive illness. I look on it as a "warning flag." We discussed this and Mr. Arroyo stated his awareness of his genetic predisposition for addiction and especially his need to monitor his use of alcohol, which he claims he has been doing.

AUDIT (Alcohol Use Disorders Identification Test):

The AUDIT was developed by the World Health Organization as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of any presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The first edition of the AUDIT was published in 1989 and was subsequently updated in 1992. Since that time, it has enjoyed widespread use by both health workers and alcohol researchers.

A score of 5 or more for a male on questions 1-3 would suggest a level of drinking that the World Health Organization would call "hazardous." Mr. Arroyo scores 6.

A score of 4 or more on questions 4-6 would indicate either physical or psychological dependence on alcohol. Mr. Arroyo scores 0.

Substance Use Disorder Evaluation, page 4

Victor Arroyo

A score of 4 or more on questions 7-10 would suggest that significant problems already exist. Mr. Arroyo scores 4.

Mr. Arroyo's total score on the AUDIT is 10. Most alcoholics score 13 or more.

In my professional opinion, the AUDIT confirms what the SASSI suggested – that Mr. Mori needs to moderate his use of alcohol or be at elevated risk for alcohol-related problems.

DIAGNOSTIC CRITERIA FOR SUBSTANCE USE DISORDER - DSM-5 (must diagnose separately for each substance). The presence of at least 2 of these symptoms within a 12-month period indicates Substance Use Disorder. The severity of the SUD is defined as **MILD** (2-3 symptoms); **MODERATE** (4-5 symptoms); **SEVERE** (6 or more symptoms).

Impaired Control:

- Substance often taken in larger amounts or over a longer period than was intended.
- Persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- Craving or strong desire or urge to use the substance.

Social Impairment:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.

Risky Use:

- Recurrent substance use in situations in which it is physically hazardous.
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use.

Pharmacological: (The presence of only the following two does not meet criteria for Substance Use Disorder.)

- Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - A markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either of the following:
 - Characteristic withdrawal syndrome for the substance used.

Substance Use Disorder Evaluation, page 5

Victor Arroyo

_____ Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Diagnosis: There is diagnosis for Alcohol Use Disorder, Mild (F10.10). Alcohol seems to be involved in some degree of social impairment and marital discord. There is also my strong suspicion that despite Mr. Arroyo's denial, he may be sometimes driving after drinking based on his report that he drinks after work and not at home.

ASAM CRITERIA (American Society of Addiction Medicine):

ASAM's criteria, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction. Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. ASAM's criteria are required in over 30 states.

ASAM's treatment criteria provide placement criteria to create comprehensive and individualized treatment plans. Treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided.

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1. Acute intoxication and/or withdrawal potential.
2. Biomedical conditions and complications.
3. Emotional, behavioral, or cognitive conditions and complications.
4. Readiness to change.
5. Relapse, continued use, or continued problem potential.
6. Recovery/living environment.

Mr. Arroyo, according to the ASAM Criteria, poses a moderate risk potential across each of the six dimensions:

- **Dimension 1** (Acute Intoxication or Withdrawal Potential): Mr. Arroyo has no risk of withdrawal. Risk rating is zero (0).
- **Dimension 2** (Biomedical conditions and complications): Mr. Arroyo reports good health. He does take medication for hypertension which is negatively impacted by his drinking. Risk rating is one (1).
- **Dimension 3** (Emotional, behavioral, or cognitive conditions and complications): Mr. Arroyo seems to be functioning moderately well in areas of impulse control, self-care, and relationships with others, with the exception of his wife. Risk rating is one (1).
- **Dimension 4** (Readiness to change): Mr. Arroyo seems uncommitted to changing a lifestyle in which "social drinking" plays a significant role. Risk rating is two (2).
- **Dimension 5** (Relapse, continued use, or continued problem potential): Mr. Arroyo has moderate potential for future substance use problems given his lack of commitment to total abstinence. Risk rating is two (2).

Substance Use Disorder, page 6

Stephanie Arroyo

hygiene products. In my experience as the Program Director of a local treatment program for 25 years, I found EtG testing to be a generally reliable tool.

I certainly believe that in the best interest of the children it is imperative to guarantee, as much as possible, that there is no alcohol consumption by either parent while caring for the children.



Marty Lythgoe, LAADC-CA, NCAC II, SAP

Attachments: SASSI-4, AUDIT

Substance Use Disorder Evaluation, page 6

Victor Arroyo

- Dimension 6 (Recovery/living environment): Mr. Arroyo's living environment is unstable at this time. Risk rating is two (2).

Mr. Arroyo, in my professional opinion, does not meet criteria for treatment at any level of care. I believe his risk ratings in Dimension 5 (Relapse, continued use, or continued problem potential) and Dimension 6 (Recovery/living environment) pose the greatest potential for problems, but at this point do not qualify him for treatment.

RECOMMENDATIONS:

Based on my interview with Mr. Arroyo, the SASSI-4 and AUDIT assessment tools, and the DSM-5 and ASAM Criteria, as well as the pattern of stability in his life as indicated by his work record and the absence of any recent legal or medical problems related to alcohol use, I make no recommendations for treatment at this time.

Based on the old wisdom that if something is not a problem, it should not be a problem to give it up, I did suggest to Mr. Arroyo that he consider a sober life. It does not appear that he is willing to give up drinking to save his marriage or that he wants to save his marriage. Should either Mr. Arroyo or his wife indicate some degree of willingness to work on their marriage, a referral to couples counseling would be indicated.

While it is outside my scope of practice to make recommendations re: child custody, perhaps a way to insure Mr. Arroyo's sobriety when with his children is to implement random testing and/or reasonable suspicion testing. Because alcohol is metabolized in the body so rapidly, EtG testing might be considered. Ethyl Glucuronide (EtG) is a direct metabolite of beverage alcohol (ethanol). Its presence in urine may be used to detect recent alcohol consumption, even after ethanol is no longer measurable. The presence of EtG in urine is a definitive indicator that alcohol was ingested. EtG testing detects recent usage more accurately and for a longer period of time than standard testing. It is ideal for zero tolerance and abstinence situations because it will detect alcohol ingestion within the previous 3-4 days.

Potential problems with EtG testing include that it may be too sensitive to distinguish between actual alcohol consumption and exposure to small amounts of alcohol found in many household and personal hygiene products. In my experience as the Program Director of a local treatment program for 25 years, I found EtG testing to a generally reliable tool.

I certainly believe that in the best interest of the children it is imperative to guarantee, as much as possible, that there is no alcohol consumption by either parent while caring for the children.



Marty Lythgoe, LAADC-CA, NCAC II, SAP

Attachments: SASSI-4, AUDIT

SASSI-4 Substance Abuse Subtle Screening Inventory

To reorder: 1-800-726-0526

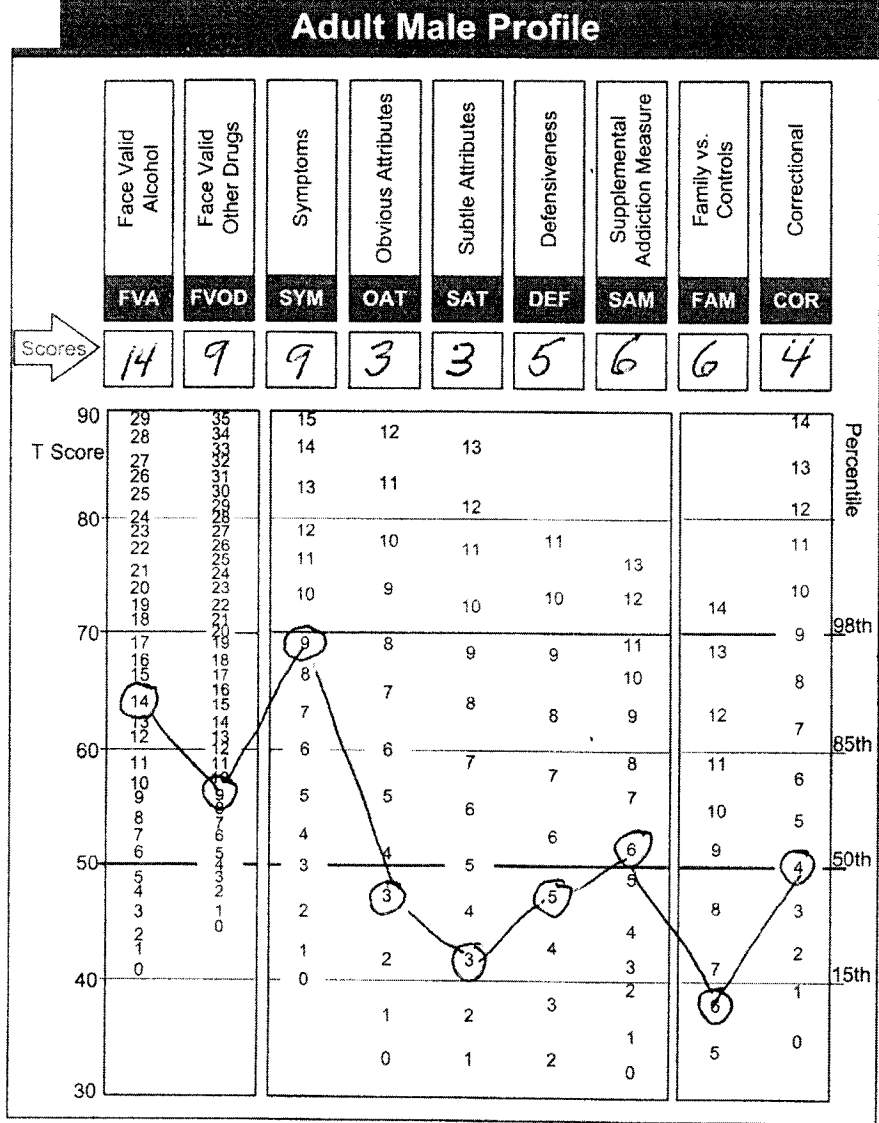
Professionals may call 888-297-2774 for free assistance interpreting this profile.



Name Victor Arroyo Gender M Age 37

Case Number _____ Test date 6/24/2020

RAP Random Answering Pattern
 If RAP is 2 or more results may not be meaningful. Try to resolve problem before proceeding.



Rx Prescription Drug Scale
 Rx1 + Rx2 = Rx Total

- Check every rule, yes or no.
- Rule 1**
 a. FVA 18 or more Either
 b. FVOD 16 or more a or b? yes no
- Rule 2**
 SYM 7 or more? yes no
- Rule 3**
 OAT 8 or more? yes no
- Rule 4**
 SAT 7 or more? yes no
- Rule 5**
 a. SYM 5 or more Both
 b. SAT 4 or more a and b? yes no
- Rule 6**
 a. SYM 6 or more
 b. DEF OR SAM 7 or more Both a and b? yes no
- Rule 7**
 a. OAT 7 or more Both
 b. SAT 6 or more a and b? yes no
- Rule 8**
 a. FVA OR FVOD 3 or more
 b. OAT 3 or more All three
 c. DEF 9 or more a, b and c? yes no
- Rule 9**
 a. FVA 6 or more OR FVOD 4 or more
 b. SAT 3 or more
 c. DEF 7 or more All three a, b and c? yes no
- Rule 10**
 a. FVA 8 or more OR FVOD 5 or more
 b. SAT 1 or more
 c. DEF 4 or more
 d. SAM 4 or more All four a, b, c and d? yes no

THE DECISION RULE:

1. ANY rule answered "yes"?

HIGH PROBABILITY of having a Substance Use Disorder
 Check if Rx is 3 or more High Probability of Prescription Drug Abuse

2. ALL rules answered "no"?

LOW PROBABILITY of having a Substance Use Disorder
 Check if DEF is 8 or more Elevated DEF scores increase the possibility of the SASSI missing individuals with a substance use disorder. Elevated DEF may also reflect situational factors.

Victor Arroyo
06/24/2020

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.
Place an X in one box that best describes your answer to each question.

Questions	Never	Monthly or less	2-4 times a month	2-5 times a week	4 or more times a week	
1. How often do you have a drink containing alcohol?				2-5 times a week		3
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	1
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	2
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	2
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	0
Total						10

Direct Marty Lythgoe

1. How employed
2. Tell us what education, training and experience would qualify you to function in that capacity
3. Have you ever testified in Court.
- 3.1 # of times
4. When doing so have you qualified as an expert
5. Have you done assessments of persons suspected of having alcohol dependency problem
6. How many.
7. Have you been hired to perform an evaluation of Mr. and Mrs. Relating to a possible need for testing.

7.1 How much were you paid

8. Could you please give a brief overview of that process

*For the reports
For testimony → Are you available for
consultation w/ counsel?*

[Like, I read whatever materials I have been provided with. I have them in for an interview. I have them perform testing. I analyze the data and I write a report with a conclusion.

9. Was that procedure followed in this case.

10. What forms did the testing take? [Soft ball to you Marty. Would like you to refer to the hand- outs you provided me and briefly state the types of tests. Then take each one in turn and describe what it is meant to elicit and what you found here. Then describe how you integrated the results into your final analysis]

11. [At this time I might try to clarify something if I think it might help]

12. What is your conclusion regarding these two parties



Marty Lythgoe

CADC II, NCAC II, ICADC
Substance Abuse Professional



Marty has worked in drug and alcohol treatment since 1985. Over the years he has helped many people begin and sustain their recovery.

In 1993 Marty co-founded the Genesis Program, an outpatient facility with locations in Ventura and Thousand Oaks. He served as Program Director until 2018.

Marty's private practice is part of Coastline Christian Counseling. As a Christian counselor, Marty helps his clients to gain a complete perspective on their recovery, addressing body, soul and spirit. He emphasizes the development of therapeutic relationships - with God, with self and with others.

Marty is a nationally and internationally accredited addiction counselor.

www.martylythgoe.com

Individual Counseling

- Individual counseling focused on developing and sustaining abstinence.
- Relapse prevention training aimed at identifying relapse triggers and developing effective coping skills
- Codependency counseling for affected family members
- Family systems education aimed at overcoming childhood issues common to Adult Children of Alcoholics (ACOAs)

- Communication skills
- Assertiveness skills

Legal Assessments

With over 30 years of experience in assessing substance misuse, you can be assured that both the assessment and the documentation will meet all requirements of the court or other referring agency.

Utilization of up-to-date and widely accepted diagnostic evaluation methods insures the accuracy of the assessment. In this way Marty is able to both make appropriate recommendations and also avoid mislabeling of those who are not chemically dependent.

- Specialization in evaluating for substance misuse problems related to :
- Divorce and child custody issues
 - Out of state legal problems including DUI and possession/under the influence

805-377-7116

D.O.T. Assessments

Certain employees in the transportation industry are subject to federal drug and/or alcohol testing regulations under the Federal Department of Transportation (DOT). An employee who violates these regulations must be immediately removed from safety-sensitive functions until he/she successfully completes the DOT return to duty process.

In his role as a Substance Abuse Professional (SAP), Marty acts as the service agent responsible for overseeing this process.

Experienced in doing SAP assessments for the Department of Transportation since the inception of DOT guidelines in 1995 for the following agencies:

- Federal Motor Carrier Safety Administration (FMCSA)
- Federal Aviation Administration (FAA)
- Federal Railroad Administration (FRA)
- Federal Transit Administration (FTA)
- Pipeline and Hazardous Materials Safety Administration (PHMSA)
- United States Coast Guard (USCG)

805-377-7116

MARTY LYTHGOE, CAPM

Interventions

Intervention is a caring, non-judgmental method for family members, significant others, friends and/or employers to express concern about an individual's alcohol or other drug misuse. This process brings the family, friends and employer together as a team.

The intervention process involves four steps:

- Orientation / Education
- Assessment and Planning
- Pre-Intervention Rehearsal
- Intervention

Trained in the Johnson Institute method, Marty has done successful interventions since 1986. Intervention is an emotional response to a situation that does not respond to rational thought. The alcoholic/addict will recognize the need for help when the intervention team overwhelms the denial system with love and concern.

- CONFIDENTIALITY
- ACCURACY
- INTEGRITY
- PROFESSIONALISM
- EXPERIENCE



Marty Lythgoe

CAPM, IL, NC, AC, IL, JC, ADM

Substance Abuse Professional

- ADDICTION
- CODEPENDENCY
- RELAPSE PREVENTION
- SUBSTANCE ABUSE EVALUATIONS
- D.O.T. ASSESSMENTS
- LEGAL ASSESSMENTS
- INTERVENTIONS

COASTLINE CHRISTIAN COUNSELING

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