Substance Use Disorder Assessment & Treatment

Concerns suggesting a Substance Use Disorder?

- Need for further evaluation: withdrawal symptoms (restlessness, tremors, sweating, dilated pupils, blackouts), headaches, cardiac arrhythmias, fatigue, apathy, social withdrawal, changes in peer group, change in academic functioning, concentration problems, change in appetite or weight, change in mood, change in sleep pattern, problems with cognitive functioning, problems with impulse control
- Administer substance use screener (See Appendix for examples)
- Ask parents specifically about concerns in school, home, or community functioning and educate about signs of substance use

Yes →

Safety Screen (see Appendix): Administer every visit

- Neglect/ Abuse?
- Thoughts of hurting self or others?
  - If yes, does patient have a plan, means, and intent?

No →

Yes →

Positive for Abuse/Neglect:

- Mandated Reporting as indicated

Threat of harm to self or others:

- Consider accessing local crisis intervention services. See Appendix for link to contact information.
- Follow agency/professional protocols to ensure safety

Conduct Further Assessment – Determine Current Level of Use

- Consider using more extensive assessment tools to clarify substance use concerns
- Identify types of substances used, quantity, and frequency
- Assess impact on functioning
- Request youth consent to include parent(s) in assessment and treatment

Exposure/experimental use:

- Support any abstinence decisions
- Discuss what to do if pressured
- Educate about risks and consequences of use
- Continue monitoring for increased use or problem behavior

Problem use:

- Educate about risks and consequences of use
- Stress no substance use and driving or riding with anyone under the influence
- Develop rescue plan with child/adolescent for unsafe situations, include parents if possible
- Request release of information for referral sources
- Continue monitoring for increased use or problem behavior

Possible Substance Use Disorder:

- Educate about risks and consequences of use
- Consider urinalysis (UA)
- See Appendix for DSM-5 Substance Use Disorder diagnostic criteria
- Refer for further evaluation
- Request release of information for referral sources
- Continue monitoring for increased use or problem behavior

Follow-up Appointments

Frequency

- 1-4 weeks if safety concerns and 6-24 weeks if no safety concerns

Appointment Content

- Readminister screening
- Review recent use, collaborative information, and safety plan (if applicable)
- Consider urinalysis (UA)
- Continue monitoring until substance use concerns subside or referral for assessment is necessary

Refer to Specialist for Assessment

- If *only substance use* is of concern, refer to Chemical Dependency Specialist
  - Request feedback
- If *both substance use and mental health* is of concern, refer to Chemical Dependency and Mental Health Specialists
  - Request feedback

Substance Use Disorder Assessment & Treatment

Treatment Guideline for Substance Use Disorders

Substance Use Concerns Dominant
- Concurrent mental health treatment possible
- Obtain release of information for coordination purposes

Co-occurring Substance Use Disorder and Mental Health Treatment Needed
- Refer to integrated services if available
- Obtain release of information and notify both providers if dual referral

Problematic Substance Use But Mental Health Concerns Dominant
- Obtain release of information for coordination purposes

Refer to Chemical Dependency Specialist for Treatment

<u>Request information and coordination following referral</u>

Factors to consider:
- Patient motivation – highly motivated patients will do better in less restrictive setting than those with lower motivation
- Patient need for structure
- Ability and support to stop use in home environment
- Risk of withdrawal symptoms/physiological dependence
- Previous failed Substance Use Disorder treatment

Treatment Settings:
- Outpatient: motivated to change and low risk of withdrawal
- Intensive Outpatient: need added structure, but motivated to change
- Residential Treatment: unlikely to stop use in home environment, at risk for withdrawal
- Inpatient: risk of withdrawal symptoms and/or significant risk for harm

Elements of Treatment:
- See Appendix for current evidence-based treatments and practice elements

Consider Adjunctive Treatment Referrals:
- Support groups
- 12-step groups
- Family support and education groups

Refer to Mental Health Specialist for Treatment

<u>Request information and coordination following referral</u>
- If child already has a Mental Health Specialist, referral can begin with this provider
- See Appendix for evidence-based treatments and components
- Consider adjunctive services such as family support and education groups

Ongoing follow-up appointments once treatment has been established:

Frequency:
- 13-26 weeks until symptoms abate
- Consider comorbidity, safety, and symptom severity in determination of visit frequency

Appointment Content:
- Review collaborative information and symptom presentation
- Monitor continued use – praise successes
- Monitor for additional concerns, including use of tobacco
- Consider routine or random urinalysis (UA) done in coordination of substance use/mental health treatment

Substance Use Disorder Assessment & Treatment

Primary References:

American Academy of Child and Adolescent Psychiatry Official Action (2005) – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Substance Use Disorders. http://www.jaacap.com/article/S0890-8567(09)61641-5/pdf

American Academy of Child and Adolescent Psychiatry Official Action (2009) – Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents. http://www.jaacap.com/article/S0890-8567(09)60156-8/pdf

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th ed.).* Washington, DC: Author.

Cook, R. L., Chung, T., Kelly, T. M., & Clark, D. B. (2005). Alcohol screening in young persons attending a sexually transmitted disease clinic: Comparison of AUDIT, CRAFFT, and CAGE instruments. Journal of General Internal Medicine, 20, 1-6.

Kulig, J. W. & the Committee on Substance Abuse (2005). Tobacco, Alcohol, and Other Drugs: The role of the pediatrician in prevention, identification, and management of substance abuse. Pediatrics, 115(3), 816-821.

PracticeWise (2015). Evidence-Based Youth Mental Health Services Literature Database.

SAMHSA (2006). Identifying and Helping Patients with Co-Occurring Substance Use and Mental Disorders: A Guide for Primary Care. Substance Abuse in Brief Fact Sheet, 4(2), 1-6.

Appendix

Resources:

Bright Futures – Stages of Substance Use and Suggested Interventions
https://brightfutures.org/mentalhealth/pdf/professionals/bridges/stages_substance.pdf

Bright Futures – Discussing Substance Use
https://brightfutures.org/mentalhealth/pdf/professionals/bridges/discussion_sbstnce.pdf

Substance Abuse Treatment for Persons With Co-Occurring Disorders: Quick Guide for Clinicians Based on TIP 42 – Digital Download available at this site: http://store.samhsa.gov/product/Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA07-4034

Substance Abuse Screening Tools:

1. Global Appraisal of Individual Needs Short Screener (GAIN-SS): mental health and substance use screening tool (http://www.gaincc.org/GAINSS)
2. CRAFFT: substance use in children under age 21 screening tool (http://www.ceasar-boston.org/clinicians/crafft.php)
3. Alcohol Use Disorder Identification Test (AUDIT): alcohol use screening tool; Tool: http://pubs.niaaa.nih.gov/publications/Audit.pdf; Manual: http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

Safety Screen:

Some questions to assess potential threat of harm to self: Children and adolescents may be asked the following diagnostic questions (Jacobsen et al., 1994).

- "Did you ever feel so upset that you wished you were not alive or wanted to die?"

- "Did you ever do something that you knew was so dangerous that you could get hurt or killed by doing it?"
- "Did you ever hurt yourself or try to hurt yourself?"
- "Did you ever try to kill yourself?"

*If the threat assessment (i.e., Safety Screen) indicates risk of harm to self or others, educate families on the appropriate care options and safety precautions including removal of firearms from the home and securing all medications, both prescription and over-the-counter.

Warning Signs of Suicide: (Developed by the U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA; 2011).

These signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Threatening to hurt or kill oneself or talking about wanting to die or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risky activities – seemingly without thinking
- Feeling trapped – like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Minnesota Mental Health Crisis Contact Numbers: http://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp

Current Evidence-Based Substance Use Disorder Treatments include: Family Therapy, Motivational Interviewing/Engagement, Cognitive Behavior Therapy, Community Reinforcement, and Contingency Management

Elements of effective substance use disorder treatment include: psychoeducation, communication skills, motivational enhancement, problem solving, family engagement, family therapy, maintenance/relapse prevention, relationship/rapport building, assertiveness training, cognitive processing, stimulus control or antecedent management, modeling, accessibility promotion, behavioral contracting, case management, monitoring, goal setting, self-monitoring, functional analysis, relaxation, social skills training, talent or skill building, tangible rewards, and therapist praise/rewards

DSM-5 Substance Use Disorder Criteria:

A. A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   1. The substance is often taken in larger amounts or over a longer period than was intended.
   2. There is persistent desire or unsuccessful efforts to cut down or control substance use.
   3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
   4. Craving, or a strong desire or urge to use the substance.
   5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
   6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.
   7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
   8. Recurrent substance use in situations in which it is physically hazardous.
   9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
   10. Tolerance, as defined by either of the following:
      a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
      b. A markedly diminished effect with continued use of the same amount of the substance.
   11. Withdrawal, as manifested by either of the following:
      a. The characteristic withdrawal syndrome for the substance.
      b. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Note: Criterion 11 does not apply for all substance, including phencyclidines, other hallucinogens, and inhalants, because withdrawal signs and symptoms are not well established.

Note: Criteria 10 and 11 are not considered to be met for those individuals taking opioids, sedatives, hypnotics, anxiolytics, or stimulants solely under appropriate medical supervision.