Diagnosis of Substance Abuse and Dependence

Psychology 470

Introduction to Chemical Additions

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Background

- Clients will be from a variety of backgrounds
- Screeners need to account for differences in language, culture, and other variables
- Clients may or may not be motivated to provide accurate information.
  - Can occur initially or during the treatment process
- Ideally, data sources must come from a variety of backgrounds to determine
  - If a problem exists
  - The severity of the problem

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Data Sources

- Information can come from a variety of sources
  - Client
  - Client's family
  - Client's employer (if applicable)
  - Friends and neighbors
  - Medical / Psychiatric / Psychological fields
  - Legal community
  - Others

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Goals

1. Initial goal - Determine if the client needs assessed
2. To provide a comprehensive overview of the client
3. To determine if the client has a problem
4. To place the client in appropriate treatment
5. To follow-up and ensure the treatment is working

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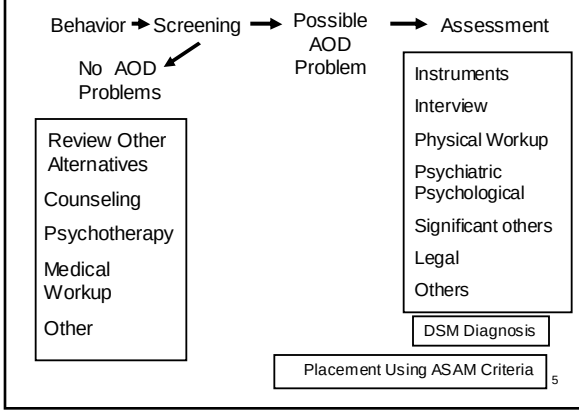

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Measurement Areas

- Screening
  - Uses techniques and instruments that determines if an assessment is necessary
    - Needs to be fast and quick
    - Is not be in-depth examination of the client
- Assessments
  - Examine multiple areas
  - Need to be comprehensive
  - Problem
    - Assessments often emphasize what the counselor is comfortable with
    - Can miss a lot of things

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Assessment Areas

- Medical
- Psychological
- Sociological

Medical Indicators

- Many levels
  - Some can be done in the counselor's office
  - E.g., How do they smell
    - Sweet – May indicate diabetes
    - Odiferous – May indicate homelessness
  - BAC testing
  - Urinalysis Testing (send to lab)
  - Visual tracking
  - Gaze Nystagmus
  - Needle Tracks?
  - Others
- Be alert

Physician Testing

- Is more in-depth
- Exam should be thorough and complete
  - Liver functioning
    - With alcoholics is a must
  - Basic Neurological tests
  - Other
- Physician should be cognizant of the presenting problem.
  - Ensures the appropriate tests are conducted.
  - Works very well when the client is motivated

Why

- Many disorders occur in conjunction with certain types of alcohol or drug abuse
  - Alcoholism - Liver, endocrine problems
  - IDU - Hepatitis, HIV
    - Any IDU must be screened for these diseases
      - If necessary, use public health service for screening

Psychological Indicators and Functioning

Mental Status Exam:

- Is the client in the here and now?
  - Are they hallucinating
  - Are they going through withdrawals
- Examine for mental problems
  - Depression
  - Mania
  - Others
- Readiness for a behavioral change
  - Highly motivated vs. Don't see what the problem is
  - Denial

Sociological Indicators

- Family relationships?
- Personal relationships?
- Employment?
- Legal issues?
- Living issues?
  - Homeless vs. stable housing
- Sanctions for the lack of a behavioral change
  - Loss of spouse or job vs. no sanctions

Results of the Process

- Based on the DSM IV-TR
  - Is the major diagnostic manual of the American Psychiatric Association and American Psychological Association
  - Views disorders as having both mental and physical components.
  - Is related to be part of the classification scheme of the International Statistical Classification of Diseases and Related Health Problems (ICD-9 or ICD-10).

International Classification of Diseases

- ICD-9 / ICD-10 Codes
- Is the official coding system used in the US
- Most DSM disorders have a numerical ICD code that is associated with the disorder.
  - Found in the DSM
- Is used to report diagnostic data to government agencies, private insurers, WHO
- Mandated by the Health Care Financing Administration for Medicare reimbursement.

Past Versions of DSM

- Mental disorders were considered different from physical disorders.
- Changes in DSM were made based on the predominant model of Psychiatry and Psychology
  - Psychoanalysis
  - Behavioral

Today

- We recognize that there is a lot of physical in “Mental Disorders” and lots of mental in “Physical Disorders.”
- Recognize that there are no precise boundaries for the concept of “Mental Disorder

Conceptualizes Mental Disorders as Having

- Behavioral aspects / dysfunctions
  and/or
- Psychological aspects / dysfunctions
  and/or
- Physical aspects / dysfunctions

Does not Include

- Deviant behavior (political, religious, or sexual)
- Conflicts between individuals and society
  - Unless the deviant behavior or conflict is a symptom of a dysfunction within the individual

Issues

- DSM does not assume that each category is a completely discrete disorder with absolute boundaries.
  - Disorders often cross over categories

A DSM Diagnosis is ONLY the First Step in a Comprehensive Evaluation

- Usually need a lot more information
- Criteria offered in the manual are guidelines
- Reflects a consensus of the field
- Does not encompass everything

Diagnostic Categories

- Five Components to a Diagnosis
- Axis 1 Clinical Disorders
- Axis 2 Personality Disorders and Mental Retardation
- Axis 3 General Medical Conditions
- Axis 4 Psychosocial and Environmental Problems
- Axis 5 Global Assessment of Functioning Scale

Substance Disorders

- Are part of Axis I
- Some aspects of the client's symptoms may fit another axis
  - Korsakoff's Syndrome is an organic mental disorder and fits in Axis III
  - Secondary Diabetes also fits here as well.

Substance Abuse

- Three major areas
  - Substance Intoxication
  - Substance Abuse
  - Substance Dependence

Substance Intoxication

- Development of REVERSIBLE substance-specific symptoms due to the recent ingestion or exposure to a substance.
- Clinically maladaptive behavior or psychological changes due to the effect of the substance on the CNS
- Symptoms are not due to another medical or psychological disorder

Substance Abuse

1 or more symptoms with past 12 months:

- Recurrent substance use resulting in a failure to fulfill important obligations (Missing work)
- Recurrent substance use in situation in which it is physically hazardous do to so (DWI)
- Recurrent substance-related legal problems (arrests)
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of a substance (fights)

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Substance Dependence

Three or more symptoms in the past 12 months:

- Tolerance
- Withdrawal
- Ingestion of greater amounts
- Persistent desire to cut down or control the substance
- Lots of time spent to get the substance, use it, or recover from it
- Elimination or reduction of social, work, or recreational activities due to use
- Continued use despite knowledge of physical or psychological problems due to use.

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Other Components of the Diagnosis

- Mental functioning status is important
- There may be a lot of environmental components involved with use
  - Housing situation
  - Spouse is also a user
  - Others
- Axis IV and V help or qualify the diagnosis

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Dependence

- Diagnosis can include if the client is currently physically dependent or not on a compound.
- Will have an impact in client placement

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DSM-IV Limitations

- Heavy reliance on clinician judgment
  - Can be reduced with good diagnostic instruments and assessment tools
- Diagnostic criteria are less valid with certain populations
- Does not capture levels of drinking involvement
- Provides little help with motivation or treatment planning
  - Is more of a treatment issue

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DSM Advantages

- Provides a common matrix for everyone to use
- Has ties with the medical community
- Ties in with ASAM Placement Criteria
- Measures other psychiatric problems
  - Substance abuse often occurs in conjunction with other psychiatric difficulties
  - Co-occurrence increases diagnosis complexity
- Is necessary for court cases
- Is THE diagnostic system one must use for third party payments
  - Not an option anymore

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Other Scales

- Does not replace the DSM
  - Are used in addition to the DSM
- Alcohol Dependence Scale (ADS)
- Clinical Institute Withdrawal Assessment (CIWA)
- Drinking Inventory of Consequences (DrInC)
- Triage Assessment of Addictive Disorders (TAAD)
- Substance Use Disorders Diagnosis Schedule (SUDDS)
- Diagnostic Interview Schedule (DIS)

Other Scales

- Drinking Inventory of Consequences (DrInC)
- Inventory of Drinking Situations (IDS)
- Profile of Mood States (POMS)
- Serum chemistry profile
- Alcohol Dependence Scale (ADS)
- Many others

Stages of Change

- Prochaska, DiClemente, Norcross
- Is the major addition to addictions counseling
- Several stages
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

Precontemplation

- Has no intent to change
- Under-awareness
- Pros outweigh cons
- No self-efficacy (self-confidence)
  - Demoralized by past failed attempts
- Coercion
- Denial
- Resistance

Contemplation

- Person is thinking about making a change
- Seeks information
- Is evaluating pros and cons
- No concrete change effort enlisted

Preparation

- Begins to develop concrete strategies and solutions
- Time line for change is within one month
- Tentative actions may be taken
- Aware of lessons in past
  - Failed attempts
- Links Contemplation to Action via determination

Action

- Actively engaged in behavior change (6mos.)
- Are acquiring skills
- Employing strategies to control behavior and behavioral contexts
- Transtheoretical

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Maintenance

- Is working to sustain gains
- Avoiding/preventing relapse
- Termination when confident and secure in maintaining change
- Multiple cycles may be necessary to achieve this goal

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Evaluation of the Model

- Is a good framework to determine where the client is in relation to behavioral change
- Can be used in a variety of contexts
  - Treatment centers
  - Prison settings
  - Physician's offices

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Motivational Interviewing

- Is a way to help people recognize or do something about their present problems
- Good when people are reluctant to change.
- Works within the process of stages of change

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Some Points

- De-emphasis on labels
- Emphasis on personal choice and responsibility for deciding behavior
- Focus on client concerns
- Resistance is seen as a behavioral pattern influenced by the therapist
  - Met with reflection
- Treatment goals are negotiated between the client and therapist
- Client's involvement and acceptance are seen as vital.

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Methods Therapists can use

- Give advice
- Remove barriers to change
- Provide choices
- Decrease desirability of the behavior to be changed
- Practice empathy
- Provide client feedback
- Help clients clarify goals
- Active helping rather than passivity

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Finally

- Once assessed, clients may need to be placed in treatment
- Uses ASAM Criteria
  - Allows client to be placed on a variety of dimensions and the type of treatment they will receive
    - Outpatient vs. ICU
  - Also requires ongoing evaluation after treatment placement

Conclusion

- Lots of aspects to screening, assessment, and treatment placement
- Process needs to be reliable
- Must be able to stand up in court.