

Unit 2.3

Substance Use Assessment

Contents

Unit 2.3: Substance Use Assessment	4
Working with young people with co-occurring mental health and substance use problems	9
Why the Interest?	9
Profile of Substance History/ Use	10
Substance Use by CYMHS clients	10
Psychological development.....	11
The impact of drug use on psychological development	11
Which Comes First?	11
Possible Relationships.....	12
Intervention Approaches	12
Parallel Treatment	13
Queensland Health Response: 2004	13
Queensland Health Response: 2005	13
Queensland Health Response: 2006	14
Queensland Health Response: 2007/8	14
Intervention Approaches	14
The Current State of Play	15
A Final Word.....	15
Role Play:	15
Spectrum of Drug Use.....	16
<i>Managing Intoxication And Withdrawal</i>	58
<i>Helpful Hints in the Assessment Procedure.</i>	59
<i>Raising the Issues</i>	59
<i>Managing Hallucinations</i>	60

Unit 2.3: Substance Use Assessment

Unit Descriptor

This Unit highlights issues for mental health clinicians when assessing child and youth with substance use problems and addresses issues of dual diagnosis. The Substance Use Assessment Unit has been developed to enhance clinicians knowledge of commonly used substances, their effects, the indicators of substance use, and the role that substance use plays in relation to mental health. This Unit aims to develop clinician's core skills in assessing children and young people in relation to substance use, including the acquisition of appropriate information and assessing the pattern of drug use and the stage of change. A DVD has been included in this Unit, in which a role-play illustrates how to conduct a Substance Use Assessment and the use of Motivational Interviewing.

Learning Objectives

1. Gain an understanding, and knowledge of, the three major categories of substances, the most commonly used drugs and the differing effects that stimulant, depressant and hallucinogenic drugs may have on an individual
2. Gain an understanding of the developmental issues that may predispose and perpetuate substance use in young people.
3. Describe the patterns of drug use on a spectrum that ranges from no use of drugs to the dependent use of drugs
4. Demonstrate knowledge and skills in assessing and acquiring relevant information pertaining to substance use and dual diagnosis
5. Demonstrate knowledge and skills in the area of motivational interviewing

Unit 2.3

Substance Use Assessment

DVDs and Associated Learning Materials

DVD 5: Working with Young People with Co-Occurring Mental Health and Substance Use Problems

Presenters: Sophie Morson and John Kelly

DVD Overview

The DVD you're about to see is a very brief overview of the area of combined mental health and substance problems (known as dual diagnosis) in its application to a CYMHS population. This topic has been chosen for inclusion given the fact that co-existing substance issues have often been previously overlooked by mental health workers. This may be in part due to value judgements on the part of clinicians regarding substance use and/or the fact they believe it is an area they don't have a lot of knowledge, confidence or skill in.

The DVD as a learning tool has the following objectives:

1. To highlight the impact and prevalence of co-existing substance use in children and young people with mental health problems;
2. To develop an understanding of the statewide directions in assessing and providing integrated treatment for dual diagnosis;
3. To showcase use of the drug and alcohol suite of assessment measures in conducting an initial interview with a client; and
4. To demonstrate use of a brief motivational interviewing technique to further engage and assess the client regarding their substance use, enhance their motivation to change and form the basis of a plan for integrated treatment.

The DVD contains two parts:

- An overview and introduction to dual diagnosis including its impact on young people, and how to assess substance use in young people; and
- A brief role-play demonstrating how to conduct a Substance Use Assessment with a young person and the use of motivational interviewing

Presenters:

- Sophie Morson - Coordinator (Psychologist)
Minding Young Minds Early Intervention Program
CYMHS, RCH & HSD
- John Kelly - Psychologist

Actor used in fictional case study – Emma Armitage

Case Study Notes: This case study was based solely on fictional characters. Similarities to persons or real events are purely co-incidental.



Working with young people with co-occurring mental health and substance use problems

Sophie Morson
CYMHS,
RCH & HSD

&

John Kelly
Youth Community Team,
Northside Health Service District



Spaceship

Earth is about to come to an end. Everyone has secured a place on a spacecraft to relocate to planet CYMHS. There is one (& only one) seat left. Who out of the following people would you take with you, and why?



- Terry, 9 year old male with sexualised behaviour and recent history of chroming
- Sam -12 year old with conduct problems and is a chain smoker
- Bianca – 15 year old cannabis dependent sex worker
- Michael, 17 year old alcohol and speed user who is angry and depressed

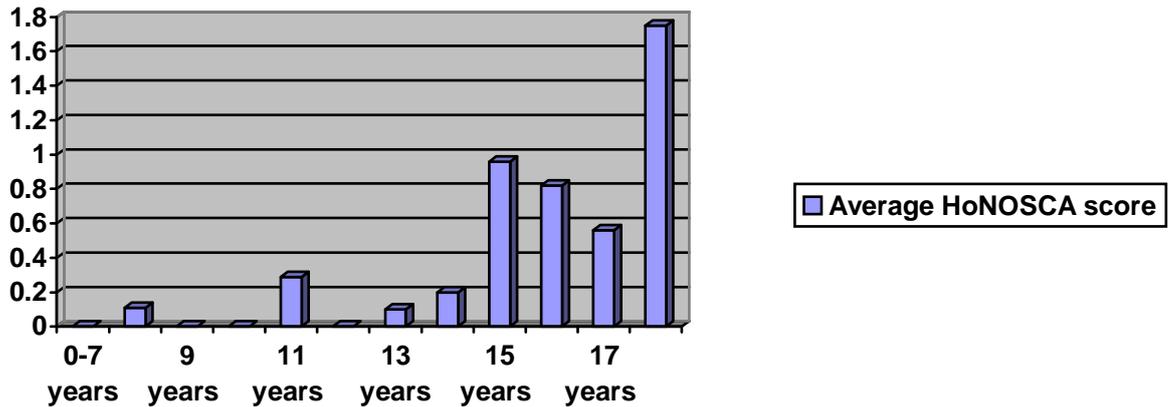
Why the Interest?

- *Increasing emphasis on (MH) PPEI, including intervening at younger age i.e children and young people*
- *Suggestion that the incidence of dual diagnosis may be increasing (George and Krystal, 2000).*
- *Observation of a “downward developmental trend” (Zubrick et al, 1999)*
- *Mental disorders (including substance use) account for 55% of the total disease and injury burden for young adults (mathers, Vos & Stevenson, 1999)*
- *Onset of problems disrupts key developmental tasks e.g., disrupted education, unstable living arrangements, contact with the criminal justice system, and loss of support networks*
- *Approximately 50% of adolescent mental health inpatients have a co-existing substance problem, of which further 50% are poly-substance users (Caton et al, in Milin 1996)*
- *Young people with a substance use disorder are three times more likely to have psychiatric diagnosis (Kandel et al, 1999), which is a higher rate than for adults (Beitchman et al., 2001).*
- *High prevalence of both in marginalised young people:*
 - *Pilowsky & Li W (2006) found that compared to those American adolescents not in foster care, those in care had more symptoms in every category of mental health and substance use symptoms.*
 - *Two-thirds of homeless young people were found to have a diagnosable mental disorder and/or drug dependence (Rossiter et al, 2003).*
- *Those dually diagnosed have worse prognosis:*
 - *“It basically tore my family apart”*
(from Blamed and Ashamed report, US, 2000)

Profile of Substance History/ Use

- Of the 132 charts reviewed, reference made to past or current use in assessment template (by client and/or significant other) by 37 clients (19 females, 18 males; age range 11 to 18 years, average: 15.5 years). Reported use of average of 2.3 substances
- Of these, 32 reported current use (of 1.9 substances)
- Review of HoNOSCA (item 4) by age and gender

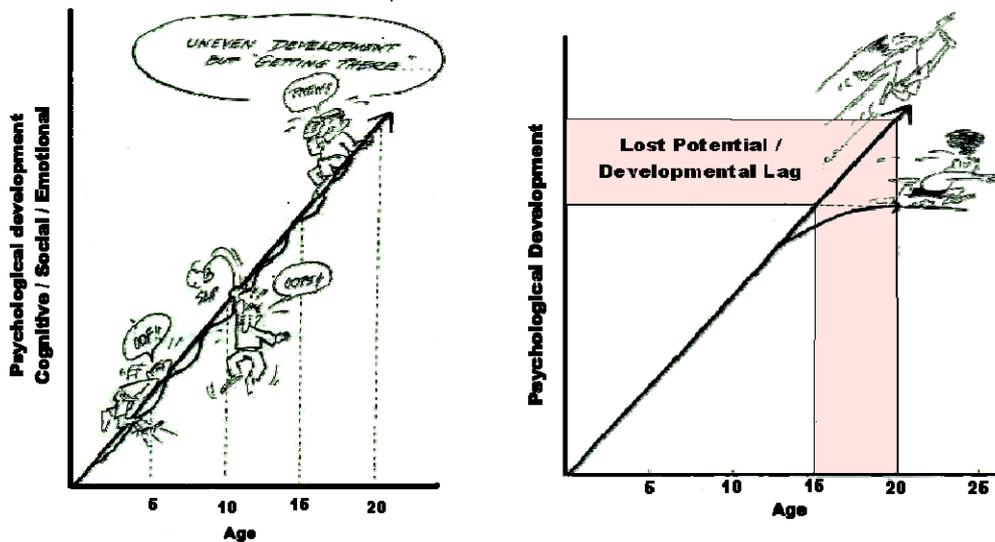
HoNOSCA scores by Age



Substance Use by CYMHS clients

Substance	Number	Percentage
Alcohol	28 (19)	32.9 (31.7)
Marijuana	26 (19)	30.6 (31.7)
Cigarettes	17 (16)	20.0 (26.7)
Speed	4 (1)	4.7 (1.7)
Inhalants	4 (2)	4.7 (3.3)
Amphetamines	3 (1)	3.5 (1.7)
Ecstasy	2 (1)	2.3 (1.7)
Coffee	1 (1)	1.1 (1.7)

Psychological development



The impact of drug use on psychological development

Noticeable deficits in cognitive, emotional and social development which can be characterised by:

- Incongruence between chronological age and mental age ie adult with childlike behaviour
- Lacks ability to take responsibility
- Lack of emotional and behavioural repertoire
- Inappropriate responses
- Lack of social competence
- Limited ability to problem solve, set goals etc
- Limited coping strategies

Which Comes First?

Causality is a complex issue, often with conflicting literature

- 1/3 initiated substance use prior to symptoms (Milin, 1996)
- Anxiety disorders may predispose adolescents to the development of substance use disorders (Deas-Nesmith, Brady, & Campbell, 1998)
- Regular cannabis use in teenage girls predicted two-fold increase in depression seven years later (reverse effect not found, and not as strong in boys; Patton et al, 2002)
- Cannabis use conservatively doubles risk of psychosis (Cohen et al, 2008)

“I think they should split the time between mental health and substance use because I really honestly don't know anyone who has a substance use problem who doesn't have a mental health problem”

Possible Relationships

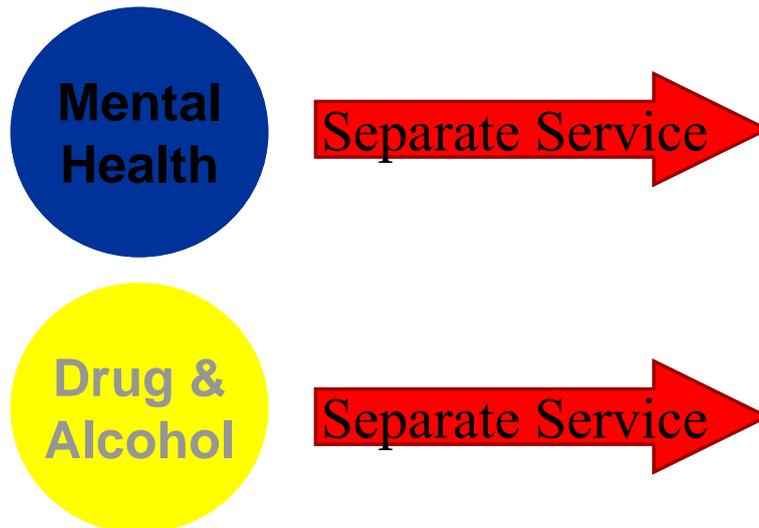
- *Create* - Substance use can create psychiatric symptoms. Example: Alcohol is a depressant - if anyone uses alcohol long enough, they could develop depressive symptoms and eventually meet criteria for major depression.
- *Trigger* - Substance use can trigger the emergence of some mental health disorders if a youth is predisposed to mental illness. Example: A young person whose mother has bipolar disorder may have never experienced symptoms of mania until the youth uses PCP.
- *Exacerbate* - Symptoms of mental illness may get worse when a young person uses alcohol and drugs. Example: A young person with suicidal ideation may make an actual suicide attempt after drinking alcohol because they become more depressed and less inhibited.
- *Mimic* - Substance use can look like symptoms of a psychiatric disorder. Example: A young person with no history of psychiatric symptoms can develop paranoid delusions after heavy methamphetamine use.
- *Mask* - Symptoms of mental illness may be hidden by drug and alcohol use. Example: A young person with attention-deficit/hyperactivity disorder may be less distractible when using cocaine. Psychiatric symptoms may not emerge until they stop using for a significant period of time.
- *Independence* - A mental health disorder and substance abuse disorder may not be related to each other, but a common factor may underlie them both. Example: A youth's genetic makeup may make the youth vulnerable and more likely to develop mental illness and/or substance abuse.
 - (Trupin & Boesky, 2001).

Intervention Approaches

Sequential Treatment

In this approach, a client with dual disorder is not eligible for treatment in one part of a system until the other problem is resolved or suitably stabilized.
eg. Mental health services cannot treat client until their substance use issue is resolved, or ATODS cannot treat until mental health is stable.

Parallel Treatment



Queensland Health Response: 2004

Dual Diagnosis Strategic Plan launched with resources allocated to service enhancement with aim of:

- Enhanced service capacity
- Enhanced workforce development
- Enhanced intersectorial collaboration
- Development of statewide policy guidelines
- Enhanced quality and effectiveness
- Enhanced leadership
- Integrated care in indigenous communities

Queensland Health Response: 2005

- *Achieving Balance report released summarising findings from the Mental Health Sentinel Events review (2002-3)*
 - 20 of 45 clients reviewed were using substance/s at time of event
 - 75% clients had a drug and alcohol history
- *Case example: Suicide of a 20 year old man accessing both services*
 - *Issues identified:*
 - Parents limited involvement with treatment plans
 - Lack of clearly defined primary treatment agency
 - Poor communication between agencies
 - Difficulty obtaining prompt assessment
 - Inadequate dual diagnosis resources
 - *Recommendations:*
 - Joint written policy between services
 - Self-help or mutual support groups for carers
 - Facilitation of carer involvement
 - Support for GPs as primary health provider
 - 24 hour mental health information line

Queensland Health Response: 2006

- *Queensland's Drug Strategy 2006 -11 includes reference to young people and dual diagnosis as strategic priorities*
- *Achieving Balance recommendations commence implementation, including:*
 - KR1: Develop core standardised processes for mental health assessment, risk assessment and treatment, accompanied by appropriate education and training. Particular attention should be paid to non-compliance with treatment.
 - KR3: Increase integration of mental health and alcohol, tobacco and other drugs services.

Queensland Health Response: 2007/8

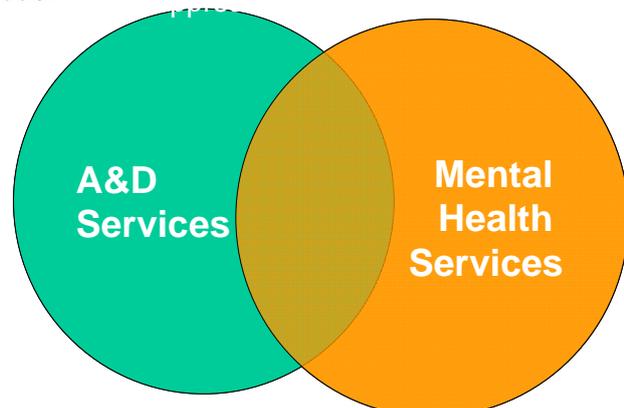
Main directions of Key Recommendation 3:

- Policy
 - Under development with corresponding guidelines for use by MH and ATODS, with specific reference to indigenous considerations

Note: As of September 2008 this policy is now available: Please refer to *Service delivery for people with dual diagnosis (co-occurring mental health and substances use disorders)*, available for downloading from qheps.health.qld.gov.au/mentalhealth. The accompanying Clinical Guidelines and Clinician Toolkit will also be available from QHEPS from early 2010 to assist responsive service delivery for people with a dual diagnosis.
- Partnerships
 - With NGOs, QCMHL, ADTRU etc
- Organisational and Structural Initiatives
 - Service mapping exercise conducted with MHS & ATODS (identified capacity, DD workforce, education and training, partnerships, guidelines/policy)
 - 6 Integration Intervention sites to develop collaborative strategies: CYMHS-Hothouse one such "site"
- Training & Education
 - Establishment of clinician exchange program and sustainable training options
 - Aim: To ensure dual diagnosis is seen as part of core business

Intervention Approaches

Integrated Approach: Best Practice Model



The Current State of Play

- *Only emerging models of best practice for integrated treatment.*
- *Queensland Health (2003) defines integration as “the coordination of interactions and relationships within and across services in order to secure the best possible service system response for a person with a dual diagnosis, and does not imply the structural realignment of service systems. At the service level, a core feature of integrated care is the provision of mental health and substance use services in a single setting wherever possible, and if not possible, then referral via agreed clinical pathways should occur”.*
- *Integration generally recommended, including for young people e.g., Libby & Riggs, 2005*
- *Increasing evidence of effectiveness e.g., clients randomised to receive integrated (rather than parallel) treatment achieved greater reductions in the incidence of psychiatric hospitalization and arrest at one-year follow-up (Mangrum, Spence & Lopez, 2006)*

A Final Word

- *“The tragedy of the current approach: Shifting young people with co-occurring disorders into the criminal justice system.*

- *The best approach to solving the problem of locking up young people ... would be prevention, early intervention and integrated treatment”*

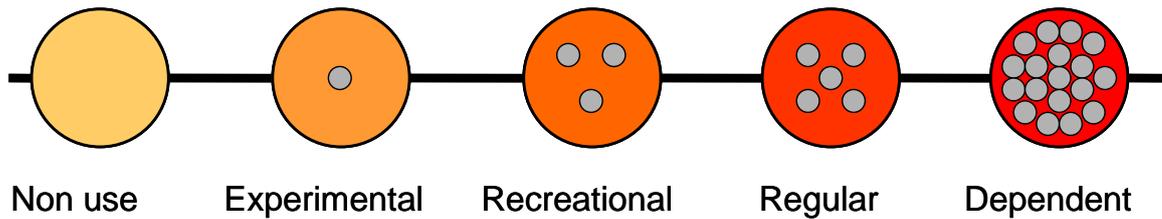
“we need programs that deal with our child as a whole”

Role Play:

- *Administration of CYMHS Assessment Tools:*
 - Drug Check
 - Problem Checklist
- *Application of a brief motivational interviewing technique:*

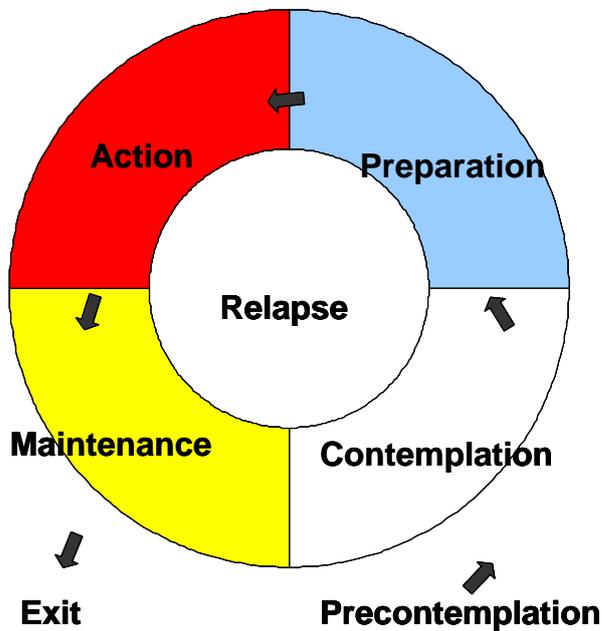
‘The four-column diagram’

Spectrum of Drug Use



- A person can move either way along the spectrum, and there is no evidence to show that one stage automatically leads to the next.
- These levels apply to each drug being used e.g. dependent speed use and recreational alcohol use.
- There are risks associated with all levels of use.

Process of Change



- Transtheoretical model
 - Descriptive rather than explanatory
 - Ambivalence surrounding change is normal
 - Motivation and commitment to action are not constant
 - Different stages require different treatment approaches
 - Readiness for change is the key to sustaining change over time.
 - Readiness may vary for different drugs and may be different to management of other concerns
- Prochaska and DiClemente (1992)

FOUR COLUMN DIAGRAM

The following information was provided by Sophie Morson, adapted from training provided by the Youth Community Team, Metro North Health Service District, Brisbane

One of the key areas for intervention in substance use is helping a young person explore those things that are working for them and those things that aren't. This is a foundation of a type of intervention known as motivational interviewing, in which you harness a client's own motivation to make change, including enhancing their motivation to change areas that might be difficult for them. It comes from the work of Miller and Rollnick, and has been applied to a range of behaviours including substance use, eating habits and more recently to the area of mental health.

The use of this model is demonstrated on DVD 5 and represents a first step only in undertaking motivational interviewing with a client. A positive feature of this model is that it is directed by the client's answers so they have ownership of how it turns out, and are therefore more likely to follow through on it.

To enhance learning, a further example of how to work through a conversation using the four column diagram to engage a young person who is using substances is provided as follows. A role play script is included, with John playing the part of the counsellor and Sarah as the young person with substance use issues.

The first thing you need to do is explain the model to the young person, and indicate that together you'll be thinking about the things they like and dislike about using the substance versus not using the substance. It is important here to use the words they use to describe in each state, again to increase their ownership of the model. It's also important to use the words "like" and "dislike" rather than "positive" and "negative", as the word "negative" comes across as very judgmental and may mean they will disengage from you.

Once you have the words agreed between the two of you, the counsellor will draw up a diagram of four columns to capture this information before you begin.

Matthew: Okay Emma, one of the things that has come up in us talking is the fact that you've been smoking a lot of dope, and that this has been causing some hassles at home.

Sarah: Yeah, mum's on my back about it at home and it's really starting to get to me.

Matthew: You've said previously that you're thinking about doing something about this, and that you'd like to talk further about what we could work on together.

Sarah: I dunno if I want to stop, but it would be good to have a bit more money that I could spend on something else.

Matthew: Well, what we might do is have a think about some of those very things in working out the things that are happening around your marijuana use. You've used the word "stoned" before when you described yourself using. What do you call it when you don't use marijuana?

Sarah: My mates and I call it straight.

Matthew: Okay, so we're thinking about what it's like when you're straight versus when you're stoned, and about the things that you like and dislike for each. If we were to draw it up this way, this is how we could start thing about the issues.

STRAIGHT		STONED	
LIKE	DISLIKE	LIKE	DISLIKE

As you can see, it's transparent and easy to understand where the exercise is headed. The Four-Column Diagram is useful because it helps the young person to find the reasons behind their substance use in a non-threatening way. Usually if you ask a young person "Why do you drink?" they don't know. The Four-Column Diagram therefore, helps to overcome this potential blockage.

You continue to engage the client by asking them which column they'd like to start filling this in first. This in itself can catch them off guard, break through their defences and engage them, as they might have expected you to hammer home all the bad things about drug use just like every other adult in their life. They instead tend to want to talk about the reasons why they like using the substance. If they don't have a preference on where to start you be the one to suggest this to them, again to engage them in something you know they are obviously interested in! One key to starting with this column, though, is that you don't want lots and lots of detail here. If they were able to come up with 50 things they like about using the substance, it may backfire and actually reinforce their use. Instead, just elicit five or six reasons at most as to why they are using, and cut them off to then move onto the next column. You also want to use the young person's words in capturing their reasons for using.

Matthew:: Now we come to filling some of the columns in. Where would you like to start?

Sarah: Don't you want me to tell you all about the bad things about being stoned? That's what mum keeps going on about!

Matthew: We'll come to the things you might dislike about being stoned, but for the moment it's about where you'd like to start.

Sarah: Well, dope obviously does something for me, otherwise I wouldn't keep using it.

Matthew: Why don't we start there, then. What are some of the things you like about being stoned? (Starts writing as Sarah:is talking)

Sarah: Well, it helps me relax a lot, and when I'm relaxed I tend to enjoy myself more and have a bit of fun. Dope also helps me forget about things I'm worried about. I can also speak a bit more to say what's on my mind. Being stoned also just feels good...

Matthew: As you can see I've been writing down your reasons, and this is what it's ended up looking like.

STRAIGHT		STONED	
LIKE	DISLIKE	LIKE	DISLIKE
		Relax	
		Enjoy Myself	
		Have fun	
		Forget about worries	
		Say what's on mind	
		Feels good	

You then ask the client which column they'd next like to focus on. Often it's the column that captures the behaviour that is reinforcing their drug use – namely, the things they dislike about being straight. If this is the case, when eliciting responses you don't want to have them identify too many. Five or six is enough. Again, use the words that they use in recording their responses.

Matthew:: Which column would you like to focus on next, Emma?

Sarah: Well, I guess I mustn't like being straight if I'm smoking dope all the time.

Matthew: Good point. What are some of the things you dislike about being straight?

Sarah: It makes me very tense to the stage that I can't relax. I find that I worry a lot more, and get really moody. Being straight is also really boring.

Matthew: Okay, so these are the reasons I've written down for this column.

STRAIGHT		STONED	
LIKE	DISLIKE	LIKE	DISLIKE
	Tense	Relax	
	Bored	Enjoy Myself	
	Moody	Have fun	
	Worries	Forget about worries	
	Can't Relax	Say what's on mind	
		Good Feeling	

Again, it's all very transparent and dealt with in the open. From here, you offer the client the choice of which column they'd next like to address. In a lot of cases they choose the things they like about being straight, as they're well aware from others why taking the substance/s is bad.

Unlike the previous two examples, however, when the client stops you need to keep probing for every possible thing they might like about being straight. In some cases this might mean asking them about what they used to like if they've had a long history, or posing suggestions to them based on their previous history. To soften this, you might indicate that this is what you've heard from other young people about their own drug use.

The aim of the counsellor is to validate the things the client likes about not using a substance, and have them elaborate as much as possible to include even simple items in this list.

Matthew: Which column would you like to focus on next, Emma?

Sarah: Maybe some of the things I dislike about being straight.

Matthew:: What do you think about that one?

Sarah: . I think that before I first started smoking, I was a lot more helpful to friends. They said I was a very caring person. Umm.....

Matthew:: That's good, so you're saying that you might have been a more positive person to be around. What else can you think of?

Sarah: Sometimes it's been easier to think of things when I'm not stoned, like my mind's clearer or something.

Matthew: Okay, so it's easier to get your head together. What did that mean in terms of what you could do?

Sarah: Oh, I was definitely able to concentrate on my schoolwork a lot more. So yeah, I used to get really good grades.

Matthew: So that helped out things with school more. You've told me before that you used to have a part-time job. How was it when you were straight?

Sarah: I was able to do a good job, you know, turn up on time and things like that.

Matthew: So it sounds like being straight helped you out at both home and school...

Sarah: Yeah, I guess it did. Not the way things are now....

Matthew:: Are there any other things you like or liked about being straight, Emma?

Sarah: No, not really?

Matthew:: One thing that other young people I've spoken to have said is that being straight just made them feel healthier in general. What's that been like for you?

Sarah: Yeah, I guess that's true for me too. I used to be really into sport, netball and stuff, and being straight meant I was able to make training and look after myself properly.

Matthew:: Some other young people have said that they felt more in control when they were straight.....

Sarah: Things were definitely easier then, now I'm all over the place. Even though it's boring and tense, at least I feel more in control when I'm straight.

Matthew:: So this is the list we've come up for this column. How does that look to you?

Sarah: Yep, that's pretty much it.

STRAIGHT		STONED	
LIKE	DISLIKE	LIKE	DISLIKE
Helpful to friends	Tense	Relax	
Caring	Bored	Enjoy Myself	
Think clearly	Moody	Have fun	
Better concentration	Worries	Forget about worries	
Good grades	Can't Relax	Say what's on mind	
Good worker		Good Feeling	
Turn up on time			
Healthy			
Netball			
More in control			

You can start to see that even visually, the list is visually stacking up to encourage the client's ambivalence towards cutting down their use. This comes down to the skill of the counsellor in weaving this into the interaction in such a way that the client accepts ownership. The final column is completed in the same way as the previous one – again, have the client expand on detail, keep probing for more answers and validating responses. In this case, note down those responses the client indicates may not be the things that they dislike about using the substance, even if as only a query, as they may not fully accept responsibility for this just yet.

Matthew: As you can see, we've got one more column to go. What are some of the things you dislike about being stoned?

Sarah: Well, I know I can get pretty aggressive sometimes. That was always there before, but now it's even worse.

Matthew: What happens when you get aggressive?

Sarah: I get into lots of fights and stuff. Nothing major – I mean, I never killed anyone – but, I did get a warning from the cops once.

Matthew: What was that like for you?

Sarah: It freaked me out – that's never happened to me before!

Matthew: Have these fights been happening in lots of places?

Sarah: They sure have – one time when I was stoned at work I nearly punched a customer in the face. My boss went off and was fired the next day!

Matthew: That sounds pretty serious! What's happened since then?

Sarah: Well, I've gone for other interviews but everyone wants to check my references from my old boss, so I can't get another job. I've got no money because I can't work, and I'm spending my dole on dope to chill out about it.

Matthew: It sounds like a vicious cycle! Are there any other things you dislike about being stoned?

Sarah: No, I think the list is more than enough!

Matthew: It's just that I remember when we first met a few weeks ago you said that when you were stoned it gave you a really strange feeling

Sarah: Oh yeah, I thought all these ants were crawling all over me – it was the weirdest feeling and it really freaked me out.

Matthew: Does that happen a lot?

Sarah: Shit, yeah, all the time!

Matthew: What do your friends do when you ask them about it?

Sarah: Oh, they don't say anything. They're just as off their face as me, so they've got their own stuff going on. To be honest, I wouldn't say they're real friends. I just buy my dope off them, so I think they just hang around me so they can get my cash. We've never had a real conversation when we've been straight, so I don't know them all that well...

Matthew: So it sounds like you're questioning the type of friends you've got at the moment...

Sarah: Yeah, I just don't know if I can trust them.

Matthew: You also mentioned before that things have been pretty difficult at home....

Sarah: Yeah, mum goes off her nut at me when she knows I've been smoking. I tell her to piss off and she just rips into me.

Matthew: So do you think we could put that down as something you dislike about being stoned?

Sarah: No, it's more something mum dislikes...

Matthew: So your mum doesn't like you smoking, but it sounds like you don't like being yelled at when you've been smoking

Sarah: Yeah, that sums it up.

Matthew: So as you can see, the things you don't like about being stoned is the fact that you get more aggressive, which means you get into fights and on one occasion got a warning from the police about this. While stoned, you got into an argument at work and lost your job, and as a result have no money at the moment. Being stoned also gives you some pretty weird feelings that freak you out, but you question the reasons for your current friends hanging around because you can't trust them. To make matters worse, your mum goes off at you when you're stoned so home isn't all that great.

Sarah: Oh, it's not just my mum, my dad goes rank too.

Matthew: Okay, so mum and dad rip into you, which makes things pretty uncomfortable at home. Looking over this list, how are you feeling about things right now?

Sarah: Well, the fact that I can't work and no one trusts me means that I'm pretty stuffed.

Matthew: How are you feeling about your future, Emma?

Sarah: Well, based on how things are right now it's all looking pretty uncertain. I used to want to go to uni, but I got a pretty bad OP last year so I just don't know how I'll go....

STRAIGHT		STONED	
LIKE	DISLIKE	LIKE	DISLIKE
Helpful to friends	Tense	Relax	Get Aggressive
Caring	Bored	Enjoy Myself	Fights
Think clearly	Moody	Have fun	Police warning
Better concentration	Worries	Forget about worries	Lost my job
Good grades	Can't Relax	Say what's on mind	No money
Good worker		Good Feeling	Weird feeling
Turn up on time			Freaked out
Healthy			Question friends
Netball			Arguments
More in control			Uncertain future

This process is fairly straightforward, captures known information and may well be something you are already doing. It is how it is reframed to the client that makes the difference and really draws them in.....

Matthew: Okay Emma, it looks like we've got a fairly good summary here of the things that are going on for you. In thinking about everything you've told me, I can only conclude that you haven't got a drug problem.

Sarah: Huh? What are you talking about – that's what the last column is all about!

Matthew: That might be what it looks like, but what you're telling me is that you actually have a straight problem.

Insert the words 'Straight Problem' on the diagram.

		<i>STRAIGHT PROBLEM</i>	
<i>STRAIGHT</i>		<i>STONED</i>	
<i>LIKE</i>	<i>DISLIKE</i>	<i>LIKE</i>	<i>DISLIKE</i>
<i>Helpful to friends</i>	<i>Tense</i>	<i>Relax</i>	<i>Get Aggressive</i>
<i>Caring</i>	<i>Bored</i>	<i>Enjoy Myself</i>	<i>Fights</i>
<i>Think clearly</i>	<i>Moody</i>	<i>Have fun</i>	<i>Police warning</i>
<i>Better concentration</i>	<i>Worries</i>	<i>Forget about worries</i>	<i>Lost my job</i>
<i>Good grades</i>	<i>Can't Relax</i>	<i>Say what's on mind</i>	<i>No money</i>
<i>Good worker</i>		<i>Good Feeling</i>	<i>Weird feeling</i>
<i>Turn up on time</i>			<i>Freaked out</i>
<i>Healthy</i>			<i>Question friends</i>
<i>Netball</i>			<i>Arguments</i>
<i>More in control</i>			<i>Uncertain future</i>

Matthew: The fact that there are things that you don't like about things when you're not using marijuana means that you have some problems with being straight. What you've done to cope with this is get stoned. This means that you've actually coped with your straight problem with a drug solution.

Insert the words 'Drug Solution' on the diagram

	<i>STRAIGHT PROBLEM</i>	<i>→ DRUG SOLUTION</i>	
<i>STRAIGHT</i>			<i>STONED</i>
<i>LIKE</i>	<i>DISLIKE</i>	<i>LIKE</i>	<i>DISLIKE</i>
<i>Helpful to friends</i>	<i>Tense</i>	<i>Relax</i>	<i>Get Aggressive</i>
<i>Caring</i>	<i>Bored</i>	<i>Enjoy Myself</i>	<i>Fights</i>
<i>Think clearly</i>	<i>Moody</i>	<i>Have fun</i>	<i>Police warning</i>
<i>Better concentration</i>	<i>Worries</i>	<i>Forget about worries</i>	<i>Lost my job</i>
<i>Good grades</i>	<i>Can't Relax</i>	<i>Say what's on mind</i>	<i>No money</i>
<i>Good worker</i>		<i>Good Feeling</i>	<i>Weird feeling</i>
<i>Turn up on time</i>			<i>Freaked out</i>
<i>Healthy</i>			<i>Question friends</i>
<i>Netball</i>			<i>Arguments</i>
<i>More in control</i>			<i>Uncertain future</i>

Matthew: What this means is that getting stoned actually serves a purpose for you, as we've written down. So, you've said it helps you relax, enjoy yourself and so on. Now, that would be fine but for the fact that getting stoned has some things attached to it that you don't like, such as getting aggressive, having no money and ultimately facing an uncertain future.

Insert the words 'Consequences' on the diagram

	<i>STRAIGHT PROBLEM</i>	<i>→DRUG SOLUTION</i>	<i>→CONSEQUEN CES</i>
<i>STRAIGHT</i>		<i>STONED</i>	
<i>LIKE</i>	<i>DISLIKE</i>	<i>LIKE</i>	<i>DISLIKE</i>
<i>Helpful to friends</i>	<i>Tense</i>	<i>Relax</i>	<i>Get Aggressive</i>
<i>Caring</i>	<i>Bored</i>	<i>Enjoy Myself</i>	<i>Fights</i>
<i>Think clearly</i>	<i>Moody</i>	<i>Have fun</i>	<i>Police warning</i>
<i>Better concentration</i>	<i>Worries</i>	<i>Forget about worries</i>	<i>Lost my job</i>
<i>Good grades</i>	<i>Can't Relax</i>	<i>Say what's on mind</i>	<i>No money</i>
<i>Good worker</i>		<i>Good Feeling</i>	<i>Weird feeling</i>
<i>Turn up on time</i>			<i>Freaked out</i>
<i>Healthy</i>			<i>Question friends</i>
<i>Netball</i>			<i>Arguments</i>
<i>More in control</i>			<i>Uncertain future</i>

Sarah: Oh yeah, I never thought of it that way! It does make a lot of sense...

Matthew: So this means that if you're wanting to reduce your marijuana use, instead of just pulling the rug out from under your feet and leaving you with no solution for your straight problem, we need to work out things you can do to tackle your straight problem itself. This means that you'll get more of the things that you used to like when you were straight.

Sarah: Yeah, that sounds really good.

This Exercise is also valuable because it involves active participation from the young person which appears to be helpful in relaxing the young person or at least easing the tension to a certain extent. It also provides the young person with some insight and offers a different perspective of viewing the current situation. As well as reframing the four columns as we've just seen, this exercise also gives you insight into a client's self-esteem, and ambivalence regarding their drug use. You can address each of these in ongoing work you undertake with your client to tackle their straight problem.

<i>SELF ESTEEM</i>		<i>AMBIVALENCE</i>	
	<i>STRAIGHT PROBLEM</i>	<i>→ DRUG SOLUTION</i>	<i>→ CONSEQUENCES</i>
<i>STRAIGHT</i>		<i>STONED</i>	
<i>LIKE</i>	<i>DISLIKE</i>	<i>LIKE</i>	<i>DISLIKE</i>
<i>Helpful to friends</i>	<i>Tense</i>	<i>Relax</i>	<i>Get Aggressive</i>
<i>Caring</i>	<i>Bored</i>	<i>Enjoy Myself</i>	<i>Fights</i>
<i>Think clearly</i>	<i>Moody</i>	<i>Have fun</i>	<i>Police warning</i>
<i>Better concentration</i>	<i>Worries</i>	<i>Forget about worries</i>	<i>Lost my job</i>
<i>Good grades</i>	<i>Can't Relax</i>	<i>Say what's on mind</i>	<i>No money</i>
<i>Good worker</i>		<i>Good Feeling</i>	<i>Weird feeling</i>
<i>Turn up on time</i>			<i>Freaked out</i>
<i>Healthy</i>			<i>Question friends</i>
<i>Netball</i>			<i>Arguments</i>
<i>More in control</i>			<i>Uncertain future</i>

Again, this exercise is only the starting point in the process of motivational interviewing, and needs to be backed up with other skills. However, you may find it a useful exercise to undertake with clients.

DVD 5 - Exercises from Case Study

1. *Watch the presentation and clinical interview on DVD 5: Working with Young People with Co-occurring Substance Use and Mental Health problems. Whilst watching the DVD:*
 - *complete page 6 on the Trial Consumer Assessment Form (see following) which includes the Drug Screen*
 - *generate your own four column diagram using the template attached to record the responses provided by “Karlie” in the video*

2. *How would you link the relationships between the “less good” things about feeling straight with the good things about feeling “fucked up”?*

3. *How would you record this session as a progress note?*

4. *How would the information obtained during this interview inform the generation of your recovery plan? Develop a recovery plan using the standardised Recovery Plan attached, to provide an integrated treatment plan for the client’s mental health and substance use problems?*



CONSUMER ASSESSMENT

Facility:

Date: / / Time:

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth:

Sex: M F

Parent/Carer/Significant others drug and/or alcohol use:

.....

.....

DRUG SCREEN

It is strongly recommended that the Drug Screen is completed with consumers of primary school age and above.

Clinicians may contact the Alcohol and Drug Information Service (ADIS) on 1800 177 833 for assistance in completing this form.

Drug name	Have you used? Y / N	Age first used	Date / time last used	Average amount	Frequency of use	Route of administration
Caffeine (tea / coffee / stimulant, energy, cola drinks)						
Nicotine (cigarettes / tobacco)						
Alcohol (including methylated spirits)						
Cannabis (marijuana / hash / bongs / ganja)						
Amphetamines (speed / goey / ice / cocaine)						
Opioids (methadone / heroin / morphine)						
Benzodiazepines (Temazepam / Diazepam / Valium / Normison)						
Designer drugs (MDA; ecstasy / MDMA)						
Inhalants (glue / petrol / paint / others)						
Others (pain killers / PCP / Ketamine / over the counter drugs etc.) Specify:						

Unable to complete due to consumer's circumstances? Yes No

Further drug screen required? Yes No

Further alcohol screen required? Yes No

Additional Information (Record current access to means/attitude of significant others/ effects of withdrawal if appropriate or other relevant information):

.....

.....

.....

.....

.....

Clinician's name:

Designation:

Signature:

Team:

DO NOT WRITE IN THIS BINDING MARGIN

<i>“Straight”</i>		<i>“Fucked Up”</i>	
<i>Good</i>	<i>Less good</i>	<i>Good</i>	<i>Less good</i>

Template: Four Column Diagram

DVD 5 - Suggested Responses to Case Study

1. *Watch the presentation and clinical interview on DVD 5: Working with Young People with Co-occurring Substance Use and Mental Health problems. Whilst watching the DVD:*
 - *complete page 6 on the Trial Consumer Assessment Form which includes the Drug Screen*
 - *generate your own four column diagram using the template attached to record the responses provided by “Karlie” in the video*

See next 2 pages.

Insert page 6 of the Assessment Karlie

Your four column diagram might look something like this:

<i>“Straight”</i>		<i>“Fucked Up”</i>	
	<i>PROBLEM →</i>	<i>SOLUTION →</i>	<i>CONSEQUENCE</i>
<i>Good</i>	<i>Less good</i>	<i>Good</i>	<i>Less good</i>
<i>Able to think more clearly</i> <i>Have more money</i> <i>Wouldn't have lost some friendships</i> <i>Dad wouldn't get angry at me</i>	<i>I don't feel like I fit in</i> <i>Worry about things</i> <i>Feel sad sometimes</i>	<i>Feel like I fit in better</i> <i>Makes me worry less</i> <i>Something to do with my friends</i> <i>Helps me focus at times</i> <i>Gives me confidence</i> <i>Tastes good</i> <i>Helps me feel less sad/low</i>	<i>Don't remember what I did the night before</i> <i>It's embarrassing</i> <i>Dad gets angry at me</i> <i>People talk about me</i> <i>I've lost friendships over it</i> <i>Costs a lot - \$5000 per year</i> <i>Think the police are watching me – I get a bit paranoid</i>

2. How would you link the relationships between the “less good” things about feeling straight with the good things about feeling “fucked up”?

You can also use the diagram to link the relationship of individual items more explicitly, as below. Some items might relate to more than one other item in demonstrating a relationship.

“Straight”		“Fucked Up”	
		PROBLEM → SOLUTION → CONSEQUENCE	
Good	Less good	Good	Less good
<p>Able to think more clearly</p> <p>Have more money</p> <p>Wouldn't have lost some friendships</p> <p>Dad wouldn't get angry at me</p>	<p>I don't feel like I fit in</p> <p>Worry about things</p> <p>Feel sad sometimes</p>	<p>Feel like I fit in better</p> <p>Makes me worry less</p> <p>Something to do with my friends</p> <p>Helps me focus at times</p> <p>Gives me confidence</p> <p>Tastes good</p> <p>Helps me feel less sad/low</p>	<p>Don't remember what I did the night before</p> <p>It's embarrassing</p> <p>Dad gets angry at me</p> <p>People talk about me</p> <p>I've lost friendships over it</p> <p>Costs a lot - \$5000 per year</p> <p>Think the police are watching me - I get a bit paranoid</p>

3. *How would you record this session as a progress note?*

You could document the session to reflect on a number of different elements, including:

- *The client's willingness to discuss their substance use;*
- *Their insight into the extent and impact of their use;*
- *Their stage of change, including motivation and readiness to change;*
- *The relationship between their mental health and substance problems; and*
- *The client's willingness to revisit this discussion at a future stage.*

You would also ideally provide them with a copy of the final diagram for their own reflection, as well as keep a copy for your chart for documentation purposes and future reference.

4. *How would the information obtained during this interview inform the generation of your recovery plan? Develop a recovery plan using the standardised Recovery Plan attached, to provide an integrated treatment plan for the client's mental health and substance use problems?*

- *See the example of a Recovery Plan on the next page*

As you can see from the Four Diagram, in the column outlining the "less good" things about being straight, some of the client's responses readily highlight the contribution of mental health problems to her substance use. Addressing "Karlie's" mood, anxiety and social skills as part of your treatment plan could also have the effect of reducing her need to use substances. This could be made an explicit goal of treatment should the client be amenable to reducing her use. In addition, there could be other strategies to consider to reduce her use including psychoeducation, harm minimisation strategies and where appropriate, engaging the family in ongoing discussion.

Even if the client doesn't want to cut down, you should still put the option out there, monitor their use as part of their ongoing care and provide information when they might be more receptive to hearing it in the future.

You as the clinician and/or Karlie as the client might also wish to access the Alcohol and Drug information Service (1800 177 833, available 24 hours a day, 7 days a week) for more information and support on how to help her do this.

The Problem/Issues that you may have placed and addressed in your Recovery plan may include (but are not limited to):

- *Depressed mood*
- *Anxiety*
- *Social skills*
- *Self-Esteem*
- *Substance Use*

Insert Recovery Plan Karlie (only page 1) 1 page pdf

Unit 2.3

Substance Use Assessment

Additional Learning Materials

Additional Learning Materials

Adapted from: CYMHS Inpatient Training Program – Introduction to Adolescent Substance Use. Developed by Matthew Cartwright, Senior Project Officer, CYMHS.

Substance Use Disorders

A feature of working in child and youth community mental health is the inevitability of assessing clients with drug or alcohol related problems. Becoming familiar with jargon, drug names, effects and risks of drug use is becoming increasingly important within Child and Youth Community Mental Health Teams. Awareness of your own attitudes towards people who use substances may affect your interactions with young people. It is not uncommon for adults to negatively stereotype young people with substance use disorders.

-Reflection

What images do you visualize when you hear a young person is presenting with substance induced disorder?

Are they from a high, middle or lower socioeconomic backgrounds?

How do they look and dress?

What sorts of behaviour do you expect of them?

Do you believe they are likely to change?

What are the beliefs you hold about adolescents who are substance users?

What has been your own experience with substance use?

This content of this module has been sourced with permission from Youth Community Team, Alcohol and Drug Service, Metro North Health Service District. Adaptations and modifications have been made to emphasise clinical application to the community setting.

It is advised that you make reference to the full text guide, " 'Bridging the Gap - Young People and Drug Use... A Worker's Guide' (2000). The guide is accompanied by a two-day workshop.

What is a Drug?

A working definition of a drug is any substance that effects the way we think feel or act.

Drugs can be divided into two categories:

Illegal Drugs

Marijuana
Amphetamines (speed)
LSD
Heroin
Cocaine
Ecstasy

Legal Drugs

Alcohol
Tobacco
Caffeine
Tranquillisers
Painkillers

Drugs don't always clearly fit into these categories. A drug can be defined as legal or illegal depending on the person, how the drug is used and source of the drug. For example, the use of alcohol by someone under 18 years of age would be defined as illegal; Valium prescribed from a doctor is legal, purchasing it from a friend is classified as illegal.

Other issues to consider amongst young people are the use of solvents, glue, petrol, butane etc

Activity

Find out the street names and drug effects for the common illegal drugs listed above.

This information can found at www.drugarm.org.au

NOTE, Given that drugs and their effects may change over time, it is advisable that you keep up to date with changes in this area. Always consult specialists if in doubt.

Legal and illegal drugs can be further divided into three categories (ie. Depressants, stimulants and hallucinogens), depending on the effect a drug has on the body.

Depressants

□ *Depressant drugs slow the body down by depressing the central nervous system. They don't necessarily make a person feel depressed, but rather reduce co-ordination and impair concentration and judgement.*

Moderate doses can result in feelings of relaxation, euphoria and a sense of well being. Often depressants are used to 'wind down' or to reduce stress, anxiety and/or inhibitions.

In higher doses depressants can slow down breathing and heart rate. A person may become sluggish or uncoordinated, have slurred speech, lose consciousness, as well as experience nausea and vomiting. In extreme cases, high doses can result in death.

Stimulants

□ *Stimulant drugs speed up or stimulate the central nervous system. In the short term the effects are heightened alertness, increased energy and confidence. Stimulants increase heart and breathing rate, elevate blood pressure, suppress the appetite and dilate the pupils. A person using stimulants may be talkative, agitated and experience insomnia.*

High doses can result in anxiety, panic, aggression, paranoia and psychotic symptoms. Prolonged use can also result in these effects.

Hallucinogens

Hallucinogenic drugs distort perceptions of reality, ie. they change the way a person sees, hears and feels about a situation. For example a person may see things that do not actually exist, or a normal sensory experience may be exaggerated (eg. seeing colours more vividly). The effects of hallucinogens are difficult to predict, and are greatly effected by the mood of the person and the context of use.

□

Positive effects of hallucinogens include increased energy, relaxation, greater self awareness, detachment from the world and increased 'wisdom' or 'revelations'. Negative effects can include panic, anxiety, paranoia, feelings of persecution and a loss of contact with reality.

<i>DEPRESSANTS (slow the body down)</i>	<i>STIMULANTS (speed the body up)</i>	<i>HALLUCINOGENS (effect perception)</i>
<ul style="list-style-type: none"> ▪ <i>Alcohol</i> ▪ <i>Cannabis</i> ▪ <i>Tranquillisers</i> ▪ <i>Inhalants and volatile substances (aerosols, glues, petrol)</i> ▪ <i>Heroin</i> 	<ul style="list-style-type: none"> ▪ <i>Amphetamines (speed)</i> ▪ <i>Nicotine</i> ▪ <i>Caffeine</i> ▪ <i>Cocaine</i> ▪ <i>Ecstasy</i> 	<ul style="list-style-type: none"> ▪ <i>Ecstasy (XTC)</i> ▪ <i>Magic mushrooms</i> ▪ <i>LSD</i>

It is important to note some drugs to have a combination of effects (eg ecstasy can have both stimulant and hallucinogenic properties). In addition, taking a combination of drugs can make effects more unpredictable and dangerous. Generally speaking, when combining the same type of drugs (eg. two depressants such as heroin and alcohol), the effects are intensified, increasing risk of overdose or negative experiences.

How Drugs Affect People

It is impossible to predict exactly how a drug will affect a particular person. The effects of drugs are influenced by the following factors:

1. How a drug is taken

- ✓ *Inhaling*
- ✓ *Snorting*
- ✓ *Smoking*
- ✓ *Injecting*
- ✓ *Ingestion (eating, drinking)*

Physical characteristics

A person's height, weight and gender will influence the effects of a substance. Proportion of body fat, metabolic rate and stage of menstrual cycle can influence the intensity and duration of effects. For example, women have more fatty tissue than men and due to the fact most drugs are water soluble (women have less water) a woman may feel the effects of a drug faster and more intensely.

Mood and environment

How a person is feeling prior to taking a drug can have a significant impact on the effects of a drug. While drug use is often associated with feeling good and providing an escape from reality, it can also amplify underlying emotions, moods and concerns. The environment in which a drug is taken can also influence effects. If a person is in a comfortable atmosphere, drug use is more likely to enhance a good time. If the situation is threatening or the person feels unsafe within the group, fear, aggression and other feelings may be intensified as a result of using the drug.

Tolerance

Tolerance refers to a person adapting to the effects of a drug. Tolerance for a drug is low when a person first starts using it, whereby they will experience intense effects of a drug after using a small amount. The more frequently the drug is used, the less intense the effects will be. This means a person's tolerance has increased, where they will need to use more of the drug to get the same effects. If a person stops using a drug for a while, their tolerance will decrease. However, the higher tolerance level will quickly return when a person resumes drug use.

Combining drugs (polydrug use)

This refers to the use of more than one drug. Combining drugs can alter the effects of individual drugs, and how the body responds to them. Effects of polydrug use are unpredictable and thus, dangerous. Polydrug use is common among young people as they will often have a primary drug of choice, but use a range of other drugs to top up, come down or as a substitute. For example, some young people use tranquillisers or cannabis to help manage a heroin withdrawal or as an alternative when heroin is not available.

Question

State why you think young people use drugs, alcohol and other substances?

Young people often use drugs for many of the same reasons as adults. There are also some reasons that are more specific to young people. The following list is a combination of these reasons:

- ✓ *To increase self esteem*
- ✓ *Reduce boredom*
- ✓ *Escape from worries and problems*
- ✓ *Reduce feelings of anxiety or depression*
- ✓ *Relaxation*
- ✓ *Increase energy*
- ✓ *Recognition and acceptance from friends*
- ✓ *Overcome shyness*
- ✓ *Escape loneliness*
- ✓ *To stay alert*
- ✓ *Get a buzz – new sensations*
- ✓ *Aid communication*
- ✓ *Block pain – physical or emotional*
- ✓ *Get away from a difficult family situation*
- ✓ *Culture / societal views*
- ✓ *Curiosity*
- ✓ *Avoid making decisions*
- ✓ *Increase self confidence*
- ✓ *Increase in availability*
- ✓ *To sleep*

Developmental Issues

Reflect back on the developmental issues from Unit 1.2 that impact on a young person. What are the key issues and developmental tasks that may predispose a young person to substance use?

As young people move towards maturity, they have different values, interests and attitudes to adults. Young people often face difficult choices, less freedom of expression and more ridicule and comparisons. The following issues characterise what young people are searching for:

- *The need for power*
- *The need to challenge (nonconformity)*
- *The need for freedom*
- *The need for structure*
- *The need for peer acceptance.*

These needs can be so strong that they will overpower the adolescent's sense of morality, ethics and family influence.

Developmental tasks that young people are trying to achieve, include:

- *Self Identity (Who am I?)*
- *Self Determination (What I do)*
- ***Ability to Form Close Affectionate Bonds***
- *Sexual Identity*
- *Abstract Thought (vs concrete thinking)*

Indicators of Substance Abuse

As health professional's, health education is central to our role. Carers and parents will often seek information about warning signs, this is in itself is useful in relapse prevention and early detection. For the clinician it is important to observe a combination of these indicators over a period of time before a substance use problem may be indicated. However, it must be stressed that young people with or without substance related concerns might exhibit any of the following behaviours as they face the challenges of maturing. Therefore, these indicators do not necessarily mean that a young person is using drugs, and it is best not to jump to the immediate conclusion that drugs are the cause.

- *A marked personality change*
- *Extreme mood swings*
- *Change in physical appearance or well being*
- *Change in school or job performance*
- *An increase in secretive communication with others.*
- *An excessive need for, or increased supply of money:*
- *Changing friends or peer groups*
- *Unexplained Accidents*

SCENARIO

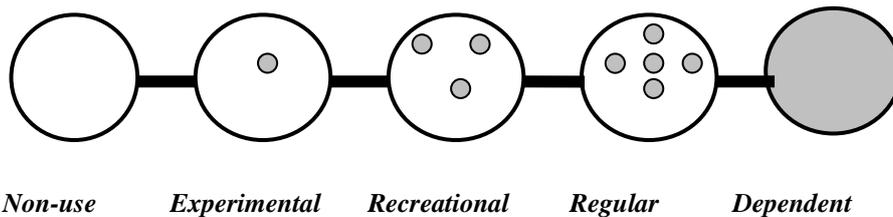
A client presents at the clinic for an assessment. You observe them to be acting differently, laughing aloud, preoccupied. You try to engage them and they look at you blankly and then laugh. There is no history of substance use in the client's' record.

How might you assess the situation further to determine if they have used a substance?

Patterns of Substance Use

When taking a history in the community setting it is important to recognise the patterns of drug use. Young people may exaggerate or minimise their usage. Clarifying these perceptions is important for diagnostic formulation and treatment planning.

Patterns of substance use can be explained on a spectrum that ranges from no use of drugs to the dependent use of one or more drugs. A person can move along the spectrum in either direction, and stop at any point. While it can sometimes be the case that a person progresses for example, from one substance to another and increases their level of use, there is no evidence to confirm that this happens in every situation. There appears to be five different types of substance use. They can be explained as:



These patterns are further explained.

Non-use

A person does not use any substance, or is no longer using a particular substance.

Experimental use

This happens when a young person tries out different substances for the first time to find out what they are like. They may only try a substance “once off”, or may continue using for a short period of time. They may decide to stop using some substances, but continue to try using others. Experimentation is common in adolescence.

Recreational use

This type of use occurs when a young person makes a deliberate decision to use a substance in order to enhance particular leisure activities. The distinction about this kind of use is that the person makes a conscious choice as to where, when and how much they will use. They are unlikely to suffer psychologically or physically if they have to go without the substance, although they may experience consequences associated with overdose or intoxication.

Regular use

Regular use occurs when a young person starts to use the substance more often outside of recreational activities. They are now deciding to use the substance in order to help cope with other situations in their life (eg. emotional distress, relationship problems, school or work pressures). Using the substance provides the person with some relief or the opportunity to avoid or escape from issues they don’t want to deal with. However, they may be able to continue with other activities in their life eg. work, study. A person would experience psychological distress if they were to stop using the substance, but not necessarily strong physical withdrawal symptoms, although they may experience consequences associated with overdose or intoxication.

Dependent use

Dependent substance use is evident when a person has little or no control over their use. In this situation they feel compelled to use substance in order to feel normal or to cope. The young person’s life may begin to revolve around using substances, leading to changes in choice of friends and social life. Dependent people can experience financial, legal, housing, health, school, work, social, emotional, relationship and psychological problems. The young person is likely to experience significant physical withdrawal symptoms if they stop using the substance, although this will depend on the substance they have been using. Psychological dependence can be longer lasting and more difficult to overcome than physical addiction.

Risk Factors to Youth Substance abuse

- *A family history of substance abuse*
- *Low self-esteem*
- *Depression and anxiety*
- *Conduct problems*
- *Attention deficit hyperactivity disorder*
- *Learning disability*
- *Behaviour problems at school*
- *Family neglect, abuse, discord*
- *Family tolerance of substance abuse*
- *Deviant peer group*

Early Signs of Youth Substance Use

- *Deteriorating grades or athletic performance*
- *Sudden lapse in school or work attendance*
- *Recent onset of behaviour problems*
- *Legal problems*
- *Hangovers*
- *Change in appetite or weight*
- *Lack of energy, fatigue*
- *Change in sleep pattern, sleeping late*
- *Drop-off in friendships*
- *Need for money*
- *Impulsive sexual behaviour*

Assessment

Assessment of substance use is part of the initial assessment process.

Assessment of substance use serves in:

- *Providing the opportunity to develop rapport with a young person. As the young person observes your empathy, understanding and courtesy, they will be less defensive about discussing drug and alcohol use.*
- *Gaining (an accurate) snapshot of the young person's substance use, associated risks, lifestyle and other concerns.*
- *Helping the young person gain a clearer understanding and accurate picture of their current situation and substance use.*
- *Enabling the staff member to gather information to plan and modify interventions.*
- *Identifying and screening for potential alcohol and other drug risks and concerns.*

Please Note: Before doing anything, it is important for the clinician to establish some rapport with the young person. This may involve having a chat about interests or common ground, explaining the staff's role, as well as explaining confidentiality. This will help in developing trust and in making a young person feel more comfortable with counselling.

To achieve a comprehensive assessment, it is important to take a holistic approach, exploring drug use and lifestyle (psychosocial functioning). Components of a comprehensive assessment are discussed in each of the Units within this learning package :

Assessment of Alcohol and/or Drug Use

The following section outlines a comprehensive alcohol and drug assessment. Depending on the young person, and the clinician's knowledge and role, a briefer version, such as just the pattern and context of alcohol and drug use, may be more appropriate.

The Young Person's Reason for Help Seeking

Are they seeking information, wanting to change their substance use or, concerned about an issue seemingly unrelated to their use? Try to establish the specific events that influenced the young person's decision to discuss their problems and what they hope to achieve by discussing these issues.

Write an example of a question you could ask to elicit the above information.

If the young person presents as intoxicated, it is difficult to conduct an accurate assessment. Regardless, it is important to assess their well being and risk (see Management of Intoxication and Withdrawal) and is an opportunity to develop a degree of rapport.

Pattern and Context of Drug and/or Alcohol Use

Current Use

Substances currently used: Find out all the substances that the young person is using, and in what combinations. If a young person refers to a drug using a "street name", clarify which substance they are talking about.

How they are taken: The way that a substance is taken impacts the effects of the substance and can result in method specific problems. Check if they smoke, snort, drink, inhale, insert, or inject. Method specific problems and harms can be reduced, even if the person does not want to change their substance use eg. safer injecting practices.

How often they use and style of use: Establishing a pattern of substance use can help you assess whether their use is experimental, recreational, regular or dependent. It is useful to find out about substance used in the past 24 hours as well as over the past 14 days. Try to get the young person to be as specific as possible. For example, if it is daily use, is it once a day or several times throughout the day? Does the young person use one drug daily and others once a week? Intoxication tends to result in acute problems with accidents and injury. Regular use seems to be more commonly linked with social and lifestyle disintegration, whilst dependent use is more commonly associated with chronic deterioration in physical and mental health, although these areas aren't necessarily mutually exclusive.

Write an example of a question you could ask to elicit the above information.

How much is being used: What quantities are being used? Do they use small amounts or binge? Amounts can be measured in weights, deals or doses. Ask the young person what the amount (eg 'a cap of speed') means. Are they concerned about the amounts they use? Are they finding they need to use more to get the same effects?

The context of use / cues and triggers: The circumstances, situations, people, times, thoughts, feelings and moods that precipitate substance use. Are there any factors that effect when and how substance use occurs? This may highlight any triggers that result in substance use or relapse.

The effects of substances used: Young people generally use substances for their positive effects, even when there are negative effects. Try to find out as much as possible about the range of effects and consequences on the young person's life. This information can help you to understand reasons behind their substance use, associated problems, maintaining factors and consequences. Try not to dwell on the physical effects, instead try to get a picture of the effects on their overall functioning. For example, Do they enjoy using? In what ways? Are there any negative or uncomfortable effects? Do they feel in control of their use?

Past use

Exploring the history of the young person's substance use will give an indication of the nature of their use, conditions under which they have controlled or modified their use, as well as triggers or cues that result in use. This information is useful in modifying and selecting intervention approaches and for planning relapse prevention. Also, this information can be used to encourage and build confidence for change, by highlighting past successes.

Attempts to abstain, control use or cut back: Ask about past attempts at 'doing something about' their substance use. What happen? Any withdrawals? You may find out about social and personal factors and other triggers that have may result in relapse.

Past treatment: Ask about any past experiences in treatment, who provided it and how effective it was. It can be useful to ask what was helpful.

Dependency Issues- Helpful Tips To Ask

There are varying degrees of dependence from mild to severe, referring to the condition when the presence or absence of a substance has impact on physical and/or psychological functioning.

Psychological dependence on a substance occurs when use becomes more important than other things in their life. Find out: Are any needs met through substance use? Gaps filled in their life? Do substance help to escape from reality, and if so what parts of reality? Is substance use part of the person's identity? How would they cope without using? Are they secretive or open about their substance use?

Physical dependence is determined by the evidence of tolerance and withdrawal. Tolerance refers to the reduced sensitivity and adaptation of the body to a substance. Thus, tolerance has increased when higher doses of the substance are necessary to maintain the original effect of the substance. Withdrawal refers to the physical and psychological state that occurs when the intake of a substance, to which an individual is dependent, is suddenly ceased or reduced. For example, "Do you need to use more of the substance than you previously did to get a high? "How do you feel when you stop using?"

Personal Background Information (psycho-social factors)

Substance use generally serves many purposes and impacts on a young person's life in many ways. Exploring personal background information serves to:

- *Provide a comprehensive picture of the person's total life experience;*
- *Highlight resources and supports available to the young person; and*
- *Highlight problems or concerns that are either influencing or maintaining drug use, or being influenced by the young person's substance use.*

Family issues: The quality of family relationships and support serves both as a risk factor for ongoing substance use, as well as an effective factor to enhance change. Exploring family situation includes addressing who is in the family, family history of drug and alcohol use, the quality of family relationships and interactions, communication style, and level of family support.

Significant others and peer relationships: Who are important people in the young person's life? What are their views of the young person's substance use? Do they engage in substance use? Are they supportive of change? Has the young person been encouraged or discouraged from seeking treatment?

Stability: Having structure and stability, such as school involvement, employment and stable accommodation, can act as protective factors to reduce problematic substance use. This information can help to highlight triggers for use, as well as levels of support.

Interests, hobbies, strengths: Exploring these areas serves to highlight additional qualities and resources the young person may have as well as alternatives to substance use. Additionally, it may indicate the impact and severity of substance use on lifestyle, such as reduction or narrowing of interests and alternative behaviours.

Legal problems: Is the young person facing current convictions? Has this resulted in legal coercion into treatment? Are these activities related to substance-seeking behaviours or occur as a result of intoxication? Caution needs to be exercised in recording this information, as records can be subpoenaed at any time.

Childhood experience: A high number of clients in treatment for alcohol and drug concerns have experienced trauma during childhood. Questions about traumas and abuse need to be framed in a non-threatening way, allowing the young person to disclose or speak about the experiences without fear or rejection. Avoid probing for further information if rapport is limited or if the young person doesn't seem ready to disclose. Referral to specialist services may be appropriate, and keep in mind that raising traumatic experiences without appropriate support may increase risk of relapse, especially if the young person has been using substances to cope.

Suicidal Risk: As part of an initial assessment and for all ongoing contact with a young person, it is vital to assess for suicidal risk. Questions to help determine level of risk include: Has the young person made past suicidal attempts? Do they have current thoughts and plans? Intent? Do they have access to means?

'At Risk' Behaviour

Engaging in drug and alcohol use can result in a young person placing themselves in many situations of risk. Four common areas of risk are:

- *Injecting drugs - Have they or do they share needles? Do they have access to needle exchanges?*
- *Reduced decision making ability – Drug and alcohol use can cloud decision making. Areas to consider include having unwanted sex, unsafe sex practices, driving/getting into a car with an intoxicated driver.*
- *Mood swings – Are they violent/aggressive when intoxicated or when in withdrawal?*
- *Offending behaviour – Does the person engage in crime when intoxicated, or to finance drug use?*

If the young person is subjecting themselves or others to risk situations, strategies aimed at reducing this behaviour are appropriate. This may include assessing the young person's knowledge and beliefs about what is risky, and provide corrected information and strategies.

HEALTH ISSUES

It is important to recognise some clients may have been homeless or parentally neglected prior to admission. Assessing their physical health is important and a referral to their GP may be necessitated.

Ascertaining whether the young person has any health concerns – physical and mental – that could be contributing to, resulting from or exacerbating the effects of their substance use is also important. Examples could include acute or chronic pain management following injury, depression, anxiety, and asthma. Consider the interaction between the substance and health problems, as in the case of speed and psychosis or tobacco and asthma.

Activity

Research and outline the physical withdrawal symptoms for amphetamines, alcohol and opiates.

Readiness for Change

During assessment process the clinician is in a position to assess the client's readiness for change. Knowledge of the change cycle and community resources will assist in the treatment process.

What does the young person want to do about their substance use? It's important to find out what the young person wishes to do about their use (if anything) and why. Does the young person want to cease all substance use, cease some use, cut down how much or often they use, keep using but reduce the problems or risks, make no changes at all?

Other concerns: The assessment may highlight other issues or concerns (lifestyle, health, relationship etc) that the young person may wish to seek treatment for.

Who is the best person/s or services to do this? Depending on the complexity of concerns, associated issues and the counsellor's level of confidence and skills, it may be worth considering a referral. What role does the young person wish the counsellor to take in this process?

Treatment Modalities of alcohol and substance use problems

Given the nature of adolescence, working with young people can be challenging for a clinician or counsellor. It is important for the staff to approach treatment with the view that treatment is a process. The process begins with engaging the young person, building rapport, completing an assessment through to providing emotional support, assisting in maintaining life style changes and ending with termination.

There are numerous treatments (guided by harm minimisation) available for a young person. These can be broadly grouped into seven key areas:

- *Individual Therapy*
- *Family Therapy*
- *Group Therapy*
- *Twelve Step Programs*
- *Pharmacotherapies*
- *Detoxification*
- *Residential Rehabilitation.*

Question

State the name of the organisation you could contact for referral of a young person with a substance abuse problem in your local area? Is there an organisation where indigenous patients can access? What is the name? What about parents who need help and understanding of their child's problem?

Harm Minimisation

In recent years, harm minimisation has emerged in Australia as the dominant framework within which to respond to drug use and related problems faced by society.

Harm minimisation is a simple statement of policy that includes the reduction of drug related harm as the ultimate objective of interventions, rather than the traditional goals of only eliminating or reducing use.

Activity

Consider the strategies you would use to enable a young person to respond more positively when discussing their drug use? List a couple of strategies.

Remember, young people respond more positively to strategies that recognise and respect their ability to make their own decisions regarding their substance use. Harm minimisation avoids judging a person for using drugs. It provides practical information and strategies to help individuals and communities reduce health and social problems related to drug use.

Consider the following harm minimisation strategies

- *Encourage moderation (not necessarily expecting abstinence)*
- *Provide information about not sharing needles, syringe disposal and needle exchange programs.*
- *Encourage non-injecting routes of administration (ie. swallow, snort, smoke instead)*
- *Encourage use in safe environments, and not alone.*
- *Encourage safer sex practices*
- *Provide information about resuscitation in case of an overdose in their presence.*
- *Encourage regular health checks, such as blood testing, diet, etc.*

Question

You have covered a lot of material so far. Stop here and summarise what are key areas you would assess in the drug and alcohol assessment?

List the five categories of substance use patterns.

What are the main substance use effects on an individual?

Managing Intoxication And Withdrawal

There can be no firm rules to cover every situation of intoxication and withdrawal, therefore common sense and self-control are indispensable. It is important that when working in community settings that you are familiar with written policy and procedures for managing intoxication or difficult behaviours, and all staff are aware of, and have access to these procedures. If there is any doubt concerning what the young person has taken, their level of consciousness or their level of risk, medical assistance is indicated urgently.

Questions

What do you think are the most common withdrawal presentations you will encounter at a child and youth mental health service?

What are the clinician goals in treatment planning with the patient who is experiencing withdrawal?

General Procedure For Managing Intoxication

- ***Have a single staff member care for the young person***
- ***Ensure other staff members have been informed of the situation***
- ***Keep other clients away***
- ***Keep noise to a minimum.***
- ***Keep lighting at a level the young person is comfortable with***
- ***Close doors if possible***
- ***Assess risk to the young person***
- ***Ensure medical assistance is arranged if you have any doubts***
- ***Counselling is not a viable option whilst the young person is intoxicated***

Assessment

Assessment of an intoxicated young person is important due to the physical risks associated with this state. Assessment involves gathering information that will help you to decide:

1. *What are the young person's immediate needs?*
2. *What risk does the young person pose to themselves?*
3. *What risk does the young person pose to staff or other clients?*
4. *What is the best course of action based on the above information?*

Helpful Hints in the Assessment Procedure.

Assessing an intoxicated young person can at times be difficult, as the young person may not be responding in an acceptable or appropriate way. The young person may present as confused, irrational or angry. Consider the following strategies and add to the list for more comprehensive intervention.

- *Use slow, clear speech*
- *Use short, simple sentences and directions*
- *Clarify that the young person has understood*
- *Avoid aggressive or demeaning tones*
- *Repeat questions or information where necessary*
- *Adjust your pace to that of the young person's*
- *Avoid overloading the young person with information.*
- *Attempt a basic physical assessment – of vital signs and level of consciousness and assess the need for a medical review.*

Raising the Issues

- *Gently raise the subject eg. “Are you Okay? You seem to be a bit confused. I’m wondering if you’ve taken any drugs?”*
- *Remain calm*
- *Don’t panic and avoid becoming angry*
- *Consider who is the best person to talk to the young person*
- *Stick to the observable facts*
- *Listen. Don’t jump to conclusions*
- *Consider the environment.*

Managing Panic Attacks, Extreme Anxiety, Agitation

- *Frequently reassure the young person*
- *Adopt a calm and confident manner*
- *Move slowly and speak calmly and quietly*
- *Have someone stay with the young person to provide reassurance and support*
- *Keep stimulation to a minimum*
- *Explain everything you are doing to the young person*
- *Arrange medical review. Inform medical staff if presentation worsens*

Managing Hallucinations

- *Keep the room well lit to diminish the effects of hallucinations*
- *A staff member should stay with the young person to protect them from accidentally harming him or herself*
- *Ensure other staff members have been informed of the situation*
- *Keep furnishings and decor to a minimum*
- *Constantly provide reassurance*
- *Explain or correct visual misperceptions*
- *Hallucinations can precede convulsions which can be life threatening, have the patient medically reviewed.*

Managing Violence, Anger, Aggression

- *Remain calm and provide reassurance*
- *Don't respond with anger or extreme emotion*
- *Use the young person's name when speaking with him or her*
- *Use a slightly softer tone than usual*
- *Speak slowly and clearly*
- *Avoid trying to show power or authority... this will make things worse*
- *Ensure other staff members have been informed of the situation*
- *Allow the young person to express emotion and let them know that you have heard what they have said*
- *Have ground rules/limits concerning what is not acceptable behaviour and offer alternative/s*
- *Ensure you are sitting near a door/alarm and without being obvious, put some distance between yourself and the young person*
- *Continuous, fixed eye contact from staff can at times be perceived as threatening*
- *Encourage the young person to sit down (staff should also sit down)*
- *If the young person does not settle and has potential for violence, the Hospital policy and procedures need to be followed for potential or actual aggression.*

Dual Diagnosis

Dual diagnosis refers to the presence of an alcohol and/or drug issue and a mental health issue. The prevalence of dual diagnoses or co-morbid symptomatology would appear to be increasing within the youth population. It is difficult to determine whether this is a result of, or a precipitant of substance use. This is very much the 'chicken and the egg' conundrum - which came first? The 'self medication' hypothesis proposes that a young person experiences psychological or psychiatric difficulties or a degree of discomfort, and 'cures' this through the use of a specific type of substance. Causal theories on the other hand, postulate that a young person uses a substance and because of the effects of the substance, the young person may develop psychological and/or psychiatric symptomatology.

Dual diagnoses are often seen in terms of psychotic disorders or non-psychotic disorders. The spectrum of psychotic disorders includes schizophrenia, schizoaffective disorder and bipolar disorder. The non-psychotic spectrum includes mood and anxiety disorders.

Comorbidity

Youth substance use disorder is often associated with the following conditions:

- *Conduct disorder*
- *Mood disorder*
- *Attention deficit hyperactivity disorder*
- *Suicide*
- *Violence*
- *Sexual abuse*

A young person presenting with a severe mental health problem, such as a psychotic episode or psychotic illness, will experience problems interpreting their environment. Therefore, their thoughts, speech, mood and reactions may be bizarre or uncharacteristic of the young person. Depression and anxiety appear to be the more common mental health concerns in young people abusing alcohol and/or other drugs.

This can be very disturbing for family and carers. Remember that family and carers will need time to discuss their fears and concerns about their child.

When managing dual diagnoses, consider the following:

- *Ask the young person about any current and past mental health concerns (including suicidal thoughts and/or attempts)*

"How have you been feeling lately?"

"On a scale of 1 - 10, how has your mood been over the past week?"

"Have you ever tried to hurt yourself in any way?"

"Have you ever seen a counsellor/psychiatrist?"

"What was that for?"

"Do you think people are out to hurt you?"

- *Provide the young person with information and education about the effects of using.*

“I’m not quite sure if you are aware that alcohol is a depressant and can sometimes make people feel worse?”

“Did you know the mood that you’re in before using will affect your experiences of the drug?”

“When someone decides to give up speed, they can quite often feel easily agitated and depressed for a little while.”
- *Highlight any connections between substance use and mental health consequences.*

“So, you tend to drink more when you’re feeling unhappy.”

“What you’re telling me is that the panic attacks seem to come on after using speed.”

“Are you thinking that the pot is leading you to feel depressed?”

“Are there times when you are not using and feel sad?”

“For some people, smoking marijuana can make them suspicious or paranoid. Have you ever had any experiences like that?”
- *Suggest referral to a GP or (Youth) Alcohol and Drug Service for assessment and possible medical management.*

“Sounds like when you’re like this it is hard to see a way out. Have you thought about seeing a doctor or a counsellor?”

“What if we organise to see the counsellor about this?”

“How do you feel talking to your local GP about this?”

“If it got to the point where things seemed just too hard, do you think you would come back to CYMHS or go to hospital?”
- *Explore and develop coping skills.*

“So if this happens again, how do you think you will manage it?”

“By keeping yourself busy, do you think that would help to distract you from thinking about all of these things for a while?”

“If you were really stuck, what do you think you would do?”

“How do you think you will go over the weekend?”

“How have you managed these mood swings in the past?”

“Have you ever done any relaxation exercises before?”
- *Involve support people.*

“Are there people around you who can support you through this difficult stage?”

“Do you think it’s important to tell your parents how you’re feeling?”

“Who do you think would be the best person to be with while you’re feeling really down?”

“Does your boyfriend/girlfriend know how you’ve been feeling?”

- *Provide follow-up support.*
“While you are feeling down, how about we organise a few times to catch up?
“Is there someone you can talk to?”
“Would it be helpful for your mum and dad to come in to discuss what is happening and how they can support you?”
- *Consider referral or joint management. Discuss this with the treating team.*
“I don’t think I’m the best person to help you to manage these problems. How do you feel about seeing someone else about managing these better?”
“This is getting out of my area of knowledge. How would you feel if I organised for someone who knows about this to come and talk with us?”

When a young person chooses to decrease their substance use in any way, whether that is abstinence or moderation, they will experience a change in their emotional and psychological state. This may include an increase or decrease in sleep, anger, loss of interest in activities, grief, sadness, anxiety, fears, confusion etc. These can be typical reactions to changing levels of the drug in a young persons system and lifestyle, and are not necessarily psychiatric symptoms.

A young person’s mood may improve significantly after a period of abstinence. To assist in maintaining abstinence and increased mood, it is important that the young person develop skills and strategies to maintain these changes and minimise the potential for relapse ie relapse prevention.

During admission and prior to discharge consideration needs to be made to refer to the young person to a community service eg (Youth) Drug and Alcohol Teams.

Scenarios For Further Reflection

1. *Three clients abscond from a group you are running. They return a couple of hours later. You can smell alcohol on their breath. The patients act in a drunken manner.*

How should the team respond to manage this situation safely?

2. *You are concerned that a client has let the interview room and is inhaling the aerosol toilet spray left in the CYMHS staff bathroom.*

How can the team manage this situation?

3. *You have done a hospital inpatient visit with one of your clients and are certain that you saw a visitor hand over a bong to another patient.*

What legal issues and procedures need to be considered here?

4. *You find a group of clients smoking pot on the CYMHS site.
How is this matter addressed? Outline what needs to be done.*

5. *You have a client who is an inpatient. The Psychiatrist orders a search of the client's belongings, as they suspect the client is actively using drugs on the ward. You and another staff member find a plastic bag with suspected illegal drugs in it.*

What legal procedures need to be followed in this situation?

Summary

- *A working definition of a drug is any substance that affects the way we think feel or act. They can be classed into two categories illegal and legal drugs.*
- *Substances may have depressant, stimulant or hallucinogenic properties.*
- *Drugs have different effects due to the route of administration, a persons' physical characteristics, mood and environment, tolerance and combination of drugs used.*
- *Knowledge of developmental issues assists the clinician to understand the tasks and struggles that may predispose and perpetuate youth substance use.*

- *It is important to observe a combination of these indicators over a period of time before a substance use problem may be indicated.*
- *Patterns of substance use can be explained on a spectrum that ranges from no use through to the dependent use of one or more substances.*
- *Assessment of drug and alcohol use needs to be holistic and process orientated. Key areas to assess include current drug/alcohol use, past use, psychosocial and physical effects on health and risk assessment.*
- *There are numerous treatments(guided by harm minimisation) available for a young person. These can be broadly grouped into seven key areas; Individual Therapy, Family Therapy, Group Therapy, Twelve Step Programs, Pharmacotherapies, Detoxification and Residential Rehabilitation.*
- *Assessment and clinical management of an intoxicated or substance withdrawing person is important due to the physical risks associated with these states*
- *Dual diagnosis refers to the presence of an alcohol and/or drug issue and a mental health issue.*

Well Done! This area is recognised as a speciality in itself. You have covered the basics. You may find that there are speciality services to assist you in this area. However with increasing rates of youth substance use combined with mental illness it is inevitable that services will be faced with the challenges of treatment, education and referral. You are encouraged to develop competence in administration and application of assessment tools within your organisation. Please refer to the Statewide policy Service delivery for people with dual diagnosis (co-occurring mental health and substances use disorders), available for downloading from qheps.health.qld.gov.au/mentalhealth. The accompanying Clinical Guidelines and Clinician Toolkit will also be available from QHEPS from early 2010 to assist responsive service delivery for people with a dual diagnosis.

Unit 2.3

Substance Use Assessment

Record of Learning

Record of Learning

Unit 2.3 Substance Use Assessment

The following activities are suggestions for assessing your learning from this unit. They may be used as a self assessment tool or be reviewed with your team leader or supervisor.

- 1. Watch DVD 5: Working with Young People with Co-occurring Substance Use and Mental Health Problems, and completed the Exercises that accompany the DVD.*
- 2. Complete the self-directed Substance Use Assessment (Unit 2.3) learning package and discuss answers with your supervisor/team leader*
- 3. Conduct an assessment on a client who uses substances and present the information you obtain about their substance use to your supervisor/team leader. Discuss the implications of this information for treatment.*
- 4. Perform a role play with your supervisor/team leader in which you demonstrate the basic principles of Motivational Interviewing and use of the four- column diagram*

Record of Learning

Unit 2.3 Substance Use Assessment

Name of Clinician: _____

<i>Record of Learning</i>	<i>Needs Improvement</i>	<i>Proficient</i>	<i>Date of Completion</i>
<i>Describes the three major categories of substances and the most commonly used substances of each group.</i>			
<i>Explains the differing effects that stimulant, depressant and hallucinogenic substances may have on an individual</i>			
<i>Describes how developmental issues may predispose to and perpetuate youth substance use</i>			
<i>Describes the patterns of substance use on a spectrum that ranges from no use through to dependent use</i>			
<i>Demonstrates knowledge and skills in assessing and acquiring relevant information pertaining to substance use and dual diagnosis</i>			
<i>Demonstrates use of the Drug Screen on the Consumer Assessment form</i>			
<i>Demonstrates knowledge and skills in the area of using the four column diagram in a CYMHS interview</i>			
<i>Identifies common mental health comorbidities</i>			
<i>Formulates a relevant treatment plan in collaboration with the client (and carers if appropriate)</i>			

Additional Supervisor/ Team Leader feedback and comments:

Signed _____

Congratulations and well done for completing this unit of learning. We hope it has been useful and interesting.



Please now complete and return the evaluation/ feedback forms. There is a form for you as the clinician and one for your supervisor to complete. Both of these forms are found in the section 'Evaluation/ Feedback Forms at end of this package.

Thank you