



**Part 1I**

Getting Educated About the Disease

**Seminar # 6**

“Get A Diagnosis”

### **SEMINAR GOALS:**

1. The attendee will be able to name the three (3) primary Assessment tools used in creating a diagnosis. These diagnoses are for Medical, Mental Health, and Addiction.
2. The attendee will be able to identify their family member symptoms and match them with the selected part of the Assessment of Severity survey tool (A.O.S.) for addiction, the xxx-survey tool for medical condition diagnosis, and xxx for Mental Health diagnosis.
3. Using the information, identify within these exercises the family will complete their family plan of action with information needed to further develop their understanding to their loved one's diagnosis and determine what impact this will have on the family members.

Each member of the family contributes to the family system. Their contribution to this exercise can help to the work required by the family in contacting and researching each support structure.

When completing the plan of action and family can then have a member of the family assigned to become the residing expert on their assigned support structure. In this way the family will be working together towards a single purpose and outcome.

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### ***Introduction***

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Understanding the extent and nature of an individual's substance use disorder and their interaction with other life areas is essential for careful diagnosis, appropriate case management, and successful treatment. This understanding begins during the screening and assessment process, which helps match the client with appropriate treatment services. To ensure that important information is obtained, providers and family should use standardized screening and assessment instruments and interview protocols, some of which have been studied for their sensitivity, validity, and accuracy in identifying problems.

Hundreds of screening instruments and assessment tools exist. Specific instruments that are available to help counselors determine whether further assessment is warranted, the nature and extent of a client's substance use disorder, whether a client has a mental disorder, what types of traumatic experiences a client has had and what the consequences are, and treatment-related factors that impact the client's response to interventions.

Assessment drive the course of selected treatment, therefore, getting an assessment is critical towards getting the right level of care. All families need to understand what assessment tool is being used, how it is applied to the development of the treatment plan and in what ways the family can be supportive.

Each member in the family plays a role and identifying this characteristic will allow the family to better understand what they can expect in each member.

Likewise, childhood trauma may have been a factor in the family unit and through therapy this can be identified in the assessment and included to the therapy work. It is when the family gets educated on the family role in supporting the use of assessments, the disease, gets organized and the families get networked, so they can begin to expect a more positive and useful results from their family plan.

The first step in diagnosis relies on a friend, family member, or the person with addiction themselves

acknowledging a need for treatment.

This can often be the most difficult step and might sometimes involve a personal or group intervention if an individual with substance use disorder is not aware of the extent of the problem. The person with suspected substance use disorder visits a family doctor or primary care physician, who may then refer them to an addiction or rehabilitation specialist.

The doctor will ask questions about frequency of use, impairment of daily living, and whether the use of a substance is increasing and how the pattern of use is impacting important social, occupational, educational or other functional areas.

They will also ask about withdrawal symptoms which may have occurred at times when the person attempted to decrease or stop use. The doctor will complete a physical examination and run some blood work to assess overall health. This helps to determine if medical treatment is needed.

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### *Lesson One: When to Get a Diagnosis*

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To receive a diagnosis of substance use disorder, a person must demonstrate two of the following criteria within a 12-month period:

- regularly consuming larger amounts of a substance than intended or for a longer amount of time than planned
- often attempting to or expressing a wish to moderate the intake of a substance without reducing consumption
- spending long periods trying to get hold of a substance, use it, or recover from use
- craving the substance, or expressing a strong desire to use it
- failing to fulfill professional, educational, and family obligations
- regularly using a substance in spite of any social, emotional, or personal issues it may be causing or making worse
- giving up pastimes, passions, or social activities as a result of substance use
- consuming the substance in places or situations that could cause physical injury
- continuing to consume a substance despite being aware of any physical or psychological harm it is likely to have caused
- increased tolerance, meaning that a person must consume more of the substance to achieve intoxication
- withdrawal symptoms, or a physical response to not consuming the substance that is different for varying substances but might include sweating, shaking and nausea

The number of criteria a person demonstrates defines the severity of the dependence. If a person regularly fulfills two of three of these criteria, the DSM advises that they have mild substance use disorder.

A person with four or five of these criteria would have moderate substance use disorder. Six criteria would denote a severe addiction.

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### *Lesson Two: The primary indications of addiction*

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The [primary indications](#) of addiction are:

- uncontrollably seeking drugs
- uncontrollably engaging in harmful levels of habit-forming behavior
- neglecting or losing interest in activities that do not involve the harmful substance or behavior
- relationship difficulties, which often involve lashing out at people who identify the dependency
- an inability to stop using a drug, though it may be causing health problems or personal problems, such as issues with employment or relationships
- hiding substances or behaviors and otherwise exercising secrecy, for example, by refusing to explain injuries that occurred while under the influence
- profound changes in appearance, including a noticeable abandonment of hygiene
- increased risk-taking, both to access the substance or activity and while using it or engaging in it

### **Psychological symptoms, Dual Diagnosis**

**Symptoms of addiction that because mental disorders include the following:**

- **An inability to stop using:** In many cases, such as a dependence on nicotine, alcohol, or other substances, a person will have made at least one serious but unsuccessful attempt to give up. This might also be physiological, as some substances, such as heroin, are chemically addictive and cause withdrawal symptoms if a person stops taking them.
- **Use and abuse of substances continue despite health problems:** The individual continues regularly taking the substance, even though they have developed related illnesses. For example, a smoker may continue smoking after the development of a lung or [heart disease](#). They may or may not be aware of the health impact of the substance or behavior.
- **Dealing with problems:** A person with addiction commonly feels the need to take the drug or carry out the behavior to deal with their problems.
- **Obsession:** A person may become obsessed with a substance, spending more and more time and energy finding ways of getting their substance, and in some cases how they can use it.
- **Taking risks:** An individual with an addiction may take risks to obtain the substance or engage in

the behavior, such as trading sex or stealing for illicit drugs, drug money, or the drugs themselves. While under the influence of some substances, a person with substance use disorder may engage in risky activities, such as fast and dangerous driving or violence.

- Taking an initial large dose: This is common with alcohol use disorder. The individual may rapidly consume large quantities of alcohol in order to feel the effects and feel good.

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## *Lesson Three: Substance use disorder can impact the way an individual socializes with and relates to other people.*

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- **Sacrifices:** A person with substance dependence might give up some activities that previously brought them joy. For example, a person with alcohol use disorder may turn down an invitation to go camping or spend a day on a boat if no alcohol is available. A person with nicotine dependence may decide not to meet up with friends if they plan to go to a smoke-free pub or restaurant.
- **Dropping hobbies and activities:** As an addiction progresses, the individual may stop partaking in pastimes they enjoy. People who are dependent on tobacco, for example, might find they can no longer physically cope with taking part in their favorite sport.
- **Maintaining a good supply:** People with substance use disorders will always make sure they have a good supply, even if they do not have much money. They may make sacrifices in their home budget to ensure the availability of the substance.
- **Secrecy and solitude:** In many cases, a person with a substance use disorder may use the substance alone or in secret.
- **Denial:** A significant number of people with substance use disorder are not aware that they have a problem. They might be aware of physical dependence on a substance but deny or refuse to accept the need to seek treatment, believing that they can quit "anytime" they want to.
- **Excess consumption or abuse of substances:** Some types of substance use disorders, such as alcohol or opiate use disorders, can lead an individual to consume unsafe amounts of a substance. The physical effects of abusing a substance can be severe and include overdosing. However, for a person with substance use disorder, these effects will not be enough to prevent future overuse.
- **Having stashes:** A person with an addiction may have small stocks of a substance hidden away in different parts of the house or car, often in unlikely places, to avoid detection.
- **Legal issues:** This is more a characteristic of some alcohol and illicit drug dependences. Legal problems may occur either because the substance impairs judgment or causes the individual to take more risks to the extent of causing public disorder or violence or breaking the law to get the

substance in the first place.

- Financial difficulties: An expensive substance can lead to sizeable and regular financial sacrifices to secure a regular supply.

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## ***Lesson Four: Repeatedly using a substance can impact a range of bodily functions and systems.***

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- Withdrawal symptoms: When levels of the substance to which a person has dependence drop below a certain level, they might experience physical symptoms, depending on the substance. These include cravings, constipation, diarrhea, trembling, seizures, sweats, and uncharacteristic behavior, including violence.
- Appetite changes: Some substances alter a person's appetite. Marijuana consumption, for example, might greatly increase their appetite while cocaine may reduce it.
- Damage or disease from using a substance: Smoking substances, for example, tobacco and crack, can lead to incurable respiratory diseases and lung cancers. Injecting illicit drugs can lead to limb damage and problems with veins and arteries, in some cases leading to the development of infection and possible loss of a limb. Regularly consuming excessive amount of alcohol can lead to chronic liver problems.
- Sleeplessness: Insomnia is a common symptom of withdrawal. Using illicit stimulants, such as speed or ecstasy, might also encourage a disrupted sleep cycle, as a person might stay up late for several nights in a row to go to parties and use the substance.
- A change in appearance: A person may begin to appear more disheveled, tired, and haggard, as using the substance or carrying out the addictive behavior replaces key parts of the day, including washing clothes and attending to personal hygiene.
- Increasing tolerance: The body experiences reduced effects of the substance over time, so a person feels the need to take more to achieve the same effect.

A person might experience a few of these symptoms or many of them. Substance use disorder can have a drastically different impact on every individual.

Choose evidence-based screening tools and assessment resource materials

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
<b>Screens</b>						
Screening to Brief Intervention ( <u>S2BI</u> )	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs ( <u>BSTAD</u> )	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use ( <u>TAPS</u> )	X	X	X		X	X
NIDA Drug Use Screening Tool: Quick Screen ( <u>NMASSIST</u> )	X	X	X	<u>See APA Adapted NM ASSIST tools</u>	<u>See APA Adapted NM ASSIST tools</u>	X
Alcohol Use Disorders Identification Test-C ( <u>AUDIT-C (PDF, 41KB)</u> )	X		X		X	X
Alcohol Use Disorders Identification Test ( <u>AUDIT (PDF, 233KB)</u> )	X		X			X
<u>Opioid Risk Tool (PDF, 168KB)</u>		X	X		X	
<u>CAGE-AID (PDF, 30KB)</u>	X	X	X			X
<u>CAGE (PDF, 14KB)</u>	X		X			X

<u>Helping Patients Who Drink Too Much: A Clinician's Guide</u> (NIAAA)	X		X			X
<u>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</u> (NIAAA)	X			X		X
<b>Assessments</b>						
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
<u>CRAFFT</u>	X	X		X	X	X
Drug Abuse Screen Test (DAST-10)* <i>For use of this tool - please contact <u>Dr. Harvey Skinner</u></i>		X	X		X	X
Drug Abuse Screen Test (DAST-20: Adolescent version)* <i>For use of this tool - please contact <u>Dr. Harvey Skinner</u></i>		X		X	X	X
NIDA Drug Use Screening Tool (NMASSIST)	X	X	X			X
<u>Helping Patients Who Drink Too Much: A Clinician's Guide</u> (NIAAA)	X		X			X
<u>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</u> (NIAAA)	X			X		X



## Other Validated Assessment Tools

**McCaffrey Initial Pain Assessment Tool**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Location: \_\_\_\_\_

1. LOCATED: Point to area where located.

2. CHARACTERISTICS: Describe pain.

Characteristics	Not at all	Slightly	Moderate	Severe	Very severe
1. Likelihood of occurrence in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. Trouble falling or staying asleep, or waking too early	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. Poor appetite or overeating	0	1	2	3	
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8. Moving or speaking so slowly that other people would have noticed? (Of the answers — vary in height or manner that you have been moving slowly a lot more than usual)	0	1	2	3	
9. Thoughts that you would be better off dead or of harming yourself in some way	0	1	2	3	

PHQ-9 Score: \_\_\_\_\_

Legend: 0 = Not at all, 1 = Slightly, 2 = Moderately, 3 = Severely

- [https://www.asam.org/docs/default-source/education-docs/cows\\_induction\\_flow\\_sheet.pdf?sfvrsn=b577fc2\\_2](https://www.asam.org/docs/default-source/education-docs/cows_induction_flow_sheet.pdf?sfvrsn=b577fc2_2) Clinical Assessment Opioids, PDF
- McCaffreyInitialPainAssessmentTool.pdf - Tool to assess pain-related outcomes and document long-term pain management.
- **Patient Health Questionnaire-9 (PDF, 131KB)** - Nine-item self-report tool to assess depressed mood in the past 2 weeks.

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### CRAFFT screening Device:

Orally administered brief screens are usually targeted at substance abuse alone and can be administered by the physician as part of the general health interview or while performing the physical examination. To be practical, they must be easy to administer, score, and remember. Simple yes or no questions that lend themselves to mnemonic acronyms are ideal. The CAGE questions, which are widely used in medical settings, are a good example of this type of brief screen.<sup>16</sup> The CAGE test has been shown to have good validity among adult medical patients.<sup>17</sup> However, studies among adolescents have not provided adequate evidence of the CAGE test's sensitivity or reliability.<sup>18,19</sup> In addition, some of its items (eg, "Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover [eye-opener]?") are not developmentally appropriate for adolescents.

One brief screening device, the CRAFFT test, was developed specifically for use among adolescent medical patients.<sup>20</sup> Like CAGE,<sup>16</sup> CRAFFT is verbally administered, simple to score (each yes answer = 1 point), and easy to remember. Its name is a mnemonic of the first letters of key words in the test's 6 questions. (Figure 1)

- C** Have you ever ridden in a *car* driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, *alone*?
- F** Do you ever *forget* things you did while using alcohol or drugs?
- F** Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into *trouble* while you were using alcohol or drugs?

### **CAGE Substance Abuse Screening Tool**

**Directions: Ask your patients these four questions and use the scoring method described below to determine if substance abuse exists and needs to be addressed.**

#### **CAGE Questions**

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

### **CAGE Questions Adapted to Include Drug Use (CAGE-AID)**

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

**Scoring:** Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant.

The normal cutoff for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders. A number of other screening tools are available.

CAGE is derived from the four questions of the tool: Cut down, Annoyed, Guilty, and Eye-opener  
CAGE Source: Ewing 1984

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### ***SEVERITY LEVELS OF SUBSTANCE USE DISORDER***

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The American Psychiatric Association diagnoses the severity of Substance Use Disorders by identifying the presence of problematic patterns using the criteria below occurring over a 12-month period.

#### **A M O U N T**

Take the substance in larger amounts & for longer than intended.

#### **C O N T R O L**

Want to cut down or quit but are unable to.

#### **T I M E**

Spend large amounts of time obtaining the substance.

## **CRAVINGS**

Experience cravings or strong desires to use the substance.

## **OBLIGATIONS**

Repeatedly unable to carry out major obligations at work, school or home due to substance use.

## **SOCIAL**

Continuing to use the substance despite persistent or recurring social or interpersonal problems or harm to relationships.

## **ACTIVITIES**

Stopping or reducing important social, occupational or recreational activities due to substance use.

## **HAZARD**

Continually using the substance in physically hazardous situations such as driving under the influence.

## **HARM**

Consistently using the substance, despite knowledge of the substance causing persistent or recurrent physical or

psychological problems.

## **TOLERANCE**

Building a tolerance — the need for markedly increased amounts of the substance to achieve the desired effect, or a markedly diminished effect with continued use of the same amount of the substance

## **WITHDRAWAL**

Feeling withdrawal symptoms – as either a characteristic syndrome or when the substance is used to avoid withdrawal

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## *USE DISORDER STAGING*

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**From the above list, how many do the individual match:**

**M I L D Stage**

MEETS 2 to 3

**MODERATE Stage**

MEETS 4 to 5

**SEVERE Stage**

MEETS 6 or MORE

**NOTE:**

Just because you have a diagnosis does not mean you have identified the underlying problem that caused the to occur. There will be many assessments, each will tell how to best deliver care and make changes to the plan of treatment. You will find the diagnosis may not change but the assessment will cause the plan of treatment to make changes.

Assessment should be given quarterly to ensure time responses to changes. Discuss this strategy with your primary care physician.

The Story

The problem is not the problem! It runs deeper than the initial diagnosis.



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**

**Search Title: Psychology of Drug Addiction & Substance Abuse Disorder, Causes & Solutions**

**Link:**

[https://www.youtube.com/watch?v=8NaHepAgoSg&list=PLK9\\_yWbpBidoFLIz1znyWKEbChhCVJktl&index=22&t=0s](https://www.youtube.com/watch?v=8NaHepAgoSg&list=PLK9_yWbpBidoFLIz1znyWKEbChhCVJktl&index=22&t=0s)

**Duration: 16.28 min**

Psychology of Drug Addiction & Substance Abuse Disorder, Causes & Solutions IN this video psychiatrist Dr. Colin Ross, M.D. discusses the psychiatric diagnosis of Substance Abuse Disorder and discusses its treatments, underlying causes and diagnostic criteria. Visit Dr. Ross' website at; <http://www.rossinst.com/> Full List of Dr. Colin Ross Videos; <https://www.youtube.com/playlist?list...>

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***The Problem is not the problem, Worksheet?***

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What you your words does this mean?

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With your loved one, what might be the “Problem that caused the Problem?”

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What are the underlying problems?

- 1.
- 2.
- 3.

What are they avoiding facing?

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### *Family Plan of Action*

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1. The family members will identify which of the three (3) primary Assessment tools is being used to create a diagnosis. These diagnoses are for Medical, Mental Health, and Addiction.
2. The family members will identify their loved ones symptoms and match them with the selected part of the Assessment of Severity survey tool (A.O.S.) for addiction, for medical condition diagnosis, for Mental Health diagnosis.
3. The family will identify which stage in the disease is their loved one, anticipate the behavior commonly associated to this state and consider what their role can be in their loved ones plan for sustained recovery.