

Parent Observation Checklist

Spotting any of these behaviors may indicate a serious problem but adolescent behavior can be confusing. If you have questions, consult your child's pediatrician or mental health professional, the Rush-Henrietta Central School District Prevention Coordinator, or one of the agencies listed in the Resources section of this guide.

Rate the following behaviors from 0 – 5 with 5 being most pervasive:

___ 1. ***Drop in grades/less interest in school*** A slow decrease in the last six months to a year, or a sudden drop; dropping courses, or adding numerous study halls.

___ 2. ***Increase in school calls or notices to home*** Calls regarding poor attendance, poor performance, poor attitude.

___ 3. ***Hangs out with different/new friends*** Sudden new friends you feel uneasy about. These friends might appear to be very accepting of your child, unusually happy or giddy, have different interests than your child, or talk openly about getting high.

___ 4. ***Demonstrates emotional highs and lows*** Easily upset, emotional state changes rapidly, doesn't seem to be as upbeat.

___ 5. ***Is defiant toward established rules*** Pushes limits at home/school, doesn't do chores and assignments, misses curfew.

___ 6. ***Is more secretive*** Lack of communication, phone calls taken in another room, vague about where he or she is going or who will be at the destination.

___ 7. ***Loses initiative/doesn't seem to pursue old interests*** Less energy, sleeps more than usual, not as interested in old "passions."

___ 8. ***Has many excuses and alibis*** Suspicious reasons for missing curfew, or not coming home at all; constant excuses.

___ 9. ***Seems more isolated*** Withdrawn, doesn't want to be around family members, stays in room.

___ 10. ***Has short-temper/rigid defensiveness*** Becomes angry often, aggressive toward

others, “short fuse,” poor impulse control.

___ 11. ***Demonstrates abusive behavior*** Verbally or physically abusive to family members or friends.

___ 12. ***Parents feel manipulated and/or plays one parent against another***

___ 13. ***Takes extreme risks***

___ 14. ***Money becomes an issue*** Sells possessions, becomes obsessed with money, money spent without receipts.

___ 15. ***Has suspicious receipts*** Receipts for Visine®, cold medicine, whipped cream; receipts from head shops (E-Lab, Ghost Dog, Skye High).

___ 16. ***Has drug/alcohol items in room or backpack*** Papers, pipes, roach clips, bubblers, lighters, altered soda cans, OTC cold remedies, unrecognizable prescription medicine, empty liquor bottles, High Times magazine, etc.

___ 17. ***Changes appearance/ hygiene habits***

___ 18. ***Changes taste in clothing*** Wears clothing with drug or alcohol-related images, and/or wears a lot of black clothing and/or doesn’t care about appearance.

___ 19. ***Weights more/weights less than usual***

___ 20. ***Changes eating habits***

___ 21. ***Has frequent vague physical complaints; especially gastro-intestinal or headaches***

___ 22. ***Smells of smoke/alcohol***

___ 23. ***Has short-term memory loss/blackouts*** Doesn’t seem to remember what he/she would ordinarily recall.

___ 24. ***Home liquor supply depleted/diluted; prescription drugs missing***

___ 25. ***Drives or rides with others under the influence (DUI)***

- ___ 26. *Comes home drunk or high*
- ___ 27. *Takes parent's car without permission*
- ___ 28. *Has rash of last-minute sleep-overs*
- ___ 29. *Hangs out in village or mall without agenda*
- ___ 30. *Stays away/runs away from home*
- ___ 31. *Hangs out with older kids*
- ___ 32. *Is preoccupied with drug culture* Has strong interest in Phish, Grateful Dead, '60s and '70s music with drug references.
- ___ 33. *Demonstrates strong interest in drugs* Argues for legalization of marijuana; draws drug-related images; does research about growing, smoking marijuana, using drugs.
- ___ 34. *Has drug-related AOL IM screen names/images*
- ___ 35. *Is interested in parents' history of chemical use*
- ___ 36. *Has family history of alcoholism/chemical dependency*
- ___ 37. *Has history of anxiety/depression or other mental health disorders*
- ___ 38. *Has history of sleep disturbances*
- ___ 39. *Has been diagnosed with ADHD*
- ___ 40. *Has had past involvement with legal system* PINS, juvenile detention, vandalism, etc.
- ___ **Total score**

Interpretation of score

0 – 15

Low risk; continued monitoring and networking with parents of your child's friends is a good idea. No formal intervention is necessary. Watch for mood swings, negative orientation toward school and authority.

16 – 20

Your child is in the “need to rule out possible use” category. Urine analysis and a formal evaluation are a good idea. Behavioral data such as school attendance, performance and behavior could add up to formal concerns about emotional disturbance, and/or drug and alcohol problems.

21 – 30

Your child has begun to show a cluster of the hallmarks that indicate possible substance abuse. Close monitoring of peer interactions is warranted. Substance abuse should be ruled out via a formal assessment including urine analysis. Individual and family counseling are indicated.

31 +

A score this high generally indicates there is a very strong possibility that your child is very involved in substance abuse, and has been for some time. Contact with the juvenile or criminal justice system is common. Run, do not walk, to a chemical dependency center for evaluation and treatment. Also ask your pediatrician to perform a witnessed urine or blood test with a “chain of custody” attached. Hair follicle testing can also be used. Do not be afraid to snoop through personal belongings or your child's computer messaging, and monitor correspondence carefully.

Information taken from the following source:

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