



Part II

Learn About the Disease

Seminar # 6

“Getting the Diagnosis”

Introduction

Getting a diagnosis

Getting a diagnosis means getting organized. From the diagnosis will stem a slew of other clinical, psychological, social, legal and spiritual information. It will become its own challenge to capture this vast amount of information. So, before you travel this path; now is good time to create a system to capture the different pieces. It is important for the family to see this journey as “requiring a sense of organization”. These areas can be organized and assembled into a family organization binder for future easy to find reference. This is where all critical documents are held and filed.

Getting Organized

Using Tab Dividers, the binder can contain, Legal, Medical, and Support Network contacts. Take the time to get organized by using the Families Impacted by Opioids “worksheets” for each issue and place them into this binder.. This is empowering. Purchase: The Substance Use Disorder, It's Time to Get Organized, book written by Roy P. Poillon . www.Amazon.com

Getting Networked:

The family needs to know; what they are dealing with based on the behavior they are observing in their loved one? As is like with any chronic disease, this starts with a diagnosis.

Substance Use Disorder is a chronic disease that affects a person's brain and behavior. It leads towards an inability to control the use of a legal or illegal drugs or medications.

It is very likely there will be more than one diagnosis. Other types of second and third diagnosis may include Medial and Mental Health. So, you can see there will be more to getting a diagnosis than just a visit to the doctor(s). The family's world is about to get very complicated.

There are Three Assessment Required:

1. Addiction
2. Mental Health
3. Medical (Physical)

All three require an assessment, diagnosis and staging. They will each require a plan of treatment and plan of care. Each will likely require a specialist.

Often, they are managed at the same time, however, it may that one needs to be addressed before the other can be approached. This is often the case when dual diagnosis of both addiction and mental illness is assessed. Each requires its own assessment and diagnosis.

What Are Substance Use Disorders?

The DSM-5 is the healthcare industry manual for addiction and mental disorders. It is used as a standard of care in assessment and diagnosis by all healthcare professionals. The DSM-5, recognizes substance-related disorders resulting from the use of 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines, and other hallucinogens, such as LSD); inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants (including amphetamine-type substances, cocaine, and other stimulants); tobacco; and other or unknown substances. Therefore, while some major groupings of psychoactive substances are specifically identified, the use of other or unknown substances can also form the basis of a substance-related or addictive disorder

Criteria for a Substance Use Disorder Classified into Stages of Progression:

Substance use disorders are classified as mild, moderate, or severe, depending on how many of the diagnostic criteria you meet. The 11 DSM-5 criteria for a substance use disorder include:

1. **Hazardous use:** You've used the substance in ways that are dangerous to yourself and/or others, i.e., overdosed, driven while under the influence, or blacked out.
2. **Social or interpersonal problems related to use:** Your substance use has caused relationship problems or conflicts with others.
3. **Neglected major roles to use:** You've failed to meet your responsibilities at work, school, or home because of your substance use.
4. **Withdrawal:** When you've stopped using the substance, you've experienced withdrawal symptoms.
5. **Tolerance:** You've built up a tolerance to the substance so that you have to use more to get the same effect.
6. **Used larger amounts/longer:** You've started to use larger amounts or use the substance for longer amounts of time.
7. **Repeated attempts to control use or quit:** You've tried to cut back or quit entirely but haven't been successful.
8. **Much time spent using:** You spend a lot of your time using the substance.
9. **Physical or psychological problems related to use:** Your substance use has led to physical health problems like liver damage or lung cancer, or psychological issues, such as depression or anxiety.
10. **Activities given up using:** You've skipped activities or stopped doing activities you once enjoyed in order to use the substance.
11. **Craving:** You've experienced cravings for the substance.

Being Diagnosed with a Substance Use Disorder

In order to be diagnosed with a substance use disorder, you must meet two or more of these criteria within a 12 month period. If you meet two or three of the criteria, you have a mild substance use disorder. Four to five is considered moderate, and if you meet six or more criteria, you have a severe substance use disorder.

The Problem may not be The Problem

The substance use disorder typically began from some type of primary source, and by just trying to solve the addiction, and not addressing what caused the addiction, means the problem is not yet solved.

The National Bureau of Economic Research (NBER) reports that there is a “definite connection between mental illness and the use of addictive substances” and that mental health disorder patients are responsible for the consumption of:

- 38 percent of alcohol
- 44 percent of cocaine
- 40 percent of cigarettes

The NBER also reports that people who have been diagnosed with a mental health disorder at some point in their lives are responsible for the consumption of:

- 69 percent of alcohol
- 84 percent of cocaine
- 68 percent of cigarettes

There’s clearly a connection between substance abuse and mental health disorders, and any number of combinations can develop, each with its own set of unique causes and symptoms, as well as its own appropriate intervention and Dual Diagnosis treatment methods. Which Dual Diagnosis treatment program is the best fit for your loved one?

Symptoms of One Disorder Trigger the Other

Often, certain drugs can create problems that trigger mental health symptoms. In other cases, substances can create mental health symptoms like paranoia, delusions or depression while the person is under the influence of the drug. When these symptoms last after the drugs wear off, then it can indicate a co-occurring mental health disorder. Some examples include:

- Chronic drug and alcohol abuse increase the chances of becoming a victim of assault or rape. These traumatic events can create serious mental health issues like PTSD, depression, eating disorders and more.
- Poor decision-making is common under the influence, and patients may break the law or make other choices that cause them to struggle with anxiety in addition to drug addiction.
- Unprotected sex or sharing needles with people infected with HIV or hepatitis C can lead to the contraction of the disease, which in turn can mean a struggle with depression and grief over the life-changing consequences.
- Depression is a common effect of certain drugs like crystal meth and alcohol as they begin to wear off, and it's a symptom that can deepen into a disorder over time.

The Connection Between Mental Health Treatment and Substance Abuse Treatment

When there is a ***Dual Diagnosis*** of both a mental health disorder and a substance abuse issue, it is important that the patient enroll in a treatment program that addresses both problems at the same time. Why? The untreated symptoms of a mental health disorder can cause the patient to be unable to remain clean and sober, and untreated substance abuse issues can make mental health treatment ineffective.

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

individual symptoms alone do not make a diagnosis," Schuckit emphasized. "It is the pattern over time."

To accurately diagnose substance-related disorders, practitioners must understand that in the majority of alcohol- and drug-dependent patients, psychiatric symptoms are almost always temporary and that symptoms of substance withdrawal, which also cause patients to seek treatment, are exactly the opposite of the effect produced by the drug. Furthermore, to make the final differentiation between substance-induced morphology and long-term psychiatric disorders, practitioners must commit to evaluating patients for four to six weeks following a period of abstinence.

Three Steps for Family Engagement

1. **Get the Assessment:** The first step is to get an assessment, often called a "Screening".
2. **Get the Diagnosis:** The second step is to have a diagnosis; this is performed after the assessment. Once an assessment is made, a second opinion is recommended. This is especially important if the diagnosis is "Dual Diagnosis". Have a mental health person perform the mental health diagnosis on the second opinion, from a different organization than the one which did the initial dual diagnosis. This would preferable come from an outside provider, do not get it from one that is in the same Healthcare System. Remember, you are a healthcare consumer and second opinions from within the same health system is like asking a fox to guard the hen house.

- 3. Get the Staging:** The third step is to have the diagnosis Staged as identified by the DMS-5 standards. These diseases progress in stages and the stages are known, according to each diagnosis. The stages are typical: Mild, Moderate and Sever. The three stages have distinct conditions that present in each stage and therefore progression from one stage to the next is quantifiable and indicators are known.

If a healthcare provider is not providing regular Staging Assessment, then quickly find a different provider, because this one is not doing their job and you will end up paying the price for letting them underperform. Remember you are a healthcare consumer and the advocate for your loved one. Keep your eye on the ball if you want to hit a homerun. Always verify the right steps are being take in the right sequence and according to a best practice procedure timeline.

Get the Assessment

The best place to learn more about assessment is this webpage:

<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

Here you will learn the benefits of getting an assessment. Stop reading and visit these two these webpages. The information is too involved and detailed to replicate in this study guide and is important to keep together when learning.

Please do not skip over this assignment.

<https://www.integration.samhsa.gov/clinical-practice/screening-tools>

The Assessment Process

Assessment Step 1: Engage the Client

Assessment Step 2: Identify and Contact Collaterals (Family, Friends, Other Providers) To Gather Additional Information

Assessment Step 3: Screen for and Detect Co-Occurring Disorders

Assessment Step 4: Determine Quadrant and Locus of Responsibility

Assessment Step 5: Determine Level of Care

Assessment Step 6: Determine Diagnosis

Assessment Step 7: Determine Disability and Functional Impairment

Assessment Step 8: Identify Strengths and Supports

Assessment Step 9: Identify Cultural and Linguistic Needs and Supports

Assessment Step 10: Identify Problem Domains

Assessment Step 11: Determine Stage of Change

Assessment Step 12: Plan Treatment

Assessment Process Summary

REF: <https://www.ncbi.nlm.nih.gov/books/NBK64196/>

The Four Quadrants

III	IV
Less severe mental disorder/ more severe substance disorder	More severe mental disorder/ more severe substance disorder
I	II
Less severe mental disorder/ less severe substance disorder	More severe mental disorder/ More severe substance disorder

Get the Diagnosis

The DSM-5 separates substance use disorder into nine different categories:

- alcohol-related disorders
- caffeine-related disorders
- cannabis-related disorders
- hallucinogen-Related Disorders
- inhalant-related disorders
- opioid-related disorders
- sedative-, hypnotic-, or anxiolytic-related disorders
- stimulant-related disorders
- tobacco-related disorders
- other, or unknown, substance-related disorders
- non-substance-related disorders

DSM-V lists varying criteria for each of these categories, and many dependencies have different withdrawal symptoms that occur when an individual does not have access to the substance.

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.

As new evidence emerges around addictive disorders, researchers attempt to determine whether they can develop reliable diagnostic criteria.

Get the Staging

There are a number of staging's that will be identified, knowing what stage you are in helps to determine the best way to respond and what might be coming next.

The Staging's: (google any of these topics for more information)

- Five Stages of Treatment
- Five Stages of Recovery
- Staging for an Intervention

Stage models of development typically have the following assumptions:

First, the stages are relatively discrete. There are specific boundaries that can identify at what stage in the development of some function or condition an individual is. These boundaries may not always be clear, but in theory, they are discrete and apart from one another.

Stage models of development assume that people progress through the stages in a specified order, and the order is generally the same for everybody. Of course, there is always some individual variation that occurs in development; however, the order of the stages and the manner through which individuals progress through them is relatively stable.

The specific stages in the model can be identified by factors that signal that the individual is in that stage. Each stage has at least one specific attribute or skill that sets it apart from the stages that occur prior to it.

There are numerous different stage theories that attempt to explain the progression of an addiction. Even the most popular and most recent of these theories have a number of significant flaws. However, based on the above stage models, it can be surmised that the development of a substance use disorder (addiction) in most individuals occurs over the following general course:

- It begins with a period of occasional or recreational use.
- It progresses to increased use of the substance as a method to cope with some perceived deficiency, some form of stress, or to escape.
- Escalating use of a substance begins to interfere with the individual's health or normal functioning. This may lead to the development of issues controlling use of the drug, such that the individual continues to use the drug even though such use results in a number of different negative ramifications for them. Often, these individuals do not believe they are having issues with controlling their use of the drug and rationalize such use.
- Some individuals continue their drug use in spite of very clear signs that it has resulted in significant impairment or dysfunction in important aspects of life. These signs include issues with the legal system, issues with their career or education, relationship issues, financial issues, and/or physical and mental health issues. Some of these individuals may continue to rationalize their drug use even though it is clear that it is resulting in major problems.
- Some individuals eventually begin to realize that their drug use is problematic for them, though many do not.
- The development of tolerance and withdrawal may occur in the middle to later stages of this process, but its occurrence is neither necessary nor sufficient to indicate that the individual has developed any form of substance use disorder. However, the development of physical dependence nearly always exacerbates the issues associated with substance abuse and results in the cycle of addiction being more difficult to overcome.

One of the interesting observations regarding these theories is that the stage theories of recovery or change are far better developed than the stage theories that attempt to describe how an addiction develops in the first place.

Comorbidity

Although evidence indicates the need for comprehensive and integrated therapy to address comorbidity, research shows that only about 18 percent of SUD treatment programs and 9 percent of mental health treatment organizations have the capacity to serve dually diagnosed patients. Provision of such treatment can be problematic for several reasons:

In the United States, SUD treatment is often siloed from the general health care system. Primary care physicians are most often the front line of treatment for mental disorders. The specialty mental health treatment system typically addresses only severe mental illness, while drug treatment is typically provided by a separate SUD treatment system. Typically, none of these systems have sufficiently broad expertise to address the full range of problems presented by dually diagnosed patients.

A lingering bias remains in some SUD treatment centers against using any medications, including those necessary to treat serious mental illnesses including depression, although this is slowly changing. Additionally, many SUD treatment programs do not employ clinicians who can prescribe, dispense, and monitor medications.

Many individuals who would benefit from treatment are in the criminal justice system. It is estimated that about 45 percent of individuals in state and local prisons and jails have a mental health problem comorbid with substance use or addiction. However, adequate treatment services for both drug use disorders and other mental illnesses are often not available within these settings. Treatment of comorbid disorders can reduce not only medical comorbidities, but also negative social outcomes by mitigating against a return to criminal behavior and re-incarceration.

While these barriers loom large, changes to the U.S. health care system can help improve care for people with comorbidities. The Mental Health Parity and Addiction Equity Act of 2008 (also known as the Parity Act) and the Patient Protection and Affordable Care Act of 2010 (also known as the Affordable Care Act or ACA) have increased the number of people with insurance that covers addiction and mental health treatment. The Parity Act mandates that health care plans that cover behavioral health treatments do so to the same extent as treatments for physical health conditions. The ACA requires that addiction and mental health treatment be covered as one of the ten Essential Benefit categories. With healthcare reform's other provisions to increase the quality of care, clinicians now have greater support and incentives to implement evidence-based practices and to collaborate in teams that provide integrated care for physical and mental disorders.

REF: <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-4-barriers-to-comprehensive-treatment-individuals-co-occurring-disorders>

Trust then Verify

All treatment protocols are driven from the diagnosis, so you can see how important getting the right diagnosis will be. If the diagnosis is off, then so too will be their plan of treatment and plan of care.

What drives the plan of care and plan of treatment is Best Practice Protocols. This term will be thrown around a lot in the presentations of treatment centers and healthcare providers. The determination of how well a provider used the Best Practice Protocols is up for determination of the family members.

In other word, just because they say they use Best Practices does not necessarily mean they used Best Practices with your loved one. It will be up to your family members to verify that these practices are being applied to each stage of the care/treatment of your loved one.

Trust then Verify: It is reasonable to trust a facility or provider to do as they say they will do, but in all situations verify that it was actually done.

To do this Verification, meet with the provider. Ask them to outline on paper what steps they will take that are part of the Best Practice Protocol and Then ask them to give you a confirmation they completed these steps.

Outcomes are a vital aspect to a Best Practice Protocol, what happened as a result of using each step in the Best Practice Treatment procedure. Therefore it is a Best Practice, because it can be measured and reported as to the results it produced.

Part II

Learn About the Disease

Seminar # 6

“Getting the 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.

Introduction

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.

Lesson One: When to Get an Assessment

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.

Lesson Two: The primary indications of addiction

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

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.

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

- **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.

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

- **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

Other Validated Assessment Tools

- 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.

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.¹⁶ The CAGE test has been shown to have good validity among adult medical patients.¹⁷ However, studies among adolescents have not provided adequate evidence of the CAGE test's sensitivity or reliability.^{18,19} 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.²⁰ Like CAGE,¹⁶ 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

SEVERITY LEVELS OF SUBSTANCE USE DISORDER

The American Psychiatric Association diagnoses the severity of Substance Use Disorders by identifying the presence of problem 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.

C R A V I N G S

Experience cravings or strong desires to use the substance.

O B L I G A T I O N S

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

S O C I A L

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

A C T I V I T I E S

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

H A Z A R D

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

H A R M

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

psychological problems.

T O L E R A N C E

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

USE DISORDER STAGING

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

MILD 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/

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

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...>

The Problem is not the problem, Worksheet?

What you your words does this mean?

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

What are the underlying problems?

- 1.
- 2.
- 3.

What are they avoiding facing?

Family Plan of Action

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.