

Strength-Based Approaches to Talking About Substance

Nydia Ntouda: On today's webinar, we have Anne Auld. And she will officially introduce herself. Anne, take it away.

Anne Auld: Thank you so much. I appreciate the introduction. My name is Anne Auld. I'm the Deputy Director of Illuminate Colorado. We've actually had a little bit of shifting since the last time this slide was updated. Really, we do work in the state of Colorado around substance use, substance use in families, as well as several other areas, really thinking about how it is that we strengthen and provide opportunities for families to be strengthened and communities with the ultimate goal of reducing child maltreatment. I'm here representing the National Center of Health, Behavioral Health, and Safety.

Today in our short time together, we're going to get a little bit of information about really understanding what substance use is, the difference between that misuse and a substance use disorder. We'll get an introduction to the conversation guide for professionals on substance use children and families. That's an in-depth training that you all will have the opportunity to register for as well. And we'll look at a couple of Head Start-specific resources. We'll spend a little bit of time getting some basic information, and then an opportunity for additional learning coming up in the future.

I want to take a moment for you to just think to yourself, and you don't need to tell anyone or just kind of share with anyone else, but what is your comfort level? Thinking about the interactions and the conversations that you have with families or that you may, if you're a supervisor, you may have with staff around substance use and families. What kind of comfort level do you have? Or do you feel super comfortable? Do you feel like maybe there's some stuff that and some stuff that you don't know?

Maybe it's just starting the conversation that feels complicated. Seeing lots of numbers coming up in the chat box. Good. I want to kind of keep that in your back your mind as we work through this presentation today. And I want you to take a moment to think about a time in your life when you had to make a change. This could be maybe you decided to go on a diet, or you decided to watch less TV, or something that you wanted to change.

I don't need you to put that in the chat box. That's just something I want you to think about. Think about a time when you tried to make a change. I want you to think about did your change just happen because you wanted it to? Did you think I'm going to make a change and then boom, it just happened? Was it something that you kind of had to talk to yourself about for a while, either talk yourself into it or talk yourself out of something else? Was there a lot of back and forth in your own mind about the change?

Did you have false starts or restarts? I'm going to start again on Monday. Next Monday, I'll do this again. Or there's a birthday party coming up. Whatever it is that I want to change, I'm going to do it afterwards. Did you need some resources? What kinds of support did you need to be successful? And then were you successful long-term in making this change? And it may be something that you're continuing to work on. It may be something that I used to always lose my keys. I put them in the same place. That habit has held up pretty well in me not losing my keys. Was it something that you were able to change long-term? Or is it something that you're still working on?

And as you think about that, I want you to take a moment to just kind of listen to a time where I had to make a change. The behavior change for me was around eating sweets, and specifically around eating doughnuts. And I made a plan. I had a support group. I had all of the things that I felt like I needed to make sure that doughnuts weren't my go-to for things anymore.

I took a different drive to and from work. I wasn't passing the doughnut place. I rearranged how I grocery shop. I wasn't really like ending up in those places sooner rather than later. Or that I'd made sure I'd ate before I went so, I wasn't hungry and thinking about the doughnuts as I was going through there. But it was something that I had to figure out. What was going to take the place of those doughnuts when I was feeling stressful?

And I started to put things into my life around what could take the place of the doughnuts. And I was doing really well. And I had weeks behind me of support systems, and doing things differently, and having healthier-to-me habits around this. And then one day at work, a stressful situation happened. We were in a building that had kind of a shared kitchen. And the folks that I worked with personally knew Anne is trying really hard not to eat the doughnuts. Don't offer Anne a doughnut.

But we are in a space that there were people who didn't know me. And there was a lovely person who put a box of doughnuts that said free to folks on a Friday. And I was super stressed. I had a lot going on. And when I walked into that kitchen and saw those doughnuts, I started kind of rationalizing in my head. What's just one? I've been good all day. I've been good for so long. I don't have to track everything on that app.

I just was really starting to think that this was the thing that was going to fulfill that need in that moment. And I ate the doughnut. And for a second there, I felt better. And then later on, the doughnut police came around to double-check who had been eating doughnuts. And they found out that I'd eaten a doughnut. But what they didn't find out was all of the things that I had done beforehand, to have better habits, to have support systems, to make sure my kids were safe when I ate that doughnut. None of those things were discussed. It was just that in that moment, I had had a doughnut. And that all of the work that I had done beforehand was essentially out the window.

I don't mean to be light in talking about doughnuts and substance use. Although I do think that when we talk about sugar and we talk about other substances, the way that the body becomes dependent on those can sometimes look similar. The point of thinking about this is that change

is really difficult. Especially when you're working with a substance use disorder where you have had brain chemistry changes, and dependencies that have developed, and that there is so much stigma around substance use and around recovery, that making those changes can be even more difficult and even more complicated.

And what we don't find out sometimes around like things like urinalysis or UAs, someone's required to take a UA for a court or something like that, it might tell us that somebody used. But it doesn't give us the full picture of why someone started to use, why they continue to use, the dependency that they may have on it biologically, and then also the pieces around how difficult that change can be. As we talk about substance use and we talk about substance use disorders, keeping in mind that substances are legal and undeniably common.

You may live in a state where lots of things are legal, just like they are legal here in the state of Colorado. But we have prescriptions that are legal. We have all kinds of things that are legal. And we also have substances that are illegal. And by that nature of being illegal, can also increase their danger and increase their risk. And that's both to the user, to the community, and certainly to the children who may be impacted by substance use.

And we think about use, misuse in a substance use disorder, oftentimes, we kind of mix the words up. But there's a little bit of a difference in what is happening with these. A substance use disorder is really when we think about a full-blown, like what addiction is, the substance use disorder is the terminology that is being moved towards. A recurrent use of alcohol or drugs that causes clinically and functionally significant impairment, such as health problems, disability, a failure to meet major responsibilities, really and encompassing all of those pieces of someone's life is really falling within that substance use disorder.

There's also a difference between use, misuse, and a substance use disorder. When we think about use, it's actually on a spectrum. We're can have use or no use at all, someone who doesn't use any substances. Or we can have use. And when we think about it in terms of alcohol, maybe that's like one or two drinks a week or a night. Or someone who is on prescription medications, that's also a substance that is used.

When we think about misuse, especially around those prescriptions, that someone may be using that prescription in a way that it wasn't intended. They're misusing that. And then all the way to the end with that substance use disorder, where it's really encompassing all pieces. And because that's a professional who makes that decision around a substance use disorder, it's not on us to have to figure out where someone is in that spectrum.

When we are working with families, as folks who are not treatment providers, and there may be a treatment provider too on this call, but in general, at Head Start, you're not treatment providers, what you're really looking for is those concerning behaviors. And part of what we're going to talk about today, but certainly the big piece of the conversation guide, is how is it that we have conversations around those concerning behaviors, even if we don't know all those other pieces? Even if we don't know if it's a substance use disorder, or misuse, or if it's just a one-off that something happened?

We want to focus on being able to articulate what those concerning behaviors are. That we can have better and more fruitful conversations. We created, really, a tool for that. And I'm just going to take a minute or two to talk about the context and how it is that we created the conversation guide.

Marijuana was legalized in Colorado many, many years ago. In 2012, we really had the legislative change for medical marijuana. And that came out in about 2014. Dispensaries were allowed to start opening. And then a few years later, it opened up for recreational. We've been kind of working in the state of Colorado around marijuana legalization, what does that mean for families for a long time. And out of that came the Smart Choices, Safe Kids. That's a website; smartchoicessafekids.org.

That was a parent-facing website that really looked at the entire life cycle of families and individuals and where there could be impacts of safety and safe caregiving as a result of substance use in all of those areas. And we didn't make it marijuana-specific. We didn't make it methamphetamine-specific, mostly because there is always something new that's coming down the line. Fentanyl was not a thing on our radar when this was created eight years ago. And really the focus, again, was what are the concerning behaviors regardless of what this substance is.

We want to be thoughtful about all of those things that we should be thinking about around pregnancy. If there's little kids, if there's older kids, how are we having conversations with older kids around substance use? Life with teens and adult life, so again, thinking about all of those areas where there may be impacts. And how is it that we're building in those conversations with conversations we're already having with families around safety, and safe caregiving, and really building those protective factors?

The guide itself really sits in some really thoughtful and intentional strength-based work and wanting folks to really have an idea of, how is it that we can come at this in a strength-based way as opposed to an accusatory way or some other way that shuts down families. And ensuring that the professionals have the confidence to be able to have conversations, to be able to start conversations around substance use. Because that was one of the things that we found out and was why we actually created this, was that we had some voluntary programs that were having folks end up in child welfare. And one of the reasons they were ending up was because something related to substance use.

And we found that professionals were having a hard time having or maintaining those conversations around substance use. And we really sit, again, in that safe home caregiving and protective factors. And we'll go into that a little bit more. Really thinking about the generational, thinking about that this is multigeneration with families that we want to be thoughtful about how we're having conversations with. And also understanding that substance use can often be multigenerational. How are we thinking about that as a larger picture?

Normalizing substance use in a non-shaming and non-judgmental manner. Now, that doesn't mean that we are in acceptance of substance use. It's an understanding that substance use is happening at a large rate, everything from legal to illegal, and making sure that we are keeping our biases around that in check. That we can have, again, productive conversations.

We also included some scripting, knowing that no one is going to show up to somebody's house or have a conversation with a parent in an office and read a script off. But giving some place to start of what a conversation could look like, and we also created some videos that are a part of that training as well. Both the scripts and those training videos, those clips that are embedded into the training, are available in Spanish. And the guide within the guide are Spanish scripts as well.

And then there's a family handout and a safe storage bag. Those are really there to be able to not only be kind of a prop to start the conversation but thinking about what are the things that we could put in this safe storage bag. Here's a brochure that's available in English and Spanish. Here's a brochure around some of the things that you will find in your professional guide but put in a way that is applicable and understandable for a parent or a caregiver.

When we think about the key components when it comes to having a conversation that when we can do it around safe homes and safe caregiving, and again, that child and family well-being, there's less room for bias. There is more room for building relationships with the families that you're working with. And there's more room to have this as an addition to the conversations that you're already having, as opposed to sometimes, one of the things that feels difficult about substance use and substance use disorders, in general, is that it feels like it's a totally different conversation.

And oftentimes, it is something that can be incorporated into some of the conversations you're already having. And when we think about safe homes, really, that main piece is around safe storage. And how is it that things are being stored in a way that are both out of reach and inaccessible to children? And this is everything from bleach to Tide Pods, to knives, to firearms, to substance use paraphernalia, as well as substances.

And there are lots of ways that I'm sure Early Head Starts are like, oh, yeah, we definitely are talking about safety things in the house. This is something that's just being incorporated into that. And we know that when many of those things are stored safely, the risks go down. And that we have unintentional ingestions go down. But oftentimes, what folks need to know is that this is why it's important to lock these things up. This is why we want this out of reach because what can happen is A, B, and C.

And understanding that the vast majority, if not all, parents want the best for their kids. And being able to provide a safe storage bag, which is not intended to have firearms in it, but is intended to be able to have some smaller things, including, especially if we have marijuana products, or even cigarettes, or medications, again, we're starting the conversation. We're starting at a place that is universal. And that we're having with everyone that we are working with instead of just some folks.

I'm seeing in the chat that people aren't able to hear, is that okay, I will continue. I just wanted to make sure that I wasn't just talking into space. Again, step one, really talking about those safe homes. And how, again, we can incorporate those into lots of things that you're already doing.

Other one is safe caregiving. When it comes to substances, whether again, whether those are legal or illicit, substances have impacts on folks. And thinking about what is the impact that this medication may have on your ability to hop up and grab a two-year-old who's near the top of the stairs or a 15-month-old who's near the top of the stairs, what are some of those impacts? As well as being thoughtful around what does it mean to be a safe caregiver?

What does it mean to be present to be caring for kids? What are some of the things that we need to be thoughtful about? And you all in the work that you do, have a really incredible understanding of developmental needs, and intellectual needs, and physical needs of the children that you work with. And being able to incorporate some of those conversations that you're having with families and including substance use and the impacts that substance use may have is another way to, again, bring that circle back around again to be thoughtful about how it is that we're talking about safe caregiving and talking about substance use.

Again, in a way that doesn't feel accusatory, that's not like setting somebody up for anything. But it's kind of adding that into some of the conversations. And that's a picture there of our safe storage bag. Here's the family handout as well as the actual guide itself. And those who attend the full training, those are resources that are all then become available to you. And we'll get to I promise I'll tell you about that at the end.

And then the other third point, then, is really thinking about child and family well-being. How is it that we are recognizing and working with families around the strengths that they already have and identifying with them some areas that we could again, that they can do some additional classes or conversations, or reaching out to make additional supports to build those protective factors within their family? Because we know that when we have those protective factors built in families and communities, that likelihood and that risk for abuse does go down.

When folks feel like they can take care of their families and they have what they need to be able to do that, think about any time that you're stressed out about something. It's harder to make decisions. Your temper may be shorter. There's lots of benefits in ensuring that we are building the capacity for families to develop and strengthen their own family well-being.

A couple other things that the guide goes into that some effects of substance use, a little bit around safe sleep. And we want to be thoughtful about safe sleep and substance use, abusive head trauma or shaken baby syndrome. Smoke-free zone, so that's included around cigarette use as well as additional substances that may be smoked and thinking about what does that mean as second or third-hand impact. Prenatal substance exposure, breastfeeding, and then there's a kind of a section around red flags and next steps.

All of these are pieces that we have some information on in the guide, as well as there is a little Substance Use 101; kind of a breakdown of some substances and what you might see as a result of those. Understand that it is good to be able to identify what a substance looks like. It is good to know what does that substance actually do to someone. But knowing that as folks who are not treatment providers, we really want to focus on what is the concerning behavior that we're seeing. And then, of course, around mandatory reporter, choosing a caregiver, and then those scripts available in both English and Spanish.

As we move through the discussion of the conversation guide, and we're going to take a little bit of time just to give you some basic information. If you don't ever end up taking the conversation guide, you've got some information to walk away with today that will be beneficial in working with families impacted by substance use. But there's a couple of important things to kind of keep in mind. One of them being that substance use, in and of itself, does not mean that someone is unsafe, or that a child is unsafe, or that a home is unsafe.

Just like non-detected use and I say non-detected because when you're testing for substances, there's a point at which it becomes detected in biochemistry. And so non-detected use does not equal safe. I'm sure lots of you can think about instances where children were unsafe, but there wasn't substance use involvement.

Maybe there was just like the slide was broken or super-hot. And it was unsafe, but there's not substance use related to that. In the same way that we can have folks who are on medications, who are using substances in ways that aren't impacting their children. Or we may have folks who are using illicit substances but aren't using it around their children or have safety plans in place. One does not equal the other. And we want to, again, be thoughtful about what is that concerning behavior, especially because substance use is on that spectrum from use all the way to a substance use disorder.

And how it is that we show up with families in a way that feels safe and relatable allows for those conversations to be broader as well as being I say safer. And what I mean by that is that as we build relationships with families, and as you are doing all of the work that you do with families outside of a conversation on substance use, that work benefits when it is time or when you feel like there is a need to have a conversation around substance use specifically.

And I would also say that one of the things behind the conversation around those safe storage bags is that we are having that general conversation with every family we come in contact with. That there is not a picking and choosing who we think is impacted by substance use. There's a piece there around we don't know always who is impacted by this.

We can start a conversation in case there is a need. And there may be something that happens. There's a concerning behavior and we want to address that. And the guide really focuses on both of those places. A universal conversation, and then how do we go in more in-depth if there's something that does come up that is we feel like is something that needs to be addressed.

And one of the pieces that we want to be thoughtful about is the language that we use. And there is a lot of language that is used around substance use and substance use disorders that is problematic. And I always say that if there is someone who is using and describes themselves as a certain way, I am not going to correct someone how they describe themselves. But as a professional, I am not going to use some language because there is other language that is person first, that is not as stigmatizing, that as a professional is what I would want to be thoughtful about and using.

And I bring these up because sometimes they're, oh, I hadn't really thought about that one. And one of them is addict, junkie, and druggie. Those oftentimes have a negative connotation associated with them. And so that could be a person with a substance use disorder. Clean and dirty, and that's used in a couple of different ways. Sometimes it's used when talking about recovery. Sometimes it's used in talking about toxicology tests. That came back clean, or it came back dirty. Or they're clean because they're in recovery, meaning that if they're not in recovery, they're dirty.

And again, if I were to call you dirty or say something you did was dirty, like there's an oh, there's a wee bit of a reaction to that. There is a sense that is not a nice thing to call me. I am back. The power in my whole neighborhood went out. I am back

Nydia: Oh my goodness.

Anne: I'm going to continue.

Nydia: I took the slides up if you can remind me —

Anne: Perfect, and I can see them. Well, I apologize everyone. That was a moment. But I'll keep going and keeping in time. If you want to go kind the next slide. And we're really at the slide that has the green picture with the language on it.

Nydia: And is everyone seeing it in full screen and seeing it well? okay great. You can take it away from here, Anne. I'll handle slides for you.

Anne: I'm not exactly sure where I left off. But where we were talking —

[Audio out]

language that feels strength based. And clean and dirty I think is where we left off. And being thoughtful around like those have negative connotations to those. And then really, when we're talking about toxicology, it's always is either positive or negative for something. It's not clean or dirty. As well as when we're thinking about recovery, that someone is in recovery, not clean or dirty.

And a couple of other things here. When it comes to MAT, or medicated assistant Medication Assisted Treatment, we're thinking about that as something other than another substance that somebody is becoming addicted to. That Medication Assisted Treatment, or MAT, is something

that individuals use to really help them get back to a baseline that they can function and work through their recovery in a way that feels and is most beneficial to them.

And that's something that happens between a treatment provider and their medical professionals and an individual. And that could go on for a long, long time, just like someone who is diabetic and may need insulin. That is also something that they would need for a long time. There's not like a set time that people would or wouldn't be using MAT and understanding that is in place to be able to support folks as they're going through recovery. And we can go to the next slide.

And really thinking about what is your role when it comes to working with families when it comes to substance use in general. Much of this work around conversations is stuff you're already doing. And that's a good thing because it's not something different or separate that you have to learn how to do. It is something that you'll be able to incorporate into the skills that you already have and into some of the places where you are already really set up to have conversations around difficult situations.

And that we want to make sure that we're recognizing family strengths and needs as those are happening accordingly. And of course, if there is any suspicion of child abuse or neglect, the proper local authorities or statewide authorities are being notified of that. But I would say that really being able to have some of these conversations and building these relationships with families, much of the stuff that is really needed by families during some of these difficult times are things that can be provided in voluntary programming. And there's certainly ways that you all can give that support and access to resources.

And this next slide, because I won't be able to add it into the chat box, but it is in the notes of the slide. We can get it to folks. But this is Head Start's working on a substance use resource guide. It is not up yet. But there is access to the PDF. Amy, I don't know if you want to mention anything about where this is in the process or if we know where it is in the process of being available on the website?

Amy: Sure. The reason the guide the resource compilation, let's call it, is not available quite yet on the ECLKC is they're going to reorganize the resources on the ECLKC's. The locations and the links wouldn't work. But if I might be able to share it in the chat. I'll try to do that. And if anyone is ever looking for resources, we have many wonderful resources, videos, webinars, tip sheets. I mean, you name it. We've got information on the ECLKC.

If anybody's struggling looking for something or has questions about things, don't ever hesitate to reach out. Nydia is going to talk about the info line, ways to reach out. And I will try to find it and put it in the chat if I can.

Anne: Yeah, and I'll if I can get back on in my computer before the end of this, I do have it in the notes section. I can put that through. But know, folks, that that's available. And there's much really cool looks, like — I am back. I am now only in one spot. Thanks, everyone, for all of the

excitement that was involved in that. I will pull out the link and put that in the chat as well. We can go on to the next slide.

Fun and exciting news here is that all of these dates that are listed are already full. This is the ability to be able to sign up for the conversation guide, the full four-hour training, where really we're going to be thinking about what are those relationships? How are we respecting where someone is and meeting them there? And articulating that concerning behavior.

It's not that someone showed up and they smell like marijuana. They showed up and we're concerned about x, y, and z behaviors. We're concerned about the driving. We're being thoughtful around how is it that we're articulating those concerning behaviors. What I want you all to know, though, that QR code and that website still go to the page where you would register for those classes. And this was released a day or two ago through an email. And they filled up immediately.

And we are in the process of adding more dates. And there'll be dates in July, August, and September. And then we will continue to add dates throughout the next year. Pop into that QR code, or write down, or copy that link to Illuminate Colorado because that's where all the classes will be listed and an ability to be able to register for those.

I apologize that those April to June dates right there are currently full. We didn't anticipate it happening that fast. know that we are working as fast as we can to get new dates up on the calendar. And I went ahead also, and I just put in the chat the link to that resource guide. All right, and if you want to go to the next slide, we can just go right to questions.

Nydia: We do have a couple of questions. Thanks again for your participation everyone and your patience with technology. The questions that we had are just having a parent that has as S-A-D, SAD, really mean the child will most likely have SAD as well?

Anne: I'm not sure what's SAD is, unless we're talking about a substance use disorder. Good question. And there used to be a train of thought that it was either all biological or it was either all environmental that led to someone having a substance use disorder. And the truth is that it's all a substance use disorder, it's both.

There is definitely a biological component. There's also an environmental, how someone grows up component. There is something generational piece. But there's also outside pieces that would impact whether or not someone develops a substance use disorder, including access to substances, availability of those substances, as well as a couple of other components.

Yes, there is a biological component. But it is not a guaranteed component. It's not like if someone in the family has this, other person in the family will have that. There's a couple of other pieces that go along with that. But there is a higher propensity. Oftentimes, when we look at substance use in generations, there's a higher propensity. Some of that is absolutely biological. Some of that's environmental.

Nydia: I'm not sure if you're able to see the next question or if you want me to pull that up for you, Anne?

Anne: I can. The information for facts will not be given.

Nydia: There's one about a gentle approach.

Anne: Are you in the Q&A? I just see one in the Q&A around the bags.

Nydia: Someone asked if there's a gentle approach, or maybe a script, or any recommendations you have with a parent that reports smelling of marijuana.

Anne: Yes, this is a big piece that comes up multiple, multiple times when dealing with anyone who is working with parents that are coming to pick up a kid. And again, my stress around that is someone can smell like marijuana for multiple reasons. They could have smoked it three days ago and their coat still smells like it. They could have smoked it right then and their coat could smell like it. They could work in a dispensary and they smell like it.

It's not the smell. The question really, and the piece that I want folks to be thoughtful about and articulate is, what are you concerned with? You're not concerned that they smell like that. What are you actually concerned about? Is the concern around driving?

And just like you would have a conversation with someone around, who perhaps, you thought was impaired from another substance or was having a medical emergency and was impaired somehow, but the conversations aren't that dissimilar. We sometimes feel like they are because it's this thing that's happening over here. But it's really around is your concern around the child going home with them? Is your concern around they smell like that and you're afraid of — you're concerned about what other people might be thinking about?

Being really thoughtful around what the concerning behavior is and having the conversation around that. And there's lots and lots of ways to have those gentle conversations. And again, part of the class, this is one that we know comes up. And we do spend time in the class working on this one. And the question about are there additional training dates? Yes, we are in the process of adding more classes in July, August, and September.

And we will continue to add classes for the next year at least. We'll continue. But they'll all be on that website. That's a great one to be able to have. Our hope is that we'll have the new ones up today or by the end of the week. I've got a couple of I got things happening in the chat as well as the Q&A. I don't know if there are specific ones. Looking at the Q&A.

Nydia: Just as a reminder, if you have questions for our presenter, if you could please put that in the Q&A feature, you're more than welcome to use the chat feature to communicate with one another. But if you have any questions, the Q&A is the best place so our presenter can really capture those. Thank you.

Anne: Yeah, and I see questions around vaping and looking for resources around vaping. Your state health departments, whatever state that you're in, your health department or your local health department most likely has resources around smoking and vaping and impacts of secondhand smoke in those with both of those. Your health department is a good resource for getting information or for getting things to be able to download and share with families or websites to be able to send them to. That's kind of pretty consistent for health departments.

Again, another question around smelling like cigarette, any suggestions? Again, being able to articulate what is the concern there around the cigarette smoking. Is that just someone smells like it, are they concerned that there's a child in the car who's impacting secondhand smoke. Really again, kind of digging into that really around like what is the concerning behavior we have and then how do we address that. I see some movement over Amy or Nydia, I don't know if you saw any other ones that were in the chat that are good to address?

Amy: There's one question in the chat. It says if marijuana is legal, what is the advice for home visitors related to safety of children in the home? And I know this is kind of along the same vein of you're talking about what are the behaviors that might be concerning and how do we have some of those conversations.

Anne: Yeah, if you walked into a home and someone had alcohol, or they had their prescription medications, what are the things that you would want to talk to them about? Is that about how are we storing these? Are they in a place where they aren't accessible to kids? Especially when we think about childproof containers, that's a really only up to the age of five. And it's really your four and five-year-olds can get into those.

How are we thinking about storage of all kinds of things, not just marijuana? Because really, the conversation is around safety in general. How are we talking about a safe environment in general and including marijuana in that conversation? Because there's lots of things in the home that can be unsafe that we can have a conversation about. And we're including marijuana in that conversation. We're including edibles. We're including paraphernalia.

How are we storing those so that kids don't have access to those in a way that can lead to unintentional ingestion? And I would say, to kind of go along with some of these other questions I'm seeing around how are we building those relationships.

Those relationships are being built as you all are welcoming kids into the classroom, as you all are seeing parents in hallways or going to their homes to be able to visit with them. You are building those relationships with the ability, then, to add some of these difficult conversations that may feel difficult conversations around substance use or around a multiple of other areas that you all are having difficult conversations with families.

I think you can all think of lots of conversations that you have had over the years that have been difficult or have felt difficult that didn't involve substance use. But you thought about them in a certain way. And you've had lots of training or access to some training around

difficult conversations. This again, is that piece that we are adding in there, and an ability to be able to have a universal conversation.

And Amy, I'm realizing that I missed part of the point around the safety. When it comes to your safety in a home, there should be some standardized policies for folks around what needs to be in place for home visitors to feel safe. What are the things that are there that would make it unsafe for them to be able to we're going to meet somewhere else. Or let's go outside and have this conversation.

There obviously should be some standardized policies in place around safety in general to include some pieces around substance use. But I would say that home visitors are going into homes all the time that have multiple substances in them, whether they know it or not. And we're just adding this information in there. We're just, again, being thoughtful about what might be the impact that what I can see is having on someone. And we're talking about that. Or we're starting that universal conversation around here's this bag, what kinds of things can we put in here?

Let's talk about why we would put things in here and keep them out of reach of kids because I can see the edibles over there on the countertop. They look like candy. Here's why we would want to lock those up. And not only just lock them up but put them somewhere safe.

Why do you refer to illegal substances as medication versus a drug? Medication is a substance. A prescription that you would get from a pharmacy or through a doctor is a substance. That's included in our conversation around substances. We can have substances that are legal, like cigarettes and alcohol, in some states, marijuana. We can have substances that are prescribed. So a multitude of things that can be prescribed. We also have illegal substances that someone-- including prescription medication, but wouldn't get it through a prescription. We have lots of different ways that substances are included.

Amy: Anne, I think you're doing a great job reading the questions in the chat. But let me know if you'd like me to help you read some of those.

Anne: Yeah, I just they're all kind of popping in. And so again, a lot of conversations around we have someone that we're concerned with around driving a child home that we think may be under the influence. This is another this is another area where I would say that having a policy in the organization around if we suspect that there is a parent who is under the influence, that there is a set policy around that.

Aside from that, there's lots of ways to be able to talk to families when we have concerns. And when we start out with the I'm worried about this or I noticed this. Or is there someone else that we can call because here's what I noticed?

When we come at families with relationship and strength-based conversations, when we start them with here's what I'm concerned with. Can we talk about are there some ways that we can think about that? Is there someone else that can come pick up the kids? My guess is that you all

have some policies around this or have some thoughts around this with other substances than marijuana. And marijuana has just brought this topic up to the forefront.

If you are concerned that someone is under the influence, especially if they have behaviors that are leading you to believe that they are under the influence, they swerved when they came in, or they're not walking straight to and from the door, or their speech is slurred, those things could also be a medical emergency. Someone could be having a stroke. But we're concerned about a child getting into a car with someone who is not in a position to be able to drive them home safely.

And those conversations are pretty straightforward. But we do it in a way that we're talking about the concerning behavior, not necessarily getting into the weeds about what they're using or how they're smelling. But here's what I noticed. Here's why I'm concerned.

And if there's a place to be able to have a conversation around what this could look like to have somebody else pick them up or something if there's a place to have a conversation if you feel that the child's safety is in danger, that's a different conversation as well. And there may be a report that is connected to that one as well.

But oftentimes, when we can sit in what the concerning behavior is, that conversation is gentle and is strength-based. All right, and Nydia, I know that we are close to time. And so I wonder if it's time to do evaluations.

Nydia: Yes, please. If you have any final words, you, or Amy, or address any last questions, it's your time now, Anne. And you let me know when to take it from here.

Anne: Yeah, those ones are those classes are full. We're going to be adding more. We would love for folks to be able to join those to really spend it's a four-hour training. We spend a lot of time sitting in the discussion parts of these pieces and understanding what does it look like to have some of those in-depth conversations, but also what does it look like to have those universal conversations. So some of these other ones are actually easier down the road.

We've already broached some of these subjects with families. And the work that you all are already doing is incredible and is strength-based. And you are building these relationships with families. And know that adding this type of information is not something that's going to feel like brand new or, oh, I never thought I never thought about that at all. It's probably things that you have thought about but giving you kind of those additional tools to be able to integrate it into what you're already doing. Which is the exciting piece about this is that it is something that is easily integrated into the work that you are currently doing.

And some of those places where we have some of those stuck points, especially around pickup, I do think that there is space to have some widespread policies around that because this is probably the number one question that we get, especially from Head Start, around what does it look like if there's a concerning behavior at pickup. And know that there are lots of ways to be able to broach that thoughtfully and gently I like how someone put that gentle in the comments

when we talk about the concerning behaviors and what is it that we noticed that we're concerned about.

Thank you to all. Keep checking back at that website. I will let many people know when those are updated. And there might be a communication that goes out to folks about that.

Amy: Nydia, before you do your piece, and I know we're at the end, but I just want to give a plug in addition to the amazing, wonderful things that Anne has shared with us today, that programs could use their resource of their mental health consultant to help them have these really important conversations. I love the analogies that you left us with, Anne.

How do you have the conversations about other things that are sensitive topics? And then having perhaps a consultant work with staff around what gets activated within us related to the topic of substances. And so that might be a really helpful conversation to have as well. Thank you all so much.

Nydia: Thank you, again, to Anne Auld for all of this important information. And thank you for being so flexible and being able to bounce back when your power goes out at the least convenient time possible.

[Laughs]

Thank you for being —

Anne: Thanks, everybody, sorry.

Nydia: Yes, no. Thank you for being a trooper. Thank you all who participated and for your feedback and for sticking with us. And such great questions that you all had. If you have more questions, you can go to My Peers or write to health@ecetta.info.

The evaluation URL, many of you asked about that and are asking about certificates, the evaluation URL will appear when you leave the Zoom platform. Remember that after submitting the evaluation, you will see a new URL. And this link will allow you to access, download, save, and print your certificate. Those of you who utilized the Spanish channel today, you will receive an additional survey coming from NCHBHS email, just asking you about the interpretation services today.

And for everyone else, you can subscribe to our monthly list of resources using that URL that you see. You can find our resources in the health section of ECLKC or write us at health@ecetta.info. Again, that's health@ecetta.info. Thank you, once again, everyone, for your participation today. And Kate, you can go ahead and close out the Zoom platform.