Instructor Guide

Substance Use Disorder, Level 1
Capable Caregiving

Aging and Long-Term Support Administration

Washington State Department of Social & Health Services

Transforming lives

This curriculum was developed from feedback and input gathered from stakeholders across the state. Primary stakeholder groups included facility owners/providers, managers, supervisors, caregivers, trainers, families, clients/residents, DSHS staff, long-term care ombuds and advocacy group representatives.

Curriculum Development

Angela Regensburg, MAED
Program Manager, Training Unit Specialty Curriculum & Quality Assurance
Aging and Long-Term Support Administration
Department of Social and Health Services

Contributing Subject Matter Experts

Anita M. Mendoza, SUDP, NCAC
YN Tiináwit Program Manager

Dr. Charissa Fotinos
Associate Director, Medical Services
Washington State Health Care Authority

James Chaney
Executive Director, Health Prof & Fac
Health Professions
Washington State Department of Health

Jessica K. Blose, SUDP, LMHC, NCC, CCMHC
Washington State Opioid Treatment Authority
Manager of Behavioral Health Clinical Support
Clinical Quality and Care Transformation
Washington State Health Care Authority

John Furman PhD, MSN, COHN-S
Nursing Care Quality Assurance Commission
Washington Health Professional Services
Washington State Department of Health

Karen Woodbury Cordero
Director of Education & Sup**port**
Adult Family Home Council

Laura Meader, MA, LICSW
Program Director, Overdose Reversal Medication (SB 5195)
Division of Behavioral Health and Recovery
Washington State Department of Health

Margot Katz, MA, SUDP
Substance Use Disorder Professional
Peninsula Community Health Services

Ted Dale
Program Manager
Office of Health Professions
Washington State Department of Health

Curriculum Review

NaQueia Muse
Adult Protective Services Training Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Crissy Smith
eLearning Developer
Aging and Long-Term Support Administration
Department of Social and Health Services

Derek Trubia
Program Manager and LMS Administrator
Aging and Long-Term Support Administration
Department of Social and Health Services

Debra Hoeman
Behavioral Health ESF and Policy Program Manager
Aging and Long-Term Support Administration
Department of Social and Health Services

Colleen Jensen
LTC Policy Program Manager, Adult Family Homes
Aging and Long-Term Support Administration
Department of Social and Health Services

Sam Cooke
Training Curriculum Developer
Aging and Long-Term Support Administration
Department of Social and Health Services

Jackie Fry
Training Unit Program Manager; TOP
Aging and Long-Term Support Administration
Department of Social and Health Services

Pilot Instructors

Theresa L. Allyn, NAC, BS, MAED
Director of Training
Sunrise Caregiver Training

Esther Kamanja Nganga
Brilliant Concept Trainers

Dr. Stephen Njenga
Home Aide Training Centre LLC

Table of Contents

Introduction to This Guide

Your Tools

Instructor Guide

This is your Instructor Guide. It is available for approved and contracted instructors through the DSHS/ALTSA/HCS Training Unit. It is your primary training resource. It contains information needed to facilitate this training program. Use this guide to help you facilitate discussion with your learners. This guide is created to follow the learner book, contains feedback prompts and additional information.

Pages 1-105 share the same page numbers as the learner book.

Navigating the Instructors Guide

Objective

Each lesson has learning objectives. Learning objectives state what the learner will be able to do after the lesson. Communicating objectives at the start of each lesson gives learners a clear expectation of what you expect from them in each section.

Presentation

This book contains a lot of information. Avoid reading directly from the book. Learn the material in advance of your first class and practice, practice, practice! Practice with the flow and making the presentation as natural and fluid as possible. Your comfort with the materials will increase with use. Use your own words while following the teaching sequence. The PowerPoint is a great tool to keep you on sequence. Presentation can be done by the learners themselves, by the instructor, or by prepared materials. **Presentation should only account for 1/3 of your class time.**

Application/Activities

Activities are meant to engage the class and give them an opportunity to apply what they are learning. This might be in the form of discussions, group work, sharing, reflecting, working through scenarios, or roleplaying. Get people involved and moving. This is an active population of learners. Have them stand in huddles in small group discussions on occasion to offer variety. Reference your Adult Education coursework for ways to enhance the activities provided. Think creatively to make activities interesting and engaging. Call on learners who are not as vocal to check for understanding. Encourage learners and give them time to use their books, write in them, and complete the activities in or near the activity boxes as you go to reference later. **Application and feedback should account for 2/3 of your time. We remember 90% of what we see, hear, say, AND do.**

Feedback

This is your opportunity to highlight and reinforce correct responses and to provide additional information as needed to achieve understanding. Feedback can be given before an activity, during an activity and after an activity. **Application and feedback should account for 2/3 of your time.**

Media

Media has been added to the coursework and may be embedded into the PowerPoint slides to reinforce the topic. You may choose to use the media to supplement instruction, in place of instruction when appropriate. You may choose to skip the media and provide other opportunities to convey the same information – either through presentation or application. The media provided has been approved for use, however there are times when links become broken, or media becomes outdated. Use discretion when using media and report any missing links to the training unit.

Lesson Summary

Each lesson has a summary at the end. Give learners time to review the lesson summary and ask questions before moving on.

Checkpoint

Each lesson ends with a checkpoint. Use the checkpoint to check for understanding from the learners. Checkpoints can be done individually, as a class, or in small groups. It is important that everyone understands before moving on to the next lesson.

References

References are provided in the back of this guide and the learner textbook.

Instructor Tips

Introductions

Introductions are an important part of every class. Introductions allow learners an opportunity to participate, network, and for you to gain information about your learners to improve instruction.

Depending on class size, you can modify introductions to accommodate the group and time allowed. It is good to find out why individuals are in your class so you can address their needs during the training. The introductions should take no more than 15 minutes.

Small class: Ask each person in the room to give:

- Name
- How long they have been caregiving / background
- What they would like to learn from the class. (Take note to cover each point by the end of the training)

Large class: Ask each person in the room to give:

- Name
- One thing they want to learn from this training

Instructor: Give a brief introduction of qualifications / background with consideration to time.

Parking Lot

Add a piece of paper or use a dry erase board and write "Parking Lot" on the top. Use this space to write questions down that you are aware will be covered later in the presentation or can be addressed during a break. This will keep you on the current subject and validate that the question is heard and assure it will be addressed today. As they are addressed in normal class time, cross them off. Cover anything left at the end of class.

Student Book

Student books are available electronically online or in print for purchase through the fulfillment center at myprint.wa.gov. Contact the training team at trainingapprovaltpa@dshs.wa.gov for links or more information on how you can access these materials.

Electronic Slide Presentation

Approved instructors will receive a PowerPoint presentation as part of the training curriculum package. Use the PowerPoint slides as a cue for the information you need to cover. The slide presentation should be used as created in consideration of the adult learner and to maintain consistency in the curriculum across the state. PowerPoint should only be used to enhance the learning experience and should not be the focal point. Always come prepared that technology sometimes does not work and be prepared to present without it if necessary.

Media

Some slides may contain embedded media. These require internet access or downloading the media in advance. Be familiar with the media and prepare to find alternative activities or information delivery if links break. If links break, please contact the curriculum developer.

Competency Exam

The competency exam is used to measure understanding of the objectives of this course.

Competency exam policies and procedures for the written test are outlined below. Instructors must follow these testing guidelines. Read these policies carefully before you begin teaching. You are required to accurately implement these policies. Please refer to the applicable Washington Administrative Code (WAC) and/or your instructor contract for additional terms, which may not be outlined in this guidance.

Policy

- The curriculum must be taught as designed.
- The training must include the DSHS-developed competency test.
- The competency test must be administered consistently, according to rule:
  1) The person teaching the course must administer or supervise the administration of all testing; and
  2) The tester must follow DSHS guidelines for:
     a) The maximum length of time allowed for testing;
     b) The amount and nature of instruction given to students before beginning a test;
     c) The amount of assistance to students allowed during testing;
     d) The accommodation guidelines for students with disabilities; and
     e) Accessibility guidelines for students with limited English proficiency.

- Students must provide photo identification before taking a competency test.
- A competency test that is part of a course may be taken twice. If the test is failed a second time, the person must retake the course before any additional tests are administered.
- Training program and instructor must provide a certificate or transcript of completion of training to all learners that successfully complete the entire course; Keep a copy of long-term care worker certificates on file for six years, and give the original certificate to the student.
- Classroom facilities must be accessible to students and provide adequate space for learning activities, comfort, lighting, lack of disturbance, and tools for effective teaching and learning such as white boards and flip charts. Appropriate supplies and equipment must be provided for teaching and practice of caregiving skills in the class being taught.
- Testing sites must provide adequate space for testing, comfort, lighting, and lack of disturbance appropriate for the written or skills test being conducted. Appropriate supplies and equipment necessary for the particular test must be provided.

Written Test Guidance

The written competency test is designed to be completed within one hour; however, accommodations can be made for those needing additional time.

Instructor Procedures for Written Testing

Before and during the test:

1. Provide ample space so learners cannot see each other's papers.
2. Have learners remove all papers and manuals off their work areas.
3. Remove all training posters, flip charts, erase white boards, etc.
4. There should be no breaks during the testing period. An exception for an individual learner's needs is left to the instructor.
5. The test is not open book and learners cannot use notes.
6. If a learner is suspected of cheating, they should be told to stop the test and give it to the instructor. The learner will not receive credit for any portion of the class.
7. Review testing policies and general aspects of the test with learners. Advise learners that instructor assistance during testing is limited to clarification only.

Grading the Written Test

Score the tests using the answer sheet provided. Each answer sheet provides information on value (points) assigned to each question. Follow these closely. Tests should not be graded in the presence of learners.

Passing Scores

Learners must score 80% or higher to successfully pass the exam.

Testing Learners with Limited English Proficiency and/or Learning Needs

The following are options to accommodate learners who have limited English proficiency and/or learning needs:

1. Language-to-language dictionary
2. Oral test, where you read the test questions and either record the learner's answers word-for-word or have the learner record his/her own answers
3. Extra time to complete the test

Learners may not use interpreters for testing.

When Learners Do Not Pass the Written Test

Learners who do not pass the written test may take the current written alternate test. The alternate test should not be retaken immediately. The learner should study the materials before retaking the alternate written test. If a learner fails the alternate test, he/she must take the course again.

Challenge Test

There is no challenge test for this course.

Issuing a DSHS Training Certificate

The DSHS training certificate documents that the learner has:

1. Successfully completed the course and
2. Received a passing score on the written exam

Only DSHS approved instructors may sign the DSHS training certificate.

Evaluation

Evaluations help you to gather information from the learners to measure training effectiveness. The most difficult part of an evaluation may include graciously accepting valuable criticism. Evaluations should be given with encouragement to be honest and provide constructive feedback.

- Each learner should complete the DSHS evaluation form.
- Encourage and remain open to honest feedback. Encourage learners that there will be no repercussion for responses and responses will remain anonymous.
  - Evaluation forms can be of great assistance to you as an instructor and can enable you to provide feedback, give you information on your strengths in teaching the program, as well as areas that may be fine-tuned to improve or adapt. Review these after class.
  - Evaluations may also provide additional information to the state curriculum developers to improve future versions of the training.
- Provide an envelope or folder for learners to discreetly place evaluations when they are complete.
- Review evaluations after the course. Use the feedback to (1) consider for improvements in future classes and/or (2) communicate information to DSHS for improvements in future versions of the training course materials.

Please send curriculum related feedback to TCDUTrngDev1@dshs.wa.gov. We continually strive to improve training products and rely on our instructors, learners, and stakeholders to identify gaps and need for updates.

Before Class

Practice, practice, practice!

It is recommended that you practice using the material in advance of your training and become familiar with the flow. Do not read directly from the book. You do not need to cover all information in the book. Some learners may want to use the textbook as reference later. Find a flow that works for the time, what the learners already know and spend more time in areas that learners are less familiar with and relevant to the individuals they provide care for. The learners do not need ALL of the information today.

Facilitate learning

Once you practice the flow and timing of delivering the content, consider your learners and make it relevant. Add your own relevant stories and experiences during the training to reinforce ideas. Your learners come with experiences of their own. Ensure that all learners have opportunity to actively participate in the training and learn from each other through engaging activities. Know your learners. Be aware of body language. Adapt language and content as needed to achieve understanding. Add variations to allow learners to stand and move during activities.

Timing

The timing of the course is as follows: The duration of the course and exam time is 8 hours. Always start class on time.

You may need to supplement with additional relevant scenarios and discussions depending on the class to achieve the full approved course time when continuing education credit is awarded.

Suggested Schedule

Topic	Suggested Time	Objectives
Course Introduction & Housekeeping		
Lesson 1	60 min	**Substance Use Disorder** The learner will define substance use disorder and recognize possible causes of substance use disorder.
Lesson 2	60 min	**Disorder Types and Symptoms** The learner will identify substance use disorder types and will match various substance use disorders to common symptoms of use, withdrawal, and overdose.
Lesson 3	90 min	**Person-centered Communication** The learner will identify stigma and recognize positive communication approaches for person-centered care.
Lunch		
Lesson 4	90 min	**Behaviors & Documentation** The learner will practice steps when approaching challenging behaviors and produce documentation.
Lesson 5	60 min	**Support** The learner will define trauma-informed care and identify supports for substance use disorder.
Lesson 6	60 min	**Caregiver Self-Care** The learner will identify healthy self-care activities and create a plan that prioritizes personal health and well-being.
Test	30 min	

Preparation Checklist

Suggested Time	Preparation Checklist
	Determine final number of learners.
	Confirm training location and room set up (in person or virtual).
	Prepare needed technology.
	Ensure training materials are ready (e.g., projector, slide presentation, books, handouts, evaluations, sign in sheets, sticky notes, supplies).
	Review material and practice presenting material.
Complete	**Day of Training**
	Arrive at least 30-60 minutes early to set up the physical room or virtual space.
	Ensure presentation and technology are available, set up and working properly (projector, laptop, internet connection, sound). If virtual, ensure you are sharing your computer sound to the virtual room.
	Place supplies (e.g., markers, paper, pens) in the center of each table or create shiteboards, and/or polls.
	Check that all learner materials and sign-in sheets are available and set up.
	Ensure learner tables are positioned to maximize discussion and ability to view slide content. Allow adequate open space to safely engage in all activities. Create breatkout rooms if virtual.
Complete	**Soon After Training**
	Review learner-training evaluations and create a self-improvement plan.
	Follow up to answer any unanswered learner questions.
	Document training.
	Contact DSHS Training Unit with any content (feedback, updates or concerns.
	File documentation per contract requirements.

Recommended Materials and Technology Checklist

Complete	Materials/Technology Suggestions	Purpose
	Laptop, computer, TV, or iPad	Electronic Presentation
	Projector or television monitor in room	Electronic Presentation
	Connector cables	Electronic Presentation
	Large screen or white wall (if using projector)	Electronic Presentation
	Remote control clicker	Electronic Presentation
	Internet connection	Electronic Presentation
	Speakers (sound)	Electronic Presentation
	Flip chart or whiteboard	Reinforce learning/track responses
	Handouts, if relevant	Visual reference
	Timer	Activities
	Supplies (markers, paper, tape, etc.)	Activities

Substance Use Disorder, Level 1

Introduces basic concepts of substance use disorder for caregivers working in long-term care settings. Explains possible causes, types, and symptoms of substance use disorders. Develops competence in person-centered communication, approaching challenging behaviors, providing support to persons with a substance use disorder, identifying stigma, recognizing positive communication approaches, and providing tools for caregiver self-care.

Lesson 1: Substance Use Disorder

The learner will define substance use disorder and recognize possible causes of substance use disorder.

Lesson 2: Disorder Types and Symptoms

The learner will identify substance use disorder types and will match various substance use disorders to common symptoms of use, withdrawal, and overdose.

Lesson 3: Person-centered Communication

The learner will identify stigma and recognize positive communication approaches for person-centered care.

Lesson 4: Behaviors & Documentation

The learner will practice steps when approaching challenging behaviors and produce documentation.

Lesson 5: Support

The learner will define trauma-informed care and identify supports for substance use disorder.

Lesson 6: Caregiver Self-Care

The learner will identify healthy self-care activities and create a plan that prioritizes personal health and well-being.

Lesson 1: Substance Use Disorder

Objective: The learner will define substance use disorder and recognize possible causes of substance use disorder.

Overview

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition-TR (also called the DSM-V-TR), is a manual published by the American Psychiatric Association (APA). Behavioral health professionals use the DSM-5 to diagnose and classify mental health disorders.

Some medical conditions rely on lab tests or image scans to diagnose. Mental health disorders and substance use disorders can be difficult to diagnose. These disorders rely on standard classifications within the DSM-5 for diagnosis. The DSM-5 is the fifth version of this manual. Each version has the most current research and understanding of disorders. It is an effort of hundreds of international experts in all aspects of mental health.

The fourth edition of the DSM identified two separate substance use or related disorders. The DSM-4 identified substance abuse and substance dependence as two types of substance related disorders. The DSM-5 combined these two disorders. They are now referred to as substance use disorders (SUD). SUDs have criteria that determine if the disorder is mild, moderate, or severe. Each substance is a separate disorder - for example, a person could have an alcohol use disorder or a stimulant use disorder, or both. A person can have more than one substance use disorder at a time. All SUDs use the same criteria for diagnosis.

Figure 26. Substance Use Disorder, Alcohol Use Disorder, and Illicit Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2020

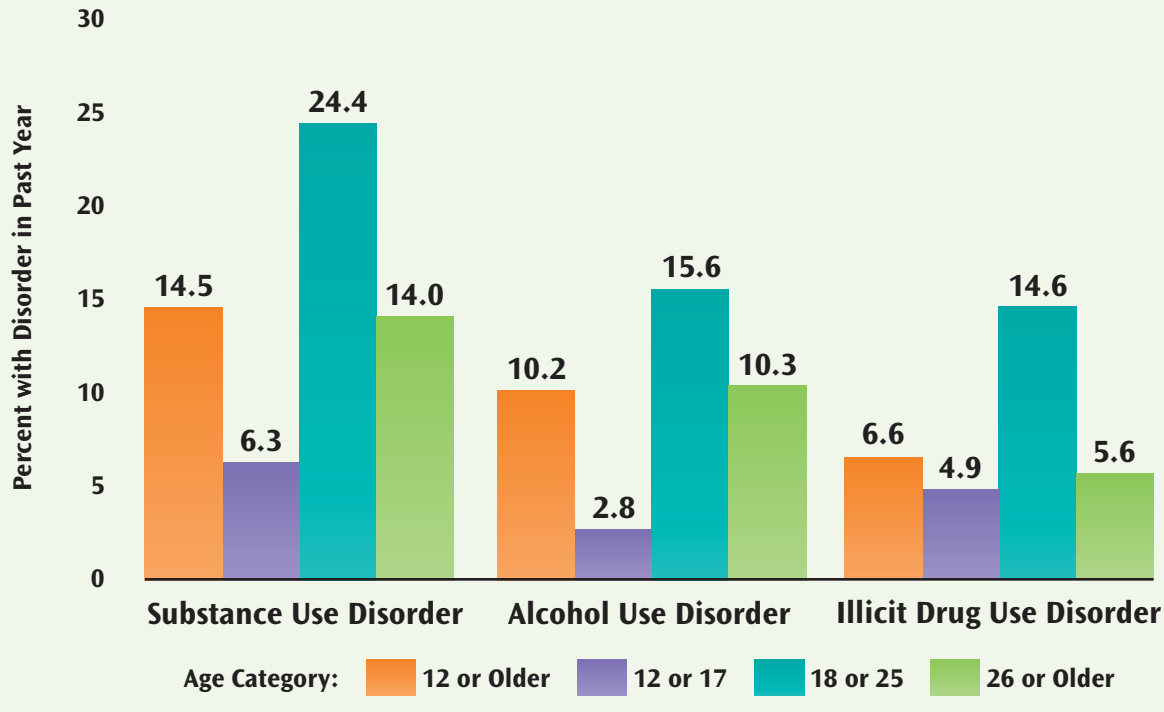


Image: SAMHSA Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on drug use and health

The DSM-5 update also became a living document. A living document means that the information updates over time as experts learn more. Healthcare providers use the information in the DSM. They are the ones who make a diagnosis and prescribe treatment.

The diagnosis of substance use disorder is never the responsibility of caregivers.

According to the 2020 National Survey on Drug Use and Health, among people aged 12 or older, 58.7 percent (or 162.5 million people) used tobacco, alcohol, or another substance within the month prior to the survey.

Activity

Do you currently care for someone with substance use disorder? Reflect on your current thoughts, opinions and understanding of this disorder. Reflect on how you currently provide care. At the end of this course, reflect again on what changed.

Feedback

Give learners a couple minutes to reflect on this question. Invite learners to put a star or checkmark next to information in their book during this class that is new or interesting. At the end of the course, learners will be asked to reflect again and may share "aha moments" or information they marked in their book as new or interesting.

What is Substance Use Disorder?

Drug addiction is clinically referred to as substance use disorder. (See page 46 for more information on language). Substance use disorder (SUD) is a primary disease that affects a person's brain and behavior. A primary disease is a disease that is not associated or caused by a previous disease. A person with SUD has an inability to control their use of substances despite negative consequences.

Substances include alcohol, tobacco, and other substances. People with SUD may keep using substances to avoid negative withdrawal symptoms and emotional states. Symptoms can range from mild to severe. Substance use disorder is a chronic, relapsing disease. Like diabetes, cancer, and heart disease, a combination of factors causes SUD. Changes occur in the functioning of the brain and body from substance use. If left untreated over time, it can become more severe, disabling and life threatening.

Some people think that substance use disorder is not a disease. (See more on stigma on page 44). That the individual made the choice to use substances. The first use may be by choice, however, the continued harmful use that people with SUDs exhibit is not entirely by choice. Brain changes occur from repeated substance use and can lead to compulsive behavior related to use. People begin to crave the substance which can lead to the compulsion. Choice does not determine if something is a disease. Diseases such as heart disease, diabetes and some forms of cancer may also involve personal choices. However, most diseases are caused by repeated chemical and environmental exposures, genetic predisposition or other factors that are outside of our control. While substance use disorder is a chronic disease, it is also a treatable disease, and everyone deserves treatment.

As a caregiver, it is NOT your job to diagnose substance use disorder. Behavioral health professionals use criteria from the current DSM list to diagnose and classify a substance use disorder and the severity. The severity depends on the number of symptoms reported. The greater number of symptoms, the more severe the disorder.

Effects of Substances on Older Adults

Older adults might be more likely to experience conditions that require prescription medications for treatment. Some older adults may be more likely to have chronic health conditions as they age or over a lifetime. This may result in higher rate of prescribed medications. Many older adults take more than one medication. This increases the risk for substance and medication interactions and dependence.

The effects of some substances on the aging brain are uncertain. Some substances may cause accelerated decline in parts of the brain. There may be some differences in how a body processes substances as it ages. Substances may metabolize or break down slower. This leaves more time for an unwanted interaction to occur. As the body ages, it cannot absorb and break down some substances as it once did. Aging brains can also be more sensitive to the effects of substances. Some effects can result in accidents such as falls or motor vehicle crashes (e.g., impaired judgement, coordination, or reaction time).

Older adults experience pain like everyone else. Whether the pain is caused by a chronic condition or an acute injury, opioid medications can be used to treat pain. Older adults can also have or develop substance use disorders.

Ironically, people who take opioids for pain control over long periods of time can become more sensitive to pain. This is known as hyperalgesia. A person may develop tolerance to the opioid's effects. This might increase the use of opioids.

Substance use in older adults has been reported to increase in numbers over the last several years.

- Alcohol is the most used substance among older adults.
- Opioid use disorder has increased, as well as an increase in heroin use (NIDA/NIH).
- Older adults may take substances to cope with big life changes (e.g., retirement, grief and loss, declining health, or a change in living situation).

All substance use disorders are treatable. People do recover from substance use disorder and live full, satisfying lives. Recovery is possible.

In lesson 5, you will learn about the treatment options for SUD. This includes behavioral therapies and medications. Some symptoms of SUD may look like other chronic illness or natural age-related changes.

Symptoms of SUD may include:

- Lack of energy and motivation
- Deteriorating dental health
- Memory lapses
- Weight loss or gain
- Constipation
- Difficulty with urination
- Skin conditions (rash, hives, itching, psoriasis…)
- Nausea and vomiting
- Chronic cough
- Decreased personal hygiene
- Depression
- Anxiety
- Slowed reaction time
- Decreased appetite
- Decreased sleep
- Decreased coordination
- Tremors

Activity

Alex notices that Odell, a man they provide care for, has an alcoholic beverage every night. They tell another coworker that Odell probably has a substance use disorder. Are there concerns?

Feedback

Yes, there are concerns. It is never a caregiver's job to diagnose substance use disorder. Substance use disorder is a mental health disorder that affects the brain and behaviors. It should only be diagnosed by a qualified healthcare professional. If Odell's beverage consumption and behaviors are a concern, talk to your manager or supervisor in your care setting or follow your policy or procedures to have Odell evaluated by a qualified healthcare professional. Is it medically necessary to talk to your coworker about Odell?

Neurobiology

Neurobiology is the study of the nervous system and how the brain works. The nervous system controls everything a person does. This includes breathing, walking, thinking, and feeling. The brain, spinal cord, and all the nerves of the body make up this system. The brain is the control center, and the spinal cord is the major highway to and from the brain.

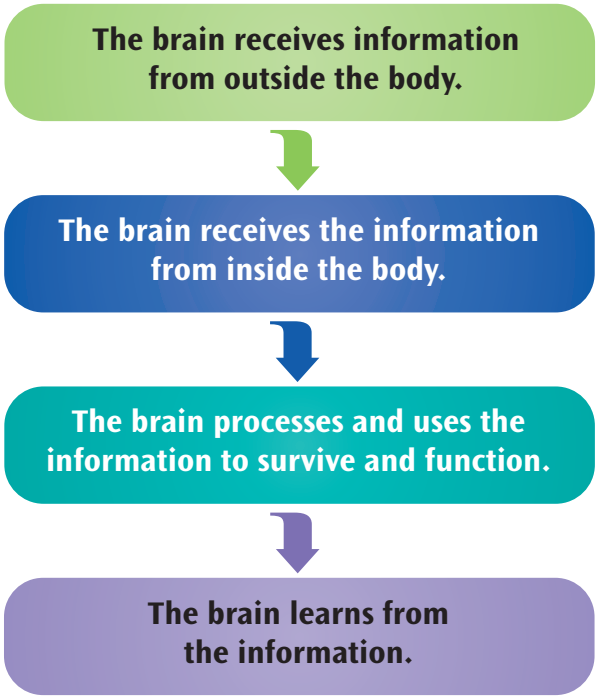
Each region of the brain affects a different area of behavior or a bodily function. The goal of neurobiology is to understand how behaviors connect to parts of the brain.

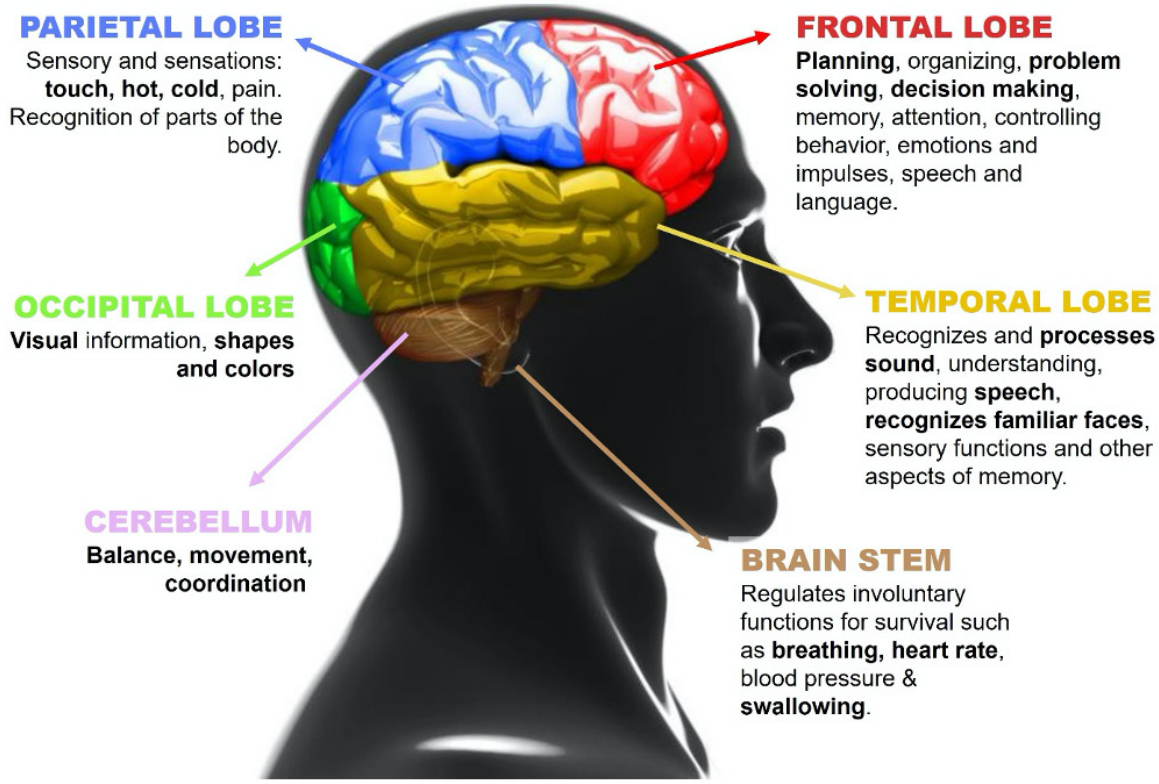
The image on page 6 shows some parts of the brain. It also shows some of the jobs associated with the part of the brain.

The Brain

The brain has many complex parts that work together. Each part has a specific job to do. The healthy brain is responsible for enjoying everyday activities. It also regulates basic functions of the body. The brain contains billions of cells called neurons. Neurons are information messengers. The neurons function like a computer. Organized into circuits and networks, they control the flow of information.

The brain is always working, even when a person is sleeping.





The brain receives information from outside the body. Information comes from the environment. For example, what the eyes see and what the skin feels.

The brain also receives information from inside the body. For example, what is the body's heart rate and body temperature?

Substances affect how the neurons send, receive and process signals. Some substances attach to and activate neurons. The substances may hijack the neuron and send incorrect messages through the network. Some substances increase or interrupt the normal communication between neurons.

Over time, substance use can lead to changes in how well the brain works. Continued substance use can increase disease severity, complications, and risks.

The Limbic System

The limbic system is part of the brain. It affects behavior and emotion. The limbic system is our primitive or reptilian brain. This means it is the part of the brain that recognizes an event as threatening or non-threatening. It signals the body to respond with behaviors for survival. It has evolved over millions of years.

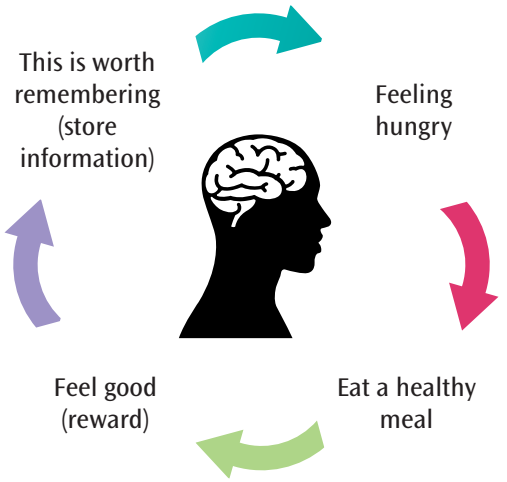
The limbic system is also the reward center of the brain. Emotion, memory, and reward come from the limbic reward centers. Rewards such as good food, a job promotion or winning the lottery trigger us to feel good. Feeling pleasure motivates people to repeat behaviors. Some substances also trigger the same feel-good part of the brain.

When the reward center is functioning properly, it helps the survival of our species. Humans have three basic instincts.

- Security (food and shelter)
- Reproduction
- Socialization

The brain works to seek out security, reproduction, or socialization.

1. The brain signals (cues) a need.
2. The need is met.
3. The brain reward system activates.
4. The brain notices that something important is happening worth remembering and repeating.

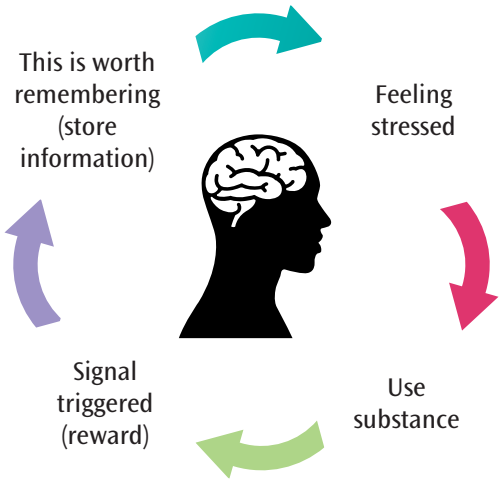


In this example, if the cue is hunger, and the person eats a healthy meal, the reward is feeling good. Feeling good in this scenario is worth remembering. The brain stores that information for the next time the person feels hungry.

With alcohol, tobacco and other mood-altering substances, the brain's reward center is activated. With repeated use, the reward center can be taken over. This take-over can lead to changes in the following activities:

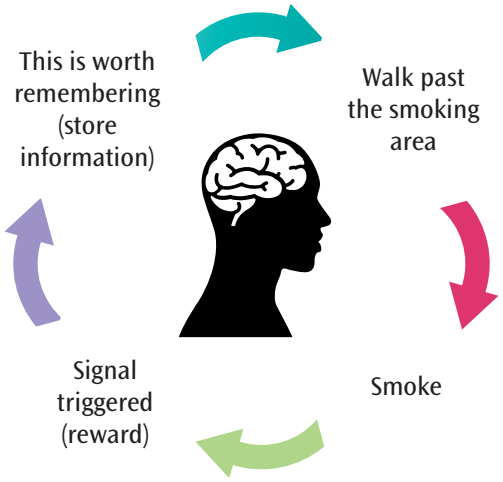
- Decision-making and judgement may reduce
- Cortisol (stress hormone) may increase
- Seeking and using substances may take priority over meeting basic needs

Substance use may cause the brain's reward system to replace healthy routines with unhealthy ones.



In this example, the cue is stress. If the person uses a substance, the reward may be reducing the stress, which feels good. Feeling good in this scenario is worth remembering. The brain stores that information for the next time the person feels stressed.

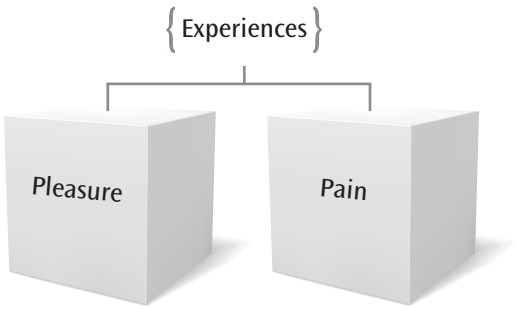
Cues can come from outside the body as well. Such as walking past a smoking area. The smoking area may trigger the desire to smoke, which provides a reward and then stored in memory. These cycles are not intentional thought but happening in the background of the mind.



Emotions

The amygdala is a part of the brain linked with emotion. This includes emotions like pleasure, fear, anxiety, stress, and anger. This is the part of the brain that manages the "fight" or "flight" response to possible threats.

The amygdala handles the emotional content of memories. It determines which experiences relate to pain and pleasure. It then stores the experiences in memory. It links an emotional value on new memories. Various substances influence this area of the brain.



Thinking

The prefrontal cortex is the "thinking" part of the brain. It is the control center of the brain that regulates thoughts and actions. Its main job is to control the emotional responses to stress by regulating the amygdala.

This part of the brain is vulnerable to change and damage from repeated exposure to substances. This reduces responses triggered by the amygdala. This may result in a person acting more impulsively and less thoughtfully.

This is especially true in terms of relapse responses. The area of the brain that helps to control substance use is also impaired by substance use. (See more information on relapse on page 13.)

Memory

The hippocampus is the area of the brain usually associated with memory. The area handles emotion, memory, and control of the autonomic nervous system. (e.g., digestion, heart rate, breathing, blood pressure). Memory is a powerful thing when it comes to substance use. The brain can become rewired to remember the intense pleasure of taking substances. This may increase cravings to use substances, even if the person knows it is harmful. The memory of environmental cues also activates within the brain. For example, walking past a smoking area (environmental cue) might activate the memory of smoking. This may trigger a feeling of pleasure. It may cause a craving to use a substance. This makes it more difficult to quit.

Reward Circuits

The **nucleus accumbens** is part of the limbic system and is the area of the brain involved in the reward circuit. Dopamine and serotonin are two of the neurotransmitters involved in this circuit. (See neurotransmitters on page 10) It is the part of the brain that is involved in positive reinforcement. If a substance increases the release of dopamine (see page 10) in this area, and the result is pleasurable, this creates positive reinforcement.

Positive reinforcement has an important role in motivation. This reinforcement includes enjoying healthy, life sustaining activities. Activities like eating, socializing and sex help the formation of habits and routines. This is part of the brain's reward circuit. Some substances over-activate this circuit, producing the euphoria of a high. With repeated exposure to substances, this part of the brain becomes less sensitive. This reduced sensitivity makes it hard to feel pleasure from anything besides the substance.

Activity

There are many parts of the brain that have specific jobs to do. Fill in the blanks below to complete the descriptions. Use the words below. Each word is used once.

| amygdala | memory | reward | thinking | limbic system |

1. The _____ is part of the brain that involves behavior and emotion. It is also referred to as our primitive or reptilian brain. Feelings of pleasure motivates people to repeat behaviors. Some substances also trigger the same feel-good part of the brain.

2. The _____ is a part of the brain and linked with emotion. This includes emotions like pleasure, fear, anxiety, stress, and anger. This is the part of the brain that manages the "fight" or "flight" response to possible threats.

3. The prefrontal cortex is the _____ part of the brain. It is the control center of the brain that controls thoughts and actions. This part of the brain is vulnerable to change and damage from exposure to too many substances.

4. The hippocampus is the area of the brain usually associated with _____. It is a powerful thing when it comes to substance use. The brain can become rewired to remember the intense pleasure of taking substances.

5. The Nucleus accumbens is the area of the brain involved in the _____ circuit. It's the part of the brain that is involved in positive reinforcement. This leads a person to expect reward based on previous behavior.

Feedback

There are many parts of the brain that have specific jobs to do. Learners will fill in the blanks to complete the descriptions. Use the words below. Each word is used once.

| amygdala | memory | reward | thinking | limbic system |

1. The **limbic system** is part of the brain that involves behavior and emotion. It is also referred to as our primitive or reptilian brain. Feelings of pleasure motivates people to repeat behaviors. Some substances also trigger the same feel-good part of the brain.

2. The **amygdala** is a part of the brain and linked with emotion. This includes emotions like pleasure, fear, anxiety, stress, and anger. This is the part of the brain that manages the "fight" or "flight" response to possible threats.

3. The prefrontal cortex is the **thinking** part of the brain. It is the control center of the brain that controls thoughts and actions. This part of the brain is vulnerable to change and damage from exposure to too many substances.

4. The hippocampus is the area of the brain usually associated with **memory**. It is a powerful thing when it comes to substance use. The brain can become rewired to remember the intense pleasure of taking substances.

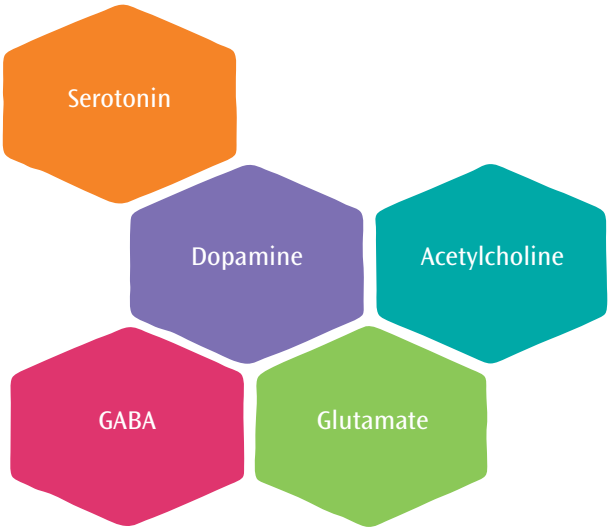
5. The Nucleus accumbens is the area of the brain involved in the **reward** circuit. It's the part of the brain that is involved in positive reinforcement. This leads a person to expect reward based on previous behavior.

Chemical Messengers

Neurotransmitters are chemical messengers that help the nerve cells communicate with each other. These messengers include serotonin, dopamine, GABA, glutamate, and acetylcholine. These messengers have many jobs to do, including helping to regulate appetite, the sleep-wake cycle and mood.

Many substances interact with the brain's neurotransmitter systems affecting the brain's chemical balance. The brain and body must then adjust to regain normal balance.

See page 10 for more on neurotransmitters and substances.



Serotonin

Serotonin is a neurotransmitter. The body produces serotonin naturally. Nerve cells and the brain need it to function. Some call it the happy chemical.
The role of serotonin includes:

- Regulate mood
- Digestion
- Sleep
- Regulate body temperature
- Mood
- Appetite
- Pain

Having low serotonin may link to other disorders, including anxiety and depression.

Most substances interact with the serotonin system. When using these substances, it may affect a person's sense of happiness and well-being. This might influence the way a person learns, remembers, sleeps, and feels emotions. It also affects impulse regulation. This might influence development and maintenance of substance use leading to a substance use disorder.

For more information on specific substances and serotonin, see page 10.

Dopamine

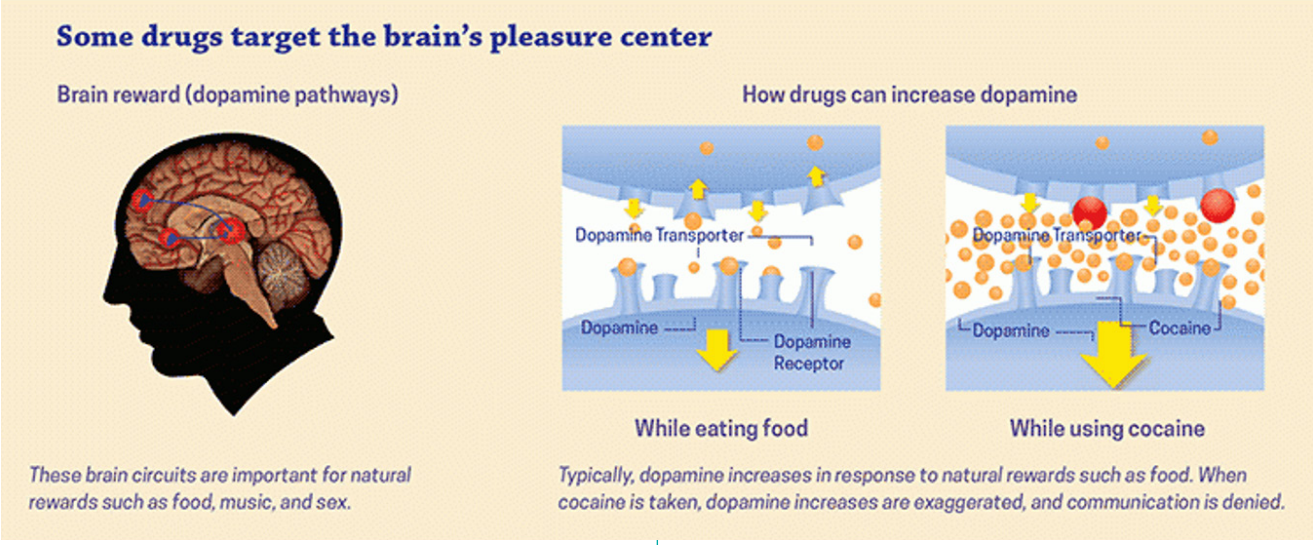
Dopamine is a neurotransmitter. The body produces dopamine naturally. The nervous system uses it to send messages between nerve cells.
The role of dopamine includes:

- Learning
- Motivation
- Heart rate
- Blood vessel function
- Kidney function
- Lactation
- Sleep
- Mood
- Attention
- Control of nausea and vomiting
- Pain processing
- Movement
- Pleasure

Feelings of pleasure help a healthy brain to identify and reinforce beneficial behaviors. The brain's wiring increases the odds of repeating pleasurable activities. Dopamine is central to this. A burst of dopamine releases when the reward circuit activates during a healthy, pleasurable experience. It signals that something important happened. The brain stores this event in memory. This burst changes the brain to make it easier to repeat the activity.

Some substances produce intense euphoria by producing larger bursts of dopamine. This powerful dopamine burst reinforces the use of the substance. This leads to pleasure and the brain stores the memory to reinforce the behavior. The brain learns to seek the substances that produce larger bursts over healthier (lower burst) goals and activities.

The brain may store cues in memory from a person's daily routine or environment. These cues can trigger uncontrollable cravings. For example, people who quit using substances can experience cravings when returning to a place they used the substances.



GABA and Glutamate

Gamma-aminobutyric acid (GABA) and Glutamate are both neurotransmitters and the body produce them naturally.

One third of all brain synapses use GABA. GABA is inhibitory. (Think STOP). It blocks impulses between nerve cells and the brain. Low levels of GABA may link to anxiety or mood disorders, epilepsy, or chronic pain. Increased GABA may

- Improve mood
- Relieve anxiety
- Improve sleep
- Help with premenstrual syndrome (PMS)
- Treat attention deficit hyperactivity disorder (ADHD)

Over half of all brain synapses use glutamate. Glutamate is excitatory. (Think GO). It makes it more likely to increase the excitability of the neurons.

GABA and Glutamate work together to control many processes.

Several substances alter GABA or glutamate, changing the balance of glutamate or GABA. Sedative or depressant substances tend to shift the balance toward GABA. This decreases brain activity. Stimulant substances shift the balance toward glutamate, causing an energized, wakeful state.

GABA works as a stop chemical and glutamate works as a go chemical.

Acetylcholine

Acetylcholine is a neurotransmitter naturally produced in the body. It affects smooth muscles, dilates blood vessels, increases bodily secretions, and slows heart rate. Substances like hallucinogens, cannabis and stimulants affect acetylcholine.

Activity

Neurotransmitters are chemical messengers that help the nerve cells communicate with each other. These messengers include serotonin, dopamine, GABA, glutamate, and acetylcholine. Draw a line from the messenger to the best short description of that messenger. Each description will only be used once.

1. Serotonin	A. Excitatory (go)
2. Dopamine	B. Slows heart rate
3. GABA	C. Motivation
4. Glutamate	D. Happy chemical
5. Acetylcholine	E. Inhibitory (stop)

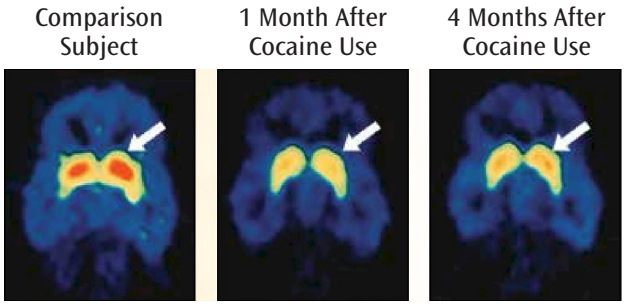
Feedback

Neurotransmitters are chemical messengers that help the nerve cells communicate with each other. These messengers include serotonin, dopamine, GABA, glutamate, and acetylcholine. Draw a line from the messenger to the best short description of that messenger. Each description will only be used once.

1. Serotonin	➔	D. Happy chemical
2. Dopamine	➔	C. Motivation
3. GABA	➔	E. Inhibitory (stop)
4. Glutamate	➔	A. Excitatory (go)
5. Acetylcholine	➔	B. Slows heart rate

Changes in Brain Function

Substance use can change the way areas of the brain function. Heavy, repeated (chronic) substance use shows up on brain image scans. These changes may cause a change in appearance and functioning. Changes remain well after substance use stops. The brain does begin to recover and return to more normal appearing or just functioning. The image below shows a brain on the left of a person who has not engaged in cocaine use.



The other two scans are from a person who has a history of cocaine use disorder. The images represent 1 month and 4 months after the substance use has stopped. The red areas in the left image are the dopamine receptors working normally in the brain. The middle image shows the loss of dopamine receptors with repeated cocaine use. As these receptors are lost, the amount of pleasure a person receives from using a substance is decreased and some of the other brain changes mentioned above have occurred. The improvement and return of dopamine receptors after 4 months are noticeable but is still changed when compared to someone who has not used cocaine.

Tolerance

Tolerance is what happens when the body is regularly exposed to a substance. Over time, the dose or amount of substance may not work as effectively as it once did. The same dose may not cause the desired mind or mood-altering effects that previous use at the same dose did. The body might get used to the substance over time. Tolerance can develop to both alcohol, tobacco, and other substances and some prescription medications. Someone who has taken opioids for a long time for chronic pain or cancer pain probably has developed a tolerance to opioids. When a person experiences tolerance alone, it does not mean a person has a substance use disorder.

Relapse

When a person with a substance use disorder reduces or avoids using a substance, they may go back to using the substance again. This is relapse. Relapse can occur at any point during recovery and is a common occurrence. It is most often seen during the first few months of and throughout early recovery.

Recovery is defined by SAMSHA as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Each person is unique, so is the process of recovery, and reasons for relapse will differ. A relapse is not a sign that the person is weak or a failure.

Many things can cause a person to relapse.

- Some situations, locations or events might trigger a person to use substances.
- Places, people, events.
- Exposure to stress.
- Familiar or new challenging situations.
- Pre-existing mental, emotional or physical health challenges.
- Persistent pain or discomfort.

Relapse is not a failure. It is simply an indication that adjustments to the individual's recovery plan may be needed.

Activity

1. Ursula is taking a medication and the amount does not seem to be as effective as it once was. What do you think is going on for Ursula?

2. Nita has smoked for most of her life. She stopped smoking a month ago. She has been stressed the last week from a conflict that she had with her daughter. She started smoking again. What do you think is going on for Nita?

Feedback

1. Ursula may be experiencing tolerance to the medication. This is what happens when the body is regularly exposed to a substance. Over time, the dose or amount may not work as effectively as it once did.

2. Nita is having a relapse. It can occur at any point during recovery and often seen during the first few months and throughout early recovery. Sometimes exposure to stress, challenging situations or other situations can trigger a relapse.

Withdrawal

Withdrawal describes a group of symptoms that can occur when a person stops or reduces their amount of substance use. People can experience withdrawal either with or without a substance use disorder. Some people may experience withdrawal related to their prescribed medications. The symptoms of withdrawal vary in intensity and duration, and in some cases may be life-threatening. Symptoms may also vary depending on the substance(s).

Think about what you learned about the brain. Think about the effects of substances on the brain. The brain becomes tolerant to the effects of the substance and expects the substance. When reducing or stopping use of a substance, it leaves an imbalance in the brain that results in what may be intensely uncomfortable physical symptoms.

Withdrawals are unpleasant. They can cause someone to relapse. Withdrawal can be dangerous in some cases. Withdrawal from alcohol and other substances that work to slow down brain functions can result in death. For substance specific withdrawals, see pages 21-43.

Media

Susan's Brain: The science of addiction (4:28)
By: Harvard X
https://www.youtube.com/watch?v=pe5loX720Rk

Overdose

Overdose occurs when a person's body is not able to process the amount of a substance taken and clear it from their system. An overdose may cause serious or harmful results. A person may need to go to the hospital to be treated. A large overdose can cause a person to stop breathing and die if not treated right away.

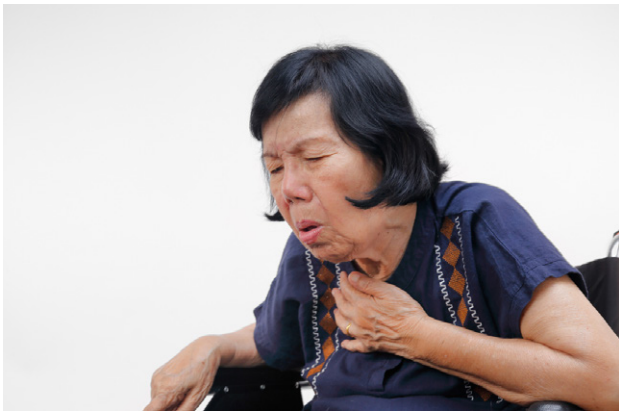
If someone takes too much of something on purpose, it is intentional or deliberate overdose.

If the overdose happens by mistake, it is an accidental overdose.

The symptoms, treatment, and recovery time after an overdose depend on the specific substance taken and the impacts it had on the person's body.

If you suspect an overdose, seek medical assistance right away or call 911.

Many organs or the brain might have permanent damage from an overdose. This depends on which substance(s) are taken. For substance specific overdose, see page 14. For information on Narcan/Naloxone, see pages 81-82.



Activity

What is the experience that occurs when someone stops or reduces use of a substance?

What is the experience called when a person's body is not able to process the amount of a substance taken and clear it from their system?

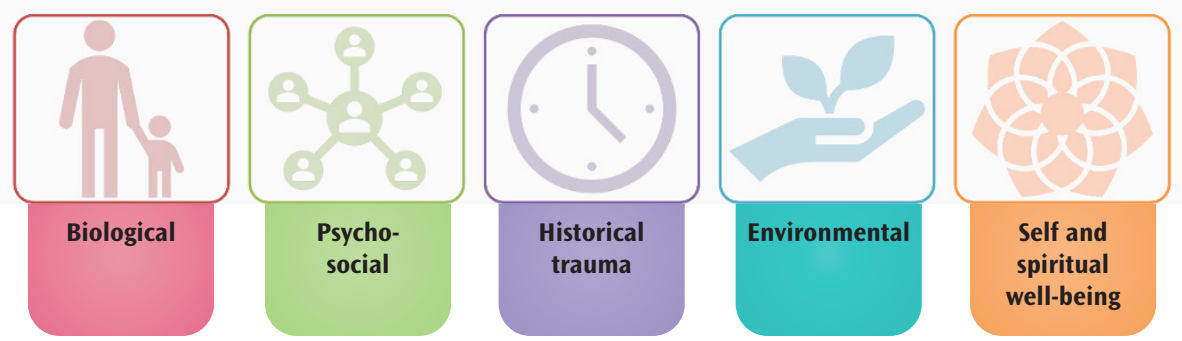
Feedback

What is the experience that occurs when someone stops or reduces use of a substance?

Answer: This experience is called withdrawal.

What is the experience called when a person's body is not able to process the amount of a substance taken and clear it from their system?

Answer: This experience is called overdose.



What Causes Substance Use Disorder?

The exact cause of substance use disorder is not known. Many factors may contribute to SUD. Factors might include

- Biological (genetics)
- Psychosocial
- Historical trauma
- Environmental
- Self and spiritual well-being

It is important to note that not everyone who uses substances will develop a substance use disorder. Most research indicates that about 10% of people who use substances develop a substance use disorder.

Media

How trauma impacts the brain: reducing stigma around addiction and substance use
Carleton University (4:35)
https://www.youtube.com/watch?v=LNVShudqsTI

Biological

Each person has a unique biology comprised of genes, age, gender, and other factors. These may play a role in substance use disorder.

Genetics

A person may have increased risk for substance use disorder when they have family members who also have substance use disorder.

Genes combined with other factors increase the risk of SUD by an estimated 40%-60%.

Developmental stage

People who begin using substances at a younger age are at a higher risk for developing substance use disorder. The developing brain is more prone to the effects of substances and susceptible to change. Substances used during this phase can affect brain circuitry development.

Sensitivity

Everyone is unique in how their body processes substances. Some people are more sensitive to substances than others. These differences may affect how a person responds to the substance. It may also influence if they continue to take the substance or not.

Mental health disorders

Using a substance might make the symptoms of mental health disorder feel better. Mental health disorders can also affect the brain circuits and chemicals. This overlap may increase the risk of substance use disorder.

When substance use and mental health disorders are present in the same person, these are called co-occurring disorders. (See page 78)

Gender

Some substances may affect different genders in different ways. There are biological differences between the genders. Differences may include hormone production, body size and composition.

Psychosocial

Psychosocial is a term used to refer to the relationship between social factors, individual thought, and behavior. The risk of developing a substance use disorder might be higher when some of the conditions below are present. Conditions may occur when a negative change happens in someone's life or a lot of their activities center around using substances, including alcohol.

Substance use disorder might be a higher risk with those experiencing:

- Lack of social supports
- Loneliness
- Relationship strain
- Work disruption
- Peer pressure
- Exposure to media endorsing substance use
- Expectations of pleasure from substance use

Historical Trauma and Adverse Childhood Experiences

Historical trauma is multigenerational trauma. This means it relates to several generations within a family or group of people. It can be a cultural, racial, or ethnic experience. Major events can oppress groups of people (e.g., slavery, the Holocaust, forced migration, and violent colonization of Native Americans). Not all people in a group will experience historical trauma. Some may experience poor physical and behavioral health. Living with the effects of generational trauma increases the risk of developing a substance use disorder.

Adverse childhood experiences (ACEs) are stressful or traumatic events experienced in childhood, including abuse and neglect. They may include household dysfunction, such as witnessing domestic violence. They may include growing up with family members who have substance use disorders. ACEs are strongly related to a wide range of health problems throughout a person's life. This includes an increased risk of developing a substance use disorder. Exposure to chronic stressful events as a child can disrupt brain development. This can lead to unhealthy coping mechanisms like substance use. Unhealthy coping mechanisms can contribute to disease, disability, social problems, and premature death.

Environmental

Environmental factors relate to a person's surroundings. They also include influences that the person lives with.

Home, family, and peer influence

A person's home environment has a big impact on a person's risk for substance use disorder. Environments that increase risk for substance use disorder include:

- Chaotic home environment
- Lack of supervision
- Household members experiencing mental health disorders
- Household members engaging in criminal behavior
- Family or peer substance use

Availability of substances

Availability of substances can increase the risk for substance use disorder. Availability includes (and is not limited to) a person's home, school, and community.

Stressors

Early exposure to stress may increase the risk of developing a substance use disorder. Stressors might include physical or sexual abuse, witnessing violence, living in poverty, and chaotic lifestyles. (See ACEs)

Self and Spiritual Well-Being

Having low self-compassion or sense of low spiritual well-being may increase risk for substance use disorder. It also increases the risk for cravings and relapse.

Religious or spiritual beliefs may influence how people think about substance use disorders and treatment.

Activity

Discuss possible factors or situations that can increase the risk of developing a substance use disorder.

Feedback

For this activity, consider think, pair, share. Use the sharing experience to check for understanding of possible factors or situations that can increase the risk of developing a substance use disorder. Reinforce that the exact cause of substance use disorder is not known and that many factors may contribute to SUD. Be aware of bias, stigma, and language during this activity. (More information to come on bias, stigma, and language on page 44)

Lesson Summary

- Substance use disorder (SUD) is a primary disease/ medical condition that affects a person's brain and behavior. A person with a SUD has an inability to control their use of substances despite negative consequences.

- Neurobiology is the study of the nervous system and how the brain works. The nervous system controls everything a person does. This includes breathing, walking, thinking, and feeling. The brain, spinal cord, and all the nerves of the body make up this system.

- Some mood-altering substances interfere with how the neurons send, receive and process signals. Some substances attach to and activate neurons. The substances hijack the neuron and send incorrect messages through the network. Some substances increase or interrupt the normal communication between neurons.

- Over time, substances can lead to changes in how the brain works. Continued substance use can cause an increase in disease severity and risks. Longer and higher amounts of use lead to increases in the severity of a person's SUD and the type of health consequences they may experience.

- Tolerance is what happens when the body is regularly exposed to a substance. Over time, the dose or amount of substance may not work as well as it once did at achieving the desired effect or similar. The body might get used to the substance over time.

- When a person reduces or avoids using a substance, they may go back to using the substance again. This is relapse. Relapse can occur at any point during recovery.

- Withdrawal describes a set of symptoms that may occur after a person stops or reduces the amount of a substance they had been using. People can experience withdrawal either with or without a substance use disorder. Some people may experience withdrawal related to their prescribed medications. The symptoms of withdrawal vary in intensity and duration. Symptoms may also vary depending on the substance(s).

- Overdose is what happens when a person's body is unable to tolerate the effects of a substance or medication. Sometimes this happens when people take significantly more than the normal or recommended amount of something or if a substance is extremely strong. Overdoses are associated with negative consequences. An overdose may cause serious or harmful symptoms. An overdose may also cause death.

- Approximately 10% of people who use substances will experience a substance use disorder.

Checkpoint

Read the terms below on the right. Match the word to the definition on the right that best matches the word.

1. _____ Substance Use Disorder	A. When the body is regularly exposed to a substance and the amount is not working as effectively as it used to.
2. _____ The Limbic System	B. Part of the brain and linked with emotions like pleasure, fear, anxiety, stress, and anger. This is the part of the brain that manages the "fight" or "flight" response to possible threats.
3. _____ Amygdala	C. A mental health disorder that affects the brain and behaviors.
4. _____ Chemical Messengers	D. When a person reduces or avoids using a substance, they may go back to using the substance again.
5. _____ Tolerance	E. Neurotransmitters that help the nerve cells communicate with each other.
6. _____ Relapse	F. Part of the brain involving behavior and emotion. It is our primitive or reptilian brain.

Feedback

Read the terms below on the right. Match the word to the definition on the right that best matches the word.

1. __C__ Substance Use Disorder	A. When the body is regularly exposed to a substance and the amount is not working as effectively as it used to.
2. __F__ The Limbic System	B. Part of the brain and linked with emotions like pleasure, fear, anxiety, stress, and anger. This is the part of the brain that manages the "fight" or "flight" response to possible threats.
3. __B__ Amygdala	C. A mental health disorder that affects the brain and behaviors.
4. __E__ Chemical Messengers	D. When a person reduces or avoids using a substance, they may go back to using the substance again.
5. __A__ Tolerance	E. Neurotransmitters that help the nerve cells communicate with each other.
6. __D__ Relapse	F. Part of the brain involving behavior and emotion. It is our primitive or reptilian brain.

Lesson 2: Disorder Types and Symptom

Objective: The learner will identify substance use disorder types and will match various substance use disorders to common symptoms of use, withdrawal, and overdose.

Overview

Substance use disorder is a disease that affects a person's brain and behavior.

In general, signs of substance use disorder might include

- Feeling the need to use the substance regularly. This might include daily or even several times a day.
- Having intense urges for the substance that block out any other thoughts.
- Needing more of the substance to get the same effect
- Taking larger amounts of the substance over a longer period than intended.
- Making certain to maintain a supply of the substance.
- Spending money on the substance, even if it is beyond financial means.
- Not meeting obligations and work responsibilities or cutting back on social or recreational activities because of substance use.
- Continuing to use the substance, even though it is causing problems in life or causing physical or psychological harm.
- Doing things to get the substance that they would not normally, such as stealing.
- Driving or doing other risky activities when under the influence of the substance.
- Spending time getting the substance, using the substance, or recovering from the effects of the substance.
- Unable to stop using the substance.
- Experiencing withdrawal symptoms when attempting to stop substance use.

Substance Use Disorder is an umbrella term that covers many specific types of substance use disorders. All substance use disorders are treatable chronic lifelong disorders.

Disorder types currently include:

- Alcohol Use Disorder
- Cannabis Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Hallucinogen Use Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder
- Stimulant Use Disorder (Amphetamine, Cocaine, Other/ Unspecified)
- Nicotine/Tobacco Use Disorder

For each substance use disorder type, there are substances within each category. There are characteristics, symptoms, treatments, and withdrawal symptoms specific to each substance. This lesson covers many substance use disorders.

Keep in mind:

- Remember that it is not your job to diagnose the individuals you care for.
- Not everyone who uses a substance has a substance use disorder.
- Different people may respond differently to substances. The symptoms of use, treatments, and symptoms of withdrawal may be different for different people.

Specific Use Disorders, Characteristics and Symptoms of Use and Withdrawal

Alcohol Use Disorder

Examples

- Beer
- Liquor

Characteristics

Alcohol use disorder (AUD) is one type of substance use disorder. It is an impaired ability to stop or control alcohol use, despite negative outcomes. Like all other substance use disorders, it is a brain disorder and can be mild, moderate, or severe.

Alcohol causes an increase in serotonin in people's brains. The quantity of this increase varies. People who show a preference for alcohol may have a noticeable increase of serotonin in their hippocampus. Remember the hippocampus is the part of the brain associated with memory and emotion.

Lasting changes occur in the brain from alcohol use. These brain changes encourage continued alcohol use and make individuals vulnerable to relapse. Many people with AUD do recover.

Symptoms

Short-term symptoms of alcohol use might include:

- Decreased respiration
- Decreased heart rate
- Decreased blood pressure
- Altered perceptions and emotions
- Motor skill impairment
- Distorted vision, hearing, and coordination
- Hangovers
- Impaired judgement

Long-term symptoms of heavy alcohol use might include:

- Heart, brain, and central nervous system damage
- Liver damage and failure
- Loss of appetite
- Memory loss
- Sexual impotence
- Skin problems
- Stomach ailments including ulcers
- Vitamin deficiencies

Treatment

Medications to treat alcohol use disorder include:

- Naltrexone (oral and long-acting injectable)
- Acamprosate
- Disulfiram

Behavioral Treatments:

- Talk therapy
- Brief interventions
- Positive reinforcement
- Coping skills and relapse prevention
- Mindfulness therapies
- Mutual support groups/peer support

Withdrawal

Many people will need medical help to stop drinking. Many people will also need medical help when they stop drinking to treat their withdrawal symptoms and to reduce their risk of seizures or delirium tremens (also known as "DTs"). Medications can help reduce the severity of alcohol withdrawal. Alcohol withdrawal is a potentially life-threatening process. It can happen when a person who has been drinking heavily for a long time suddenly stops or reduces their alcohol use. Doctors can prescribe medications to help manage these symptoms. Medications make the process safer and less distressing. Sometimes people will need specialized treatment for alcohol withdrawal and will attend treatment for withdrawal management.

Symptoms of alcohol withdrawal may include:

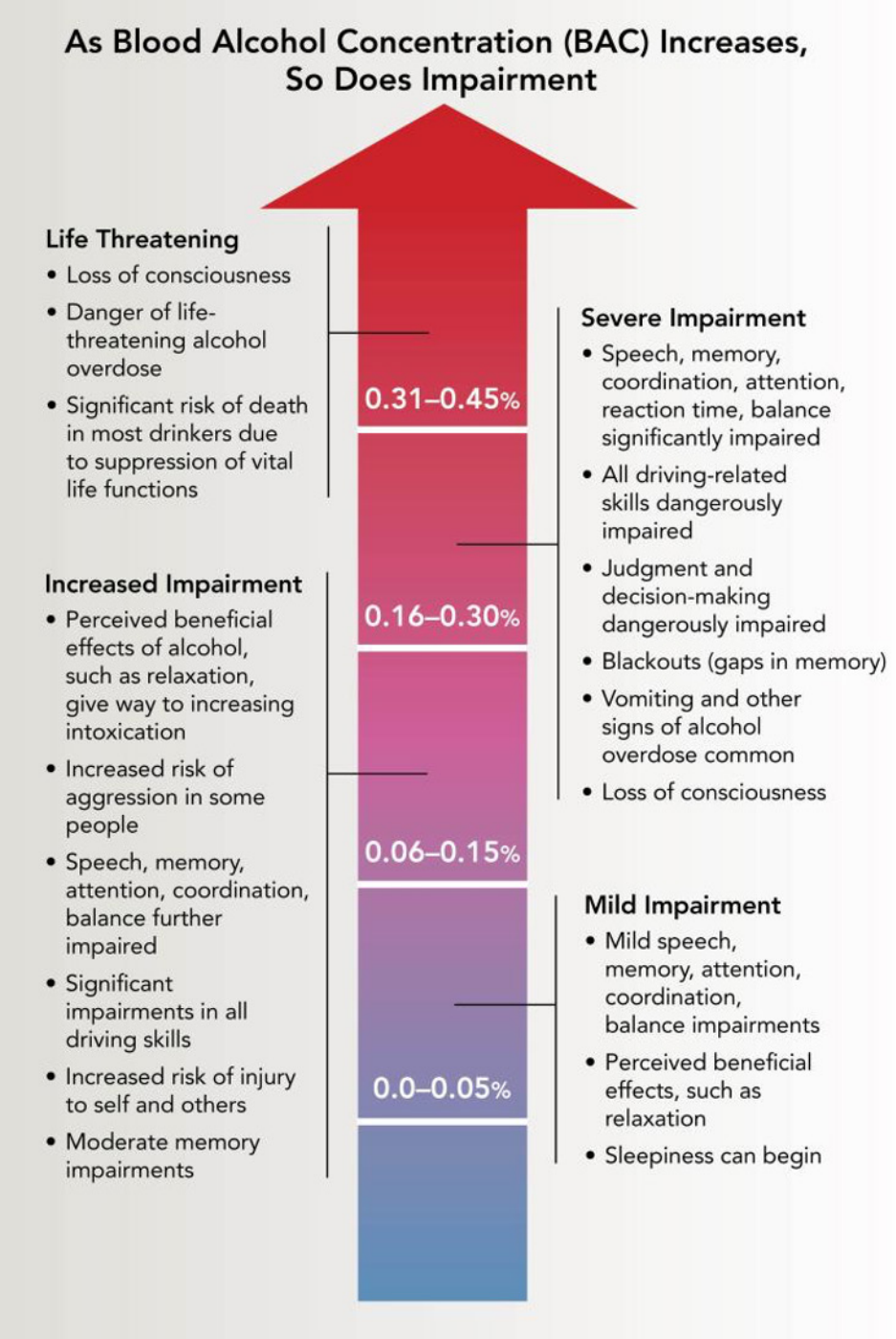
- Autonomic hyperactivity (Sweating or pulse rate greater than 100 bpm)
- Increased hand tremor
- Insomnia
- Nausea or vomiting
- Transient visual, tactile, or auditory hallucinations or illusions
- Psychomotor agitation
- Anxiety
- Seizures

Overdose

When there is too much alcohol in the bloodstream, important life functions shut down. Risk of overdose is higher when combining alcohol with sleep-aids and some anti-anxiety medications. Combining alcohol and opioids can be dangerous and lead to death.

Symptoms of alcohol overdose may include:

- Mental confusion
- Difficulty remaining conscious
- Vomiting
- Seizure
- Trouble breathing
- Slow heart rate
- Clammy skin
- Dulled responses (such as no gag reflex)
- Extremely low body temperature



Alcohol overdose can lead to permanent brain damage or death.

As blood alcohol content (BAC) increases, the risks increase. **Know the danger signs and call 911 immediately if you suspect a person has an alcohol overdose. Do not leave an intoxicated person alone.** Follow your first aid protocols until help arrives.

Cannabis Use Disorder

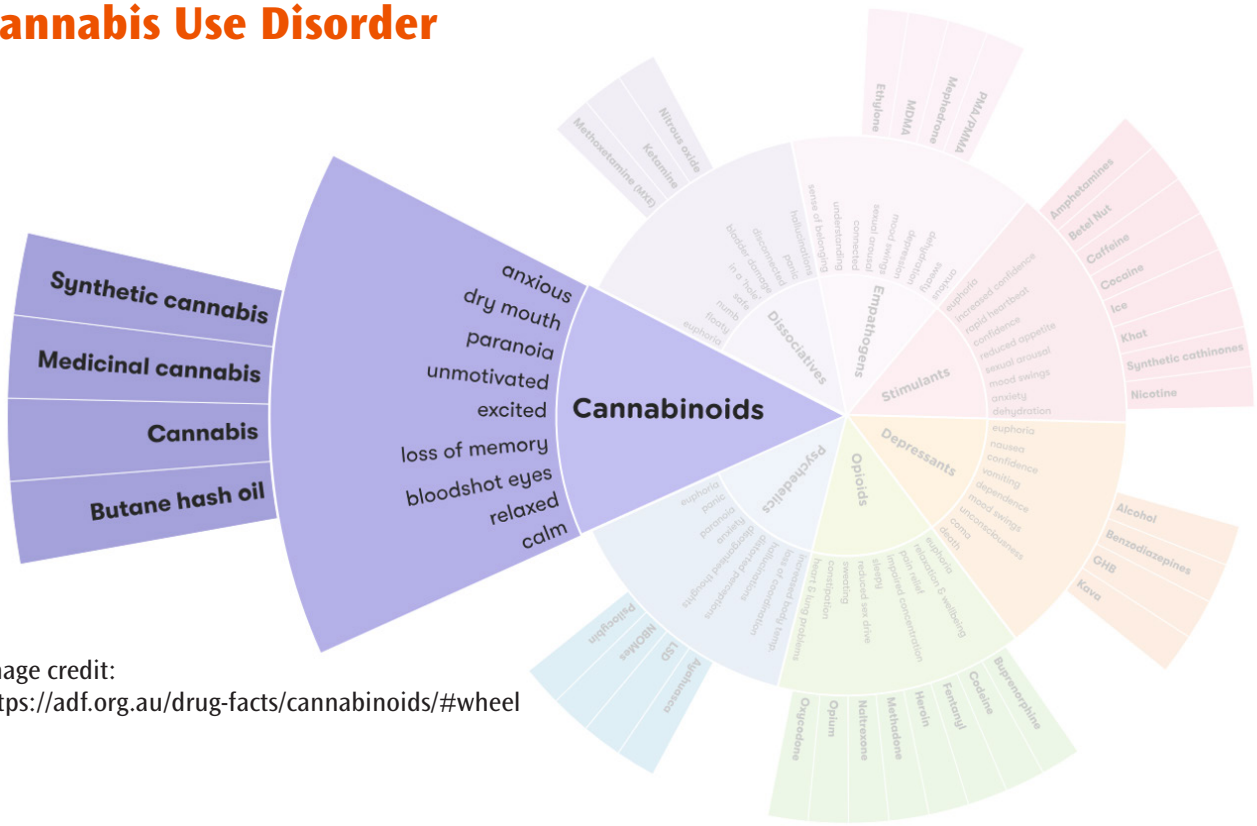


Image credit:
https://adf.org.au/drug-facts/cannabinoids/#wheel

Examples

- Synthetic cannabis (also known as spice or K2)
- Medicinal cannabis
- Cannabis
- Butane hash oil

Characteristics

Cannabis is the most commonly used illicit substance in the United States. It tends to be the first substance teens use. It can be either smoked or swallowed.

About 10% of people who use cannabis will develop a Cannabis use disorder (CUD). This means they are unable to stop using cannabis, even when it causes health or social problems in their lives. The younger a person is when they first start using cannabis, the higher their risk of developing a CUD.

Some people who have CUD may need to use more cannabis or more concentrated cannabis product to experience a “high”.

Cannabis contains tetrahydrocannabinol (THC). THC is a psychoactive substance. This means it affects how the brain works. It blocks the messages going to the brain. It causes changes in mood, awareness, thoughts, feelings, and behavior. It alters the perceptions and emotions, vision, hearing, and coordination. The higher the amount of THC, the stronger the effects are on the brain. It causes a complex reaction with the serotonin system and has an inhibitory and excitatory impact on the neurotransmitter.

Symptoms

Short-term symptoms may include:

- Sleepiness
- Difficulty keeping track of time, impaired memory
- Reduced ability to perform concentration and coordination tasks (e.g., driving a car)
- Increased heart rate
- Bloodshot eyes
- Dry mouth and throat
- Decreased social inhibitions
- Paranoia, hallucinations

Long-term symptoms may include:

- Decrease in testosterone levels for men
- Lower sperm counts and difficulty having children
- Increase in testosterone levels for women; also increased risk of infertility
- Diminished or extinguished sexual pleasure
- Psychological dependence requiring more of the substance to get the same effect
- Cyclic vomiting

Note that synthetic cannabis (also known as spice, K2) symptoms are much more potent. The symptoms of acute intoxication with synthetic cannabinoids can lead to muscle break down, seizures, or psychosis.

Treatment

- Cognitive-behavioral therapy (CBT)
- Motivational enhancement therapy (MET)
- Contingency management (CM)

A combination of CBT, MET and CM has the best outcomes.

Withdrawal

Withdrawal from cannabis often peaks within the first week after quitting. It can last up to two weeks and can include:

- Decreased appetite or weight loss
- Irritability, anger, or aggression
- Nervousness or anxiety
- Restlessness
- Depressed mood
- Sleep difficulties
- Abdominal pain
- Shakiness/tremors
- Sweating
- Fever
- Chills
- Headache

Overdose

Cannabis overdose is rare but still possible. Some symptoms of cannabis overdose might include:

- Extreme anxiety or panic attack
- Paranoia or hallucinations
- Decreased judgement, perception and coordination that can lead to injuries or death
- Fast heart rate, chest pain, or heart attack
- Uncontrollable shaking or seizures
- Pale skin color
- Unresponsiveness
- Sudden high blood pressure with headache

When symptoms are severe, call 911.

Activity

Read the symptoms of withdrawal below. Circle the symptom to the substance use disorder that best matches the symptom.

Anxiety Alcohol Cannabis

Decreased appetite Alcohol Cannabis

This disorder when severe may need medical help. Withdrawal of this disorder is potentially life-threatening and may need medication to manage symptoms.

Alcohol Cannabis

Feedback

Read the symptoms of withdrawal below. Circle the symptom to the substance use disorder that best matches the symptom.

Anxiety (Alcohol) (Cannabis)

Decreased appetite Alcohol (Cannabis)

This disorder when severe may need medical help. Withdrawal of this disorder is potentially life-threatening and may need medication to manage symptoms.

(Alcohol) Cannabis

Inhalant Use Disorder

Examples

- Degreasers
- Felt tip markers
- Gasoline
- Glue
- Hair spray
- Nail polish removers
- Paint thinners and removers
- Spray paint
- Compressed air duster

Characteristics

Inhalants are chemicals found in some household and workplace products. Inhalants produce chemical vapors. Vapors cause mind-altering effects when inhaled. Inhaled substances are rapidly absorbed into the brain to produce a quick high. Chronic use of inhalants can result in irreversible adverse effects. Adverse effects can include coma and even death.

Gases include medical anesthetics and other household and commercial products.

Medical anesthetics include chloroform, halothane, and nitrous oxide (laughing gas). Nitrous oxide is the most used of these gases. Whipped cream dispensers and propellant canisters contain nitrous oxide. Nitrous oxide can also be found in products that boost octane levels in racing cars. Canned air contains a compressed gas with the main ingredient being difluoroethane. Inhaling canned air can cause an immediate rush of euphoria as well as possible hallucinations and delusions.

Other household products containing gas are butane lighters, propane tanks and refrigerants.

Nitrites are chemical compounds found in leather cleaner, liquid aroma, and room deodorizers. Nitrites affect the central nervous system. They dilate blood vessels and relax smooth muscles. Nitrites include cyclohexyl nitrite, isoamyl (amyl) nitrite, and isobutyl (butyl) nitrite. They are commonly known as “poppers” or “snappers.”

Symptoms

People who use inhalants may show signs such as:

- Changes in behavior including apathy (lack of interest)
- Chemical odors on the breath or clothes
- Paint or other stains on hands, fingers, or clothes
- Poor hygiene and grooming habits
- Rapid decline in school performance
- Runny nose or nosebleeds
- Significant decrease in appetite and weight loss
- Slurred speech
- Tiredness
- Ulcers or irritation around the nose and mouth
- Hallucinations and delusions

Other symptoms may include:

- Confusion
- Depression
- Hostility
- Irritability
- Paranoia
- Poor concentration
- Dizziness
- Slurred speech

Treatment

- Cognitive-behavioral therapy (CBT)
- Motivational enhancement therapy (MET)
- Contingency management (CM)
- Activity and engagement programs
- Support groups and 12-step programs

Withdrawal

Inhalant withdrawal symptoms can be both psychological and physical in nature. Withdrawal is more severe for people with a long history of using inhalants. Common and/or severe inhalant withdrawal symptoms include:

- Anger outbursts
- Anxiety
- Cravings
- Depression
- Difficulty concentrating
- Dizziness

- Excessive sweating
- Hallucinations
- Hand tremors
- Headaches
- Insomnia
- Irritability and agitation
- Mood changes
- Nausea
- Poor memory
- Psychosis
- Rapid heartbeat
- Restlessness
- Runny eyes or nose
- Vomiting

Overdose

The risk of overdose with inhalants is oxygen deprivation and sudden death. Seek immediate services from emergency personnel.

The symptoms of overdose may include:

- Drowsiness
- Diarrhea
- Disorientation
- Hallucinations
- Coma
- Heart failure

Opioid Use Disorder

Examples

- Heroin
- Hydrocodone (Norco, Vicodin)
- Oxycodone (OxyContin, Percocet)
- Morphine
- Hydromorphone (Dilaudid)
- Codeine (cough syrup)
- Meperidine (Demerol)
- Fentanyl
- Kratom

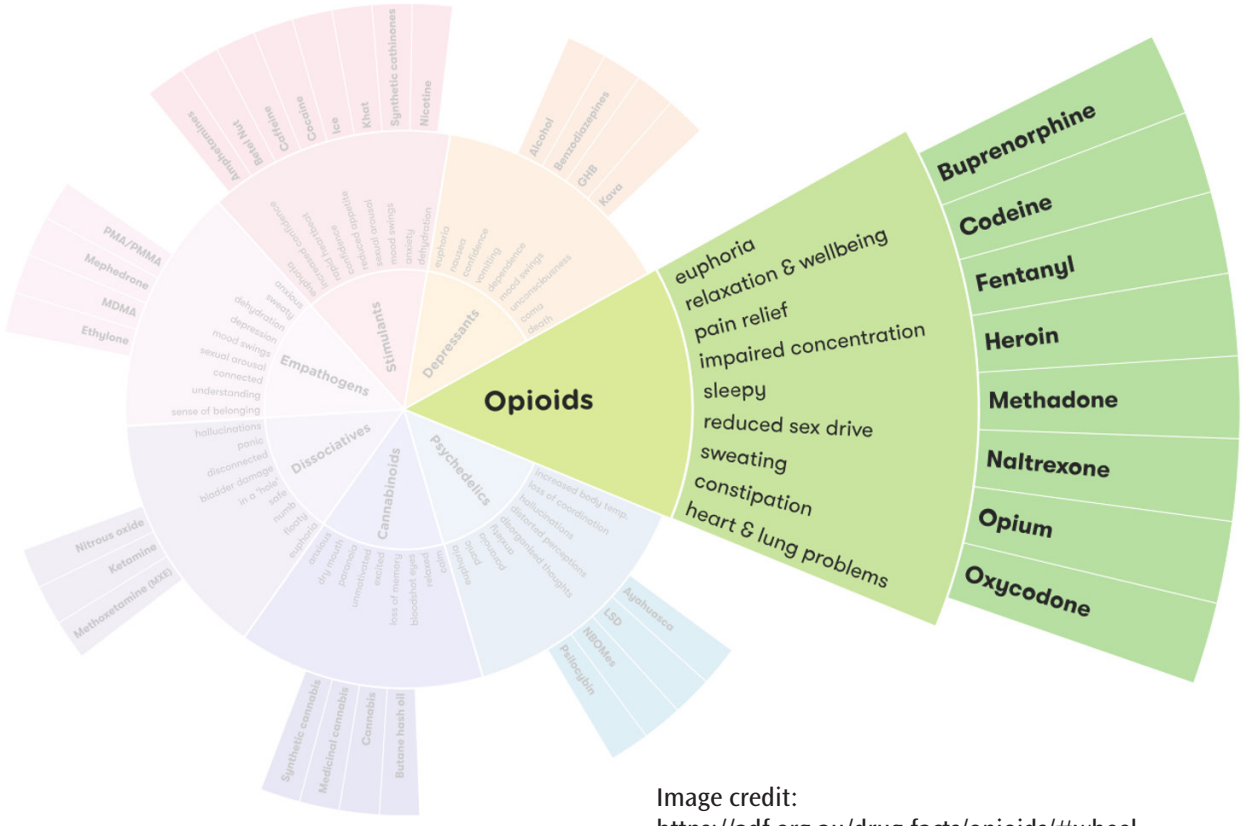


Image credit:
https://adf.org.au/drug-facts/opioids/#wheel

Characteristics

Opioids are natural or synthetic chemicals. Opioids are made in laboratories to mimic the properties of natural opioids (opiates). Opioids interact with opioid receptors on the nerve cells in the body and brain. They reduce feelings of pain and can increase feelings of well-being.

As a drug class, they include prescription pain relievers, synthetic opioids, and heroin. Prescription opioids are used to treat acute pain. Many people use prescription opioids to manage chronic pain. These medical conditions should be under the care of a physician. People who use opioids for chronic pain are at increased risk of developing a SUD.

Opioids reduce the perception of pain but can also cause other effects.

Fentanyl is 50 times more potent than heroin. It is 100 times more potent than morphine. Carfentanil is an extremely potent type of fentanyl. It is estimated to be 10,000 times more potent than morphine. Pharmaceutical fentanyl is prescribed to manage severe pain. Illegally manufactured fentanyl is available in counterfeit pills or mixed with heroin and stimulants.

Symptoms

Opioids initially lead to the release of high levels of dopamine, leading to positive reinforcement. This increases the odds that people will continue using opioids, despite negative resulting consequences. Opioid use disorder has serious potential consequences including disability, relapses, and death.

Opioids may cause drowsiness, mental confusion, euphoria, nausea, and constipation. At high doses they can depress respiration.

Treatment

- Medication for opioid use disorder (MOUD)
- Cognitive-behavioral therapy (CBT)
- Self-help programs such as Narcotics Anonymous.
- Medications such as methadone, buprenorphine, and naltrexone
  - **Methadone** prevents withdrawal symptoms and reduces cravings for opioids. It does not cause a euphoric feeling. It is available only in specially regulated clinics.
  - **Buprenorphine** is a tightly binding opioid that can block the effects of other opioids. It reduces or eliminates withdrawal symptoms. It reduces cravings. Treatment is provided by specially trained medical professionals.
  - **Naltrexone** blocks the effects of opioids. Naltrexone is not an opioid. It blocks the effects of opioids. It is available from office-based providers in pill form or monthly injection.
  - The National Institute on Drug Abuse (NIDA) emphasizes that **these medications do not substitute one addiction for another**. The dosage of medication used in treatment does not get a person high. It helps reduce opioid cravings and withdrawal. It helps restore balance to the brain circuits affected by addiction.

Withdrawal

Opioid use can lead to physical dependence in as little as 4-8 weeks. People who stop or reduce their opioid use can experience the signs and symptoms of withdrawal.

Symptoms may include:

- Anxiety
- Chills
- Diarrhea
- Body Aches
- Insomnia
- Nausea
- Restlessness
- Vomiting
- Sweating

Withdrawal symptoms can be severe. This creates significant motivation to continue using opioids to prevent withdrawal.

Overdose

Overdose can happen if someone takes more opioids than their body can handle. They can pass out, stop breathing, and die. Overdose can take minutes or even hours to occur. Anyone who uses opioids is at risk of overdose.

According to the CDC, in 2020, more than 92,000 Americans died from substance overdoses. This was nearly 30% increase over 2019. From 2002 to 2017, there was a 22% increase in the number of deaths involving fentanyl and other synthetic opioids (not including methadone) and more than 7% increase in the number of deaths involving heroin. The opioid crisis was declared a nationwide Public Health Emergency on October 27, 2017.

Risks for opioid overdose increase when:

- A person uses opioids again after having not used them for several weeks
- Using opioids with alcohol or other sedating substances
- Taking higher doses than prescribed
- Any illicit opioid use because of the range of purity (particularly pressed fentanyl pills)
- Using long-acting or powerful opioids
- Pre-existing heart or lung disease increases the risk of someone experiencing an overdose

Watch for symptoms of overdose. Symptoms may include

- Slow or no breathing
- Gurgling, gasping, or snoring
- Clammy, cool skin
- Blue or gray lips or nails
- Pill bottles, needles, or alcohol
- Loss of consciousness

Fentanyl overdose

It is safe to respond to fentanyl overdose. A fentanyl overdose can be reversed. In most cases, you cannot know if someone has used fentanyl. Take the same steps as you would with any suspected opioid overdose. There have been no confirmed cases of overdose among bystanders or professional first responders who responded to a fentanyl overdose. You cannot overdose on fentanyl by touching it. Fentanyl is unlikely to become aerosolized (having form of a fine mist or spray in the air) and cause overdose.

The Office of National Drug Control Policy states that Naloxone is an effective medication that rapidly reverses the effects of fentanyl.

Naloxone

Naloxone is a medicine that rapidly reverses an opioid overdose. Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins. Naloxone should be given to any person showing signs of opioid overdose or when overdose is suspected.

Naloxone attaches to opioid receptors and reverses and blocks the effects of other opioids. This quickly restores normal breathing to a person who's breathing is slowed or stopped from opioid overdose.

See more on Naloxone on page 81 in the lesson on treatment and recovery.

How to use Naloxone

Nasal spray — needs no assembly. Do not test the device. Each device only works once. You may need both devices.

1

Peel back the package to remove the device.

2

Place and hold the tip of the nozzle in either nostril.

3

Press the plunger firmly to release the dose into nose.

Injectable — This requires assembly.

1

Remove cap from naloxone vial and uncover the needle.

2

Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.

3

Inject 1 ml of naloxone into an upper arm or thigh muscle.

Rescue Breathing

1. Lay the person flat on their back.
2. Gently tilt their head. Pinch their nose.
3. Give 2 quick breaths into their mouth. The chest (not stomach) should rise.
4. Give 1 slow breath every 5 seconds until they start breathing or wake up.

Responding to an Opioid Overdose:

During an opioid overdose, breathing can stop in a matter of minutes. Knowing the steps to act **FAST** and increase oxygen could help save a life.

1. **Check for a response**

   Shake them and call their name, rub your knuckles hard over their chest bone — perform the sternum rub for 10 seconds as hard as possible.

2. **Call 9-11**

   Tell the operator that someone isn't breathing and your exact location. You do not have to say anything about drugs or medicines at the scene. The WA State Good Samaritan Law offers protections when you call 9-1-1 for an overdose (RCW 69.50.315).

3. **Give naloxone**

4. **Start rescue breathing**

5. **Repeat steps 3 & 4 if no response**

6. **You may need to give a second dose if they don't respond after 3 minutes**

7. **Stay with them until help arrives**

   Wait with them if possible until help arrives. If you can't wait, roll them into the recovery position in a safe place where they can be found.

   If the person starts breathing, but they do not wake up, roll them on their side in the recovery position.

   A person who received naloxone might be agitated, in pain, or experiencing withdrawal symptoms. Keep them from using drugs. Remember, naloxone wears off in 30-90 minutes, after which they could overdose again.

Source HCA:
Opioid overdose prevention & directions for Naloxone use (wa.gov)

Media

WA State Overdose Prevention and Response Training (8:47)
Stop Overdose
The only video specific to WA State, this training covers overdose risks, the WA State Good Samaritan Law and shows a step-by-step demonstration on what to do in an opioid overdose (including rescue breathing and naloxone).
https://youtu.be/Z_rqTf_4tiA

Activity

Read the symptoms of withdrawal below. Circle the symptom to the substance use disorder that best matches the symptom.

Excessive sweating	Inhalant	Opioids
Vomiting	Inhalant	Opioids
Body Aches	Inhalant	Opioids
Runny eyes or nose	Inhalant	Opioids

Feedback

Read the symptoms of withdrawal below. Circle the symptom to the substance use disorder that best matches the symptom.

Excessive sweating	(Inhalant)	(Opioids)
Vomiting	(Inhalant)	(Opioids)
Body Aches	Inhalant	(Opioids)
Runny eyes or nose	(Inhalant)	(Opioids)

Hallucinogen Use Disorder

Examples

- LSD (acid)
- Ecstasy (3,4-methylenedioxy-methamphetamine/MDMA)
- Ketamine
- Magic mushrooms (Psilocybin)
- Peyote (Mescaline)
- PCP (Phencyclidine)

Characteristics

Hallucinogens alter perception, thoughts, and feelings. They cause hallucinations, or sensations and images that seem real, but they are not.

Some common hallucinogens:

LSD (Lysergic acid diethylamide) is one of the most potent mind-altering chemicals. It is an odorless white chemical that grows on fungus grains. It is made into crystal form and converted to a liquid. LSD comes in small tablets, gelatin squares or as absorbent paper called acid, white lighting, sugar cubes or blotter. An LSD "trip" usually lasts for 12 hours. A "bad trip" occurs when an individual experiences sadness, confusion, and threatening images. A bad trip can happen with first use. The individual may have flashbacks later in which the feelings of a bad trip even after the LSD wears off.

Ecstasy (3,4-methylenedioxy-methamphetamine/MDMA) is usually taken as a capsule or tablet, though sometimes comes in liquid form or a powder that can be snorted. The popular nickname is Molly, which is slang for "molecular". MDMA increases activity of the three brain chemicals: dopamine, norepinephrine, and serotonin. The effects of a first dose last about 3 to 6 hours.

PCP (Phencyclidine) was developed in the 1950s as an anesthetic. It had serious neurotoxic adverse effects, so development was discontinued for medical use. It is also known as angel dust. It comes as liquid, white crystal powder, tablets, or capsules. Some people who use PCP can have exaggerated strength. They can become aggressive. Other people may become anxious or empathetic. The experiences of PCP are unpredictable and varying. This makes PCP use dangerous.

Ketamine (Ketalar) was developed to replace PCP as an anesthetic. It is used on both humans and animals. It causes individuals to have an "out of body" experience. Ketamine is currently being used in the psychiatry world. It is used as a medication for severe treatment-resistant depression. Ketamine is also known as Special K and cat valium. It is sold as a powder or pill but can also be sold as an injectable liquid.

Peyote/Mescaline is a hallucinogen found in a spineless cactus plant. It is brewed into tea, liquefied, swallowed, smoked, or eaten raw. Some Native American tribes have used it for centuries for traditional and religious ceremonies. Peyote use can result in high blood pressure, vomiting and symptoms of psychosis. Other names include cactus, mesc, buttons and peyoto.

Psilocybin is a psychoactive substance contained in over 100 species of mushrooms. Known as magic mushrooms or shrooms, they are usually eaten or brewed into tea.

Symptoms

Depending on the specific hallucinogen, symptoms can vary. On average, hallucinogens produce effects within 30 minutes of ingestion. These effects can last anywhere from 30 minutes to 12 hours. The time depends on the specific substance and the dosage.

Short term effects might include:

- Mixed-sensory experiences (e.g., hearing colors or seeing sounds)
- Intensified feelings and sensations
- Changes in the sense of time
- Altered mood
- Altered thoughts, emotions, and perceptions
- Uncoordinated movements
- Loss of appetite
- Paranoia
- Psychosis (disordered thinking detached from reality)
- Bizarre behaviors
- Dry mouth
- Blurred vision
- Intense emotions
- Increased heart rate
- Increased blood pressure
- Sweating
- Sleep disturbances

Long-Term effects might include:

- Persistent psychosis including visual disturbances, disorganized thinking, and paranoia
- Mood changes
- Memory problems
- Difficulty managing emotions
- Persistent speech difficulties
- Suicidal thoughts
- Depression
- Social withdrawal
- Severe flashbacks

Treatment

- Cognitive Behavioral Therapy (CBT)
- Providing a calm, safe environment
- Some individuals may require hospitalization

Withdrawal

Not all hallucinogens will cause physical withdrawal. PCP withdrawal can last several months to a year after stopping its use.

Withdrawal symptoms of PCP may include.

Short term effects might include:

- Headaches
- Sweating
- Increased appetite
- Sleepiness
- Severe cravings
- Flashbacks
- Depression
- Psychosis
- Nightmares
- Suicidal ideation
- Memory loss
- Mood disorders

Overdose

Overdose from LSD is not lethal like other substances. Experiencing overdose from LSD may result in terrifying hallucinations. It is usually known as a "bad trip". Severe injury or death may occur because of using LSD when people are unaware of what they are doing.

Some symptoms of overdose may include:

- A sense of mystical experience
- Blurred vision
- Dilated pupils
- Distorted sense of time
- Dry mouth
- Hallucinations
- Insomnia
- Intensified sense of smells and noises
- Mixed senses (seeing sounds)
- Nausea
- Raised temperature
- Rapid heartbeat
- Sweating
- Tremors
- Weakness

Sedatives, Hypnotic, or Anxiolytic Use Disorder (SHA)

Examples

- Benzodiazepines (Xanax [alprazolam], Ativan [lorazepam], Valium [diazepam], Klonopin [clonazepam]
- Barbiturates (Pentobarbital, Secobarbital, etc.)
- Z-drugs (Ambien [zolpidem], Lunesta [eszopiclone], Sonata [zaleplon], Imrest [zopiclone], etc.)

Characteristics

Sedatives, Hypnotic, or Anxiolytic Use Disorder (SHA) is another type of substance use disorder. It also includes some prescription sleeping medications and some fast-acting prescription anti-anxiety medications. Non-benzodiazepine anti-anxiety agents (e.g. - buspirone, gepirone) are not included. This is because they are not connected with significant misuse.

Sedative-hypnotic and anxiolytic substances are sometimes called "depressants" because they slow down the activity of the brain. They are not the medications used for depression.

Alcohol is also part of the sedative hypnotic class of substances. Alcohol is so common that health experts classify alcohol-related use disorder separately.

These substances act as central nervous system depressants (like alcohol). For this reason, they can be deadly when taken at high doses. They can also be fatal at lower doses when combined with alcohol or other substances. Because the SHAs reduce anxiety and can be calming, they are at risk of being overused by people in all age groups.

These substances often lead to tolerance and withdrawal.

SHA use often occurs together with other substances. This may reflect an effort to counteract the effects of those other substances. For example, people may take benzodiazepines to help them "come down" from the high of cocaine. Other times, SHAs can be combined with other substances to increase the intoxicating effects, such as combining benzodiazepines and opioids.

Symptoms

The symptoms associated with SHA use are characterized by significant behavioral changes. The disinhibiting and toxic effects of these substances are like those seen with alcohol.

Behavioral symptoms may include:

- Aggression
- Mood swings
- Impaired judgment

Physical symptoms may include:

- Slurred speech
- Involuntary, rapid, and repetitive eye movement
- Lack of coordination
- Impaired memory
- Decreased blood pressure and pulse
- Coma
- Serious injuries (due to falls or accidents)
- Overdoses (intentional or accidental)

Treatment

- Medication Assisted Treatment (MAT)
- Cognitive Behavioral Therapy (CBT)
- Support groups and 12-step programs

Withdrawal

SHA withdrawal may occur after abrupt stop or significant reduction of prolonged use. SHA withdrawal can be dangerous and life threatening. In general, long-term use, at higher doses, leads to more intense withdrawal. This type of withdrawal can be fatal.

Even at low doses of certain substances, withdrawal symptoms may occur when ongoing use is stopped, or the dose is reduced.

The onset and severity of withdrawal depends on the half-life of the substance. The half-life of a substance refers to how quickly the body can clear the substance from the body.

Substances that remain in the body a long time have a long half-life. These are called long-acting substances. Substances that clear quickly have a short half-life. These substances are called short-acting substances. For short-acting substances, withdrawal symptoms begin within 6-8 hours and typically last about a week. For long-acting substances, withdrawal symptoms may present up to a week after stopping. The intense withdrawal effects subside after 3-4 weeks. Less intense symptoms may last much longer.

Some SHAs have a long half-life and others have a shorter half-life.

Symptoms may include:

- Sweating
- Increased pulse
- Hand tremors
- Insomnia
- Nausea/vomiting
- Anxiety
- Hallucinations
- Grand mal seizures

Individuals who take medications or substances in this class for long periods of time should consult with their doctor before stopping use or reducing their dose. Abrupt reduction or cessation in use of SHA can be dangerous and fatal.

Overdose

Overdose of SHAs can affect a person's involuntary functions like breathing and heart rate.

Symptoms may include:

- Blue lips, fingers, and skin
- Coma
- Difficulty breathing
- Dizziness or fainting spells
- Inability to think or respond normally
- Increasing coldness of the skin
- Slowed heartbeat
- Slowed respiration
- Slurred speech
- Unconsciousness
- Unsteadiness
- Vomiting

If you suspect an overdose, call 911. The person needs emergency treatment and close monitoring, usually in intensive care.

Activity

Read the symptoms of withdrawal below. Circle the symptom to the substance use disorder that best matches the symptom.

Increased Pulse	Hallucinogen	Sedative
Grand mal seizures	Hallucinogen	Sedative
Flashbacks	Hallucinogen	Sedative

Feedback

Read the symptoms of withdrawal below. Circle the symptom to the substance use disorder that best matches the symptom.

Increased Pulse	Hallucinogen	(Sedative)
Grand mal seizures	Hallucinogen	(Sedative)
Flashbacks	(Hallucinogen)	Sedative

Stimulant Use Disorder

Stimulants are a class of substances that speed up messages traveling between the brain and body. They can make a person feel more awake, alert, confident or energetic. While caffeine and energy drinks are recognized as stimulants, caffeine is in the DSM as a condition for further study to determine whether chronic use can lead to a caffeine use disorder.

This lesson will break down stimulant use disorders into categories of

- Amphetamine-Type Substance
- Cocaine
- Other or Unspecified Stimulant

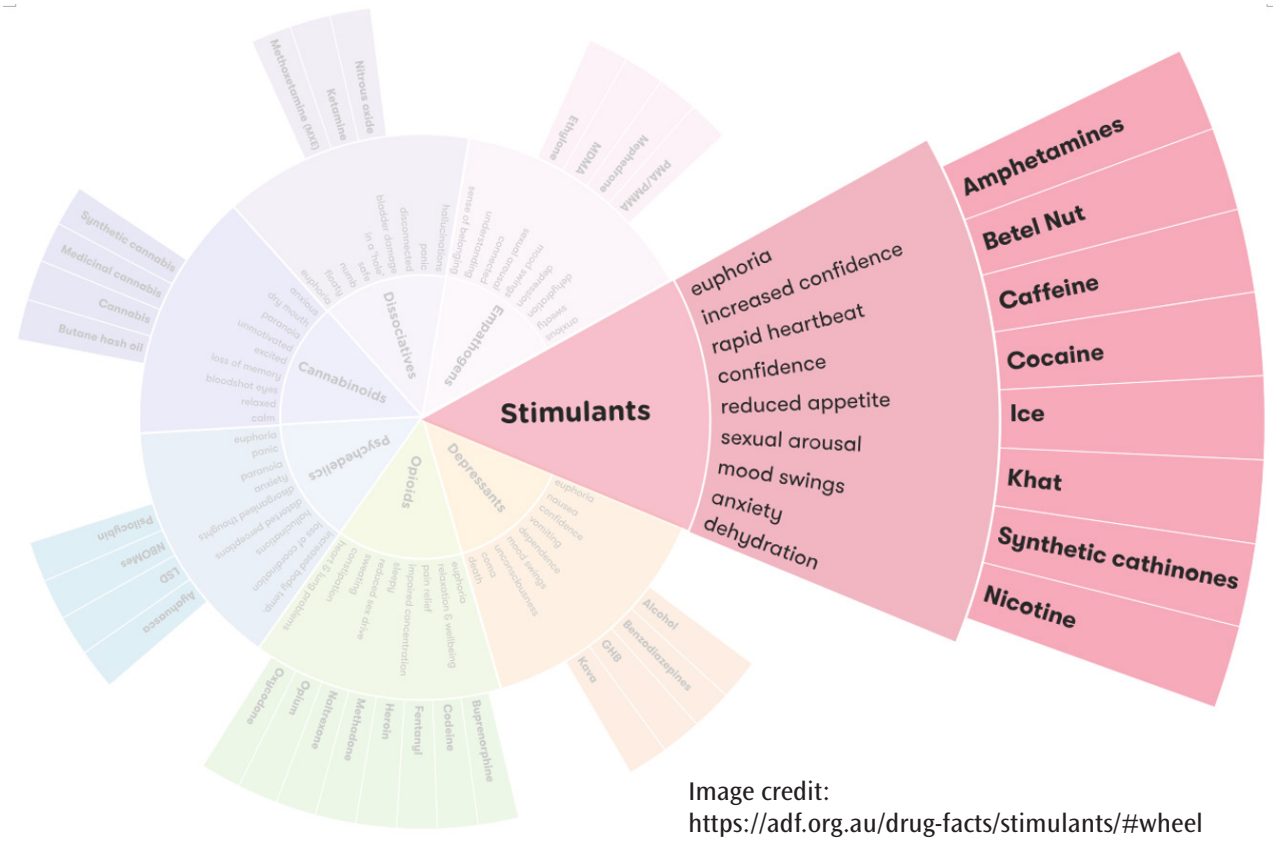


Image credit:
https://adf.org.au/drug-facts/stimulants/#wheel

(Amphetamine-Type Substance)

Examples

- Methamphetamine (meth, crystal meth, crank, speed, tweak, glass, etc.)

Characteristics

Amphetamines are stimulant substances. The most recognizable substance in this class in Washington is methamphetamine. Methamphetamine is also known as meth, crystal meth or crank.

Other amphetamine substances include dextroamphetamine and appetite suppressants, also known as speed, bennies, black beauties, and dexies. They can be consumed by swallowing, smoking, snorting or injection.

Some individuals may have a prescription for amphetamines to treat certain conditions. An amphetamine medication used as prescribed does not meet the diagnostic criteria for a SUD. Amphetamines treat conditions such as obesity, narcolepsy, and attention deficit/hyperactivity disorder.

When prescribed amphetamines are used more than the prescription guidelines, this may be a sign of a possible substance use disorder. Tolerance and withdrawal symptoms can develop to prescribed amphetamines.

Anyone can develop an amphetamine use disorder. Diagnosis is more common in men. Amphetamine use can be chronic or episodic. Chronic use means to continue using the substance without stopping. Episodic use means periods of heavy use, and then periods of reduced use, or no use. (e.g., heavy, and continuous use during weekends, then reducing or stopping on the weekdays).

Symptoms

Symptoms may include:

- Feelings of euphoria, well-being, and confidence
- Paranoia
- Anxiety
- Irritability
- Anger
- Aggression
- Depression
- Hallucinations or delusions
- Hyper-vigilance
- Hyper-activity
- Confusion
- Talkativeness

Physical symptoms may include:

- Pupil dilation
- Weight loss
- Psychomotor changes
- Muscular weakness
- Chest pain
- Confusion
- Elevated blood pressure
- Cardio-vascular distress resulting in sudden death, seizures, coma, and stroke

Severe amphetamine use disorder may lead to significant health consequences. This includes weight loss, anemia. In some cases, skin-picking can develop. This can lead to infections. Skin-picking may result from amphetamine-induced psychosis.

Treatment

There are no approved medications to treat stimulant use disorder. Behavioral therapy is currently the most effective treatment for stimulant use disorder.

Symptoms may include:

- Cognitive behavioral therapy (CBT)
- Contingency management (CM)
- Motivational interviewing (MI) (See page 54)

Withdrawal

Stopping or reducing use of stimulants may cause withdrawal symptoms.

Withdrawal usually begins a few hours to several days after last use.

Symptoms may include:

- Depressed mood
- Fatigue
- Vivid dreams
- Increased sleep
- Increased appetite
- Psychomotor slowing
- Agitation
- Cravings
- Suicidal ideation

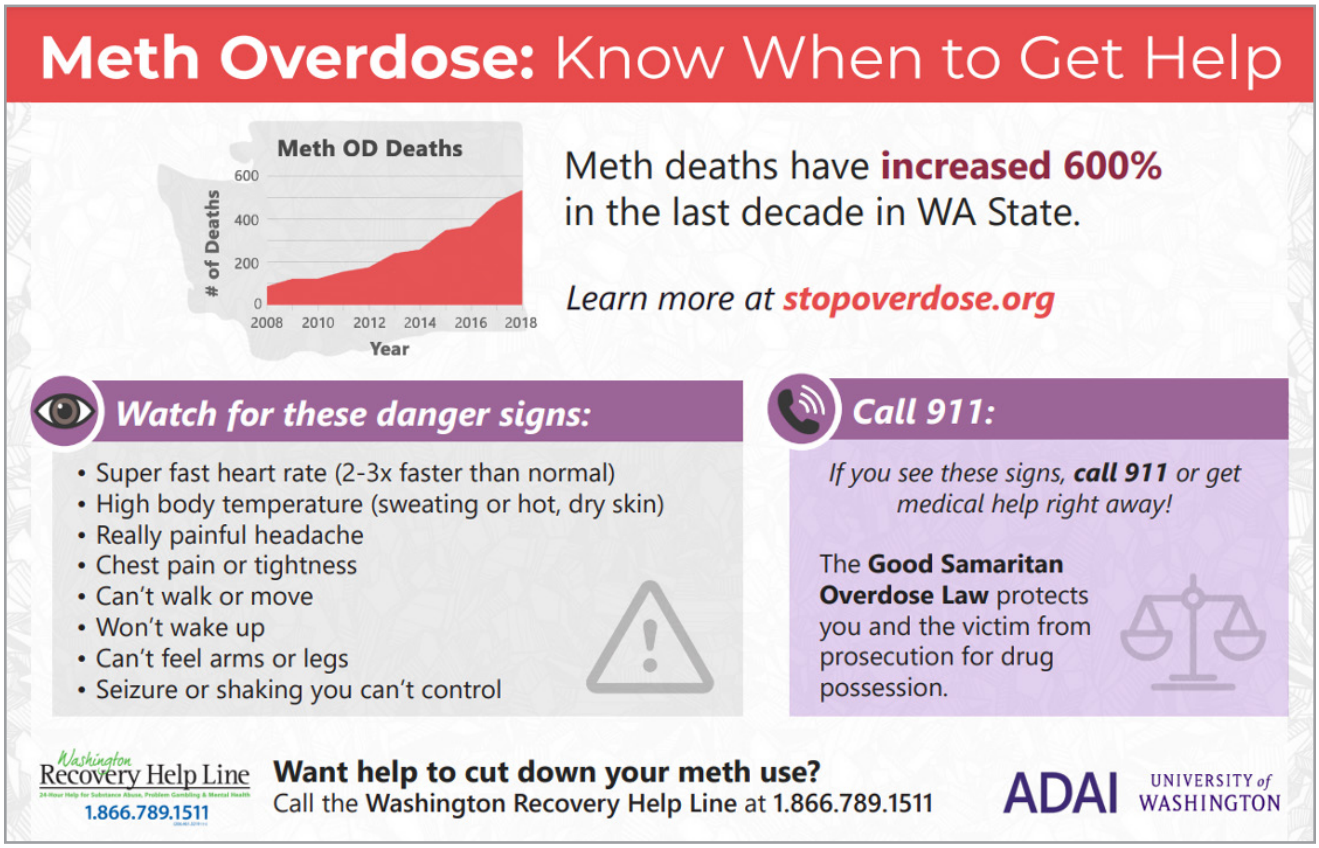
Overdose

Overdosing on stimulants is also called overamping. This can happen from using too much stimulant, using for long periods of time, or when stimulant use does not feel right.

Methamphetamine deaths have increased over 600% in the last decade in Washington State. This is in part due to increased purity of the substances being manufactured and sold by dealers. Know the danger signs.

If you see these signs, call 911 right away for medical help. The Good Samaritan Law protects you and the individual from prosecution for substance possession.

- Heart rate 2-3 times faster than normal
- High body temperature
- Really painful headache
- Chest pain or tightness
- Cannot walk or move
- Will not wake up
- Cannot feel arms or legs
- Uncontrollable seizure or shaking



(Cocaine)

Examples

- Cocaine (coke, blow, snow, crack, etc.)

Characteristics

Cocaine is a strong central nervous system stimulant. It interferes with the reabsorption of dopamine. Dopamine is that chemical messenger associated with pleasure and movement. This buildup of dopamine contributes to the high that characterizes cocaine use. It is usually either snorted, injected, or smoked. Smoked cocaine, crack, sends higher doses to the brain quicker. The effects appear almost immediately after a single dose. The effects disappear within a few minutes or hours.

Cocaine creates euphoric, energetic, talkative, and mentally alert feelings. These feelings may occur with sensations of sight, sound, and touch. It can also temporarily decrease the need for food and sleep. Some people may perform simple physical and intellectual tasks more quickly. Some people may experience the opposite effect.

Cocaine has an impact on serotonin levels in various sections of the brain. Two hours after withdrawal, serotonin quantities significantly decrease lower than before use.

Pure cocaine was first extracted from the leaf of a coca bush in the mid-19th century. In the early 1900s, people hoped it would treat a range of illnesses. It was added to throat lozenges, tonics, and other products such as Coca-Cola. It was later removed.

In rare instances, sudden death can occur on the first use of cocaine or sometime thereafter.

Symptoms

Signs of use may include:

- Red, bloodshot eyes
- A runny nose or frequent sniffing
- A change in eating or sleeping patterns

Short-term effects may include:

- Fast heartbeat and breathing
- Elevation of blood pressure and body temperature
- Erratic or violent behavior
- Blurred vision
- Chest pain
- Nausea
- Fever
- Muscle spasms
- Convulsions
- Heart failure
- Bleeding in the brain
- Death

Long-term effects may include:

- Dependence
- Depression
- Restlessness
- Irritability
- Mood swings
- Paranoia
- Sleeplessness
- Weight loss
- Isolation from family and friends
- Psychosis
- Paranoia
- Anxiety disorders
- Delusions
- Damage to the nose and inflamed nasal passages (if snorting)
- Severe respiratory infections
- Heart attacks
- Chest pain
- Respiratory failure
- Strokes
- Abdominal pain
- Nausea

Treatment

No medications are currently approved for the treatment of cocaine use disorder. Behavioral interventions are the most effective treatment for this disorder.

- Cognitive behavioral therapy (CBT)
- Motivational interviewing (MI)

Withdrawal

Symptoms of withdrawal can last for months after stopping long-term heavy use. Symptoms of cocaine withdrawal may include:

- Agitation and restless behavior
- Depressed mood
- Fatigue
- General feeling of discomfort
- Increased appetite
- Vivid and unpleasant dreams
- Slowing of activity
- Suicidal ideation
- Cravings

Overdose

Cocaine overdose can be deadly. Be aware of the warning signs.

- Extreme anxiety or agitation
- High blood pressure
- High temperature and sweating
- Hallucinations
- Heart attack
- Irregular heart rhythm
- Stroke
- Seizures
- Trouble breathing

(Other or Unspecified Stimulant)

Examples

- Ritalin (methylphendidate)
- Adderall (dextroamphetamine/amphetamine)
- Vyvanse (lisdexamfetamine)

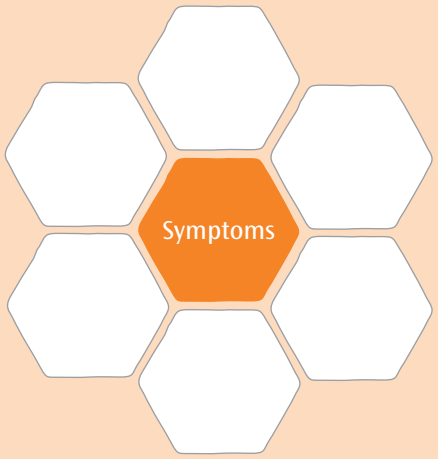
Characteristics

Some individuals may have a prescription for amphetamines to treat certain conditions. An amphetamine medication used as prescribed does not meet the diagnostic criteria for a SUD. Amphetamines treat conditions such as obesity, narcolepsy, and attention deficit/hyperactivity disorder.

When prescribed amphetamines are used more than the prescription guidelines, this may be a sign of a possible substance use disorder. Tolerance and withdrawal symptoms can develop to prescribed amphetamines.

Activity

Review the symptoms for the stimulus use disorders listed on pages 34-38. Write down 6 symptoms that might lead to challenging behaviors when providing care.



Feedback

Review the symptoms for the stimulus use disorders listed on pages 34-38. Write down 6 symptoms that might lead to challenging behaviors when providing care.

Have learners take a few minutes to complete the activity. After they have a list, ask them to either pair up to share, discuss in a breakout room, add to a whiteboard or call out answers. During the behaviors section – this activity can be revisited to discuss providing care around challenging behaviors.

Tobacco Use Disorder (Nicotine)

Examples

- Smoking cigarettes
- Cigars, Cigarillos, little cigars
- Pipes
- Electronic cigarettes, vape
- Smokeless tobacco (chewing tobacco, snuff, nicotine salts)
- Hookah

Characteristics

Tobacco Use Disorder develops from using tobacco products. Tobacco contains the psychoactive substance nicotine. It is a CNS (Central Nervous System) stimulant. The immediate effects of nicotine use may include:

- Increased heart rate
- Increased blood pressure
- Increased respiration
- Increased (high) blood sugar
- Enhanced memory storage
- Improved concentration
- Appetite suppression

Nicotine can be used through several routes. This includes smoking, chewing or inhalation. Nicotine affects dopamine and serotonin levels in the body. Nicotine has a half-life of about two hours. Some tobacco products contain ammonia which increases the absorption of nicotine, the substance that causes the desirable effects associated with tobacco. This makes it even more difficult to stop using tobacco products.

Other substance use disorders have a high chance of occurring with Tobacco Use Disorder. Sometimes people have a tobacco use disorder as well as another substance use disorder. Research indicates that continued tobacco use can create difficulty for people in recovery from other substance use disorders. Nicotine activates the nucleus accumbens, the part of the brain linked with pleasure and reward. Continued tobacco use keeps the reward pathway active.

Symptoms

Chronic use of tobacco can lead to a variety of health problems.

Long term effects of use of tobacco products may include:

- Increased incidence of upper respiratory infections
- Reduced cardiovascular capacity
- Reduced sense of smell
- Reduced sense of taste
- Gravelly, rough voice
- Yellow/brown stains on fingers
- Halitosis (chronic bad breath)
- Odor on skin, hair, and clothes
- Tooth decay and gum disease
- Chronic cough
- Chronic bronchitis
- Emphysema
- COPD (Chronic Obstructive Pulmonary Disease)
- Increased risk of CHD (Coronary Heart Disease)
- Stroke
- Many types of cancers, including lung, throat, esophagus, mouth and jaw

Treatment

The DSM does not specify treatment options for Tobacco Use Disorder. There are several methods to attempt smoking cessation.

Some treatment methods may include:

- Social support through smoking cessations self-help groups
- Exercise
- Cognitive Behavioral therapy (CBT)
- Positive reinforcements (e.g., a Quitting Jar)
- NRT (Nicotine Replacement Therapy) (e.g., gum, patches, or spray)
- Some prescription medications (e.g., some antidepressants may help end nicotine cravings)
- Counseling

Withdrawal

Abrupt cessation or reduction of tobacco use can cause withdrawal. Withdrawal symptoms can occur within 24 hours.

Symptoms may include:

- Irritability, frustration, or anger
- Anxiety
- Difficulty concentrating
- Increased appetite
- Restlessness
- Depressed mood
- Insomnia
- Cravings for nicotine

Overdose

The Centers for Disease Control and Prevention (CDC) warns that 50 to 60 milligrams of nicotine are a deadly dose for an adult who weighs about 150 pounds. One cigarette may equal about 1 milligram of nicotine. Vape pods may contain as much as a whole pack of cigarettes. Sickness might occur from absorbing high amounts of nicotine. If serious symptoms develop, call 911.

Serious symptoms might include:

- Seizures
- Respiratory failure
- Cardiac arrest
- Breathing difficulties
- Coma

Polysubstance Use

Polysubstance use is use of more than one substance. Taking two or more substances together within a short time can be dangerous. Some substances increase or decrease the effects of anther substance. At times, a person may want to experience the effects of the combination. Sometimes substances are mixed with another substance without the person knowing.

Mixing substances can make the effects unpredictable and sometimes deadly. According to the CDC, 50% of substance overdose deaths in 2019 involved polysubstance use.

Mixing stimulants can increase heart rate and blood pressure to dangerous levels. It can also increase risk of brain injury, liver damage, heart attack and stroke.

Mixing depressants can slow breathing. It can increase risk for damage to the brain and other organs, overdose, and death.

Mixing stimulants and depressants does not balance or cancel them out. The effects are often unpredictable. They often change or cover the effects of one or both substances. This may make overdose easier.

Drinking alcohol while using other substances is not safe. Alcohol is a depressant. Mixing alcohol with substances increases risk of overdose. It may also increase risk of damage to the brain, heart, and other organs.

Activity

Read the symptoms below for tobacco use disorder. Identify if it is a possible symptom of long-term use of tobacco or if it is a possible symptom of withdrawal.

Increased appetite
a. Long-term use
b. Withdrawal

Gum disease
a. Long-term use
b. Withdrawal

Impaired sense of taste
a. Long-term use
b. Withdrawal

Emphysema
a. Long-term use
b. Withdrawal

Restlessness
a. Long-term use
b. Withdrawal

Insomnia
a. Long-term use
b. Withdrawal

Feedback

Read the symptoms below for tobacco use disorder. Identify if it is a possible symptom of long-term use of tobacco or if it is a possible symptom of withdrawal.

Increased appetite
a. Long-term use
b. Withdrawal

Gum disease
a. Long-term use
b. Withdrawal

Impaired sense of taste
a. Long-term use
b. Withdrawal

Emphysema
a. Long-term use
b. Withdrawal

Restlessness
a. Long-term use
b. Withdrawal

Insomnia
a. Long-term use
b. Withdrawal

How to Know When Something is Not Right

When someone stops or decreases the amount of a substance, the body can be thrown off and withdrawal may result. Some symptoms can be dangerous and even deadly. Withdrawal can be a medical emergency that can require immediate medical attention.

Overdose is a medical emergency that requires immediate medical attention.

If someone you care for has signs or symptoms of concern, follow the policy within your care setting and/or call 911.

Access and Policy

Many aging adults struggle with lifelong substance use disorder or become dependent on prescription medications. The people you care for may access substances in a variety of ways.

Remember that individuals living in care settings have rights under Washington State Law. People have the right to receive appropriate services including access to medications for pain management. The use of these medications is usually identified in their care plan. People have the right to be treated with courtesy, dignity, and respect. They have the right to continue to enjoy basic civil and legal rights. They have the right to make choices about daily life. They have the right to engage in religious, political, recreational, and other social activities of their choice. They have the right to receive care in a way that enhances their quality of life. They have the right to receive care in an environment that is safe, clean, and comfortable. They have the right to freedom to have and use their personal belongings to the extent possible.

It is not a caregiver's job to diagnose substance use disorders. It is a caregiver's job to monitor substance use, document as appropriate, and report concerns using the policies in your organization.

The care setting in which you work should have policies and expectations about these rights. There should also be guidance around how to best support individuals in your setting around medication and substance use.

If you have questions regarding policies in your care setting, please have a conversation with your manager.

AFH

The Washington Administrative Code (WAC) rules that you should be familiar with can be found between 388-76-10430 through 388-76-10490.

- Care and Services. WAC 388-76-10400
- Medication System. WAC 388-76-10430
- Resident Rights – Basic Rights. WAC 388-76-10510
- Resident Rights – Personal Property and Storage Space. WAC 388-76-10605
- Safety and Maintenance. WAC 388-76-10750

ALF

The Washington Administrative Code (WAC) rules that you should be familiar with can be found between 388-78A-2010 through 388-78A-2690

- Medication Services. WAC 388-78A-2210
- Resident Rights. WAC 388-78A-2660
- Storing, securing, and accounting for medications 388-78A-2260
- Resident controlled medications. 388-78A-2270

Confidentiality

There are many different laws that apply to the use, sharing and requesting of substance use disorder information. Be aware of the policies in your setting that apply to confidentiality.

Laws that protect substance use disorder information:

- 42 Code of Federal Regulations (CFR) Part 2, legislation passed in the 1970s to address the risk of stigma and discrimination and encourage people to seek services, control the use of disclosure of applicable substance use disorder information.
- The Health Insurance Portability and Accountability Act (HIPAA), and it is implementing regulations, establish the minimum protections for all types of healthcare information.
- State law in chapter 70.02 RCW establishes standards that largely, but not always, mirror HIPAA.
- State law in chapter 70.02 RCW also establishes more stringent protections for mental health and sexually transmitted infection information.

Privacy laws have the basic assumption that information can never be used or disclosed without a person's consent.

Basic principles of confidentially include:

- The minimum necessary standard requires that in most circumstances, even when information is allowed to be used, shared, or requested, only the minimum amount necessary to accomplish a particular purpose should be used, shared, or requested.
- Information that has had all identifiable information properly removed is no longer subject to legal protection.

Lesson Summary

- Substance Use Disorder is an umbrella term that covers many specific types of substance use disorders. All substance use disorders are treatable chronic lifelong disorders.
- Disorder types currently include:
  - Alcohol Use Disorder
  - Cannabis Use Disorder
  - Inhalant Use Disorder
  - Opioid Use Disorder
  - Hallucinogen Use Disorder
  - Sedative, Hypnotic, or Anxiolytic Use Disorder
  - Stimulant Use Disorder (Amphetamine, Cocaine, Other/Unspecified)
  - Nicotine/Tobacco Use Disorder
- Polysubstance is a term to describe the use of more than one substance at a time. Taking two or more substances together within a short time can be dangerous. Some substances increase or decrease the effects of anther substance. At times, a person may want to experience the effects of the combination. Other times, substances can be mixed with another substance without the person knowing.
- When someone stops or decreases the amount of a substance used, the body can be thrown off and withdrawal may result. Some withdrawal symptoms can be dangerous and even deadly. Withdrawal can be a medical emergency that requires immediate medical attention.
- Overdose is a medical emergency that requires immediate medical attention.
- If someone you care for has signs or symptoms of concern, follow the policy within your care setting and/or call 911.
- Remember that individuals living in care settings have rights under Washington State Law. People have the right to receive appropriate services. This includes access to medications for pain management. Know the policies and procedures in your setting around substance use and substance use disorders.

Checkpoint

Read the statements below. Circle the statements that are true.

Alcohol use disorder may have symptoms of liver damage, altered perceptions and emotions.	Call 911, give naloxone and stay with a person if they overdose using opioids.	Hallucination use disorder includes use of household and workplace chemicals.
Opioid use disorder includes prescription pain relievers, synthetic substances, and heroin.	The most commonly used illicit substance in the United States is cannabis.	Overdose of alcohol can lead to increased heart rate and body temperature.
Sedatives, Hypnotic, or Anxiolytics act as stimulants on the nervous system.	Polysubstance use is the use of more than one substance at the same time or in close time to each other.	Mixing stimulant and depressant substances do not balance each other out.

Feedback

Read the statements below. Circle the statements that are true.

✔ Alcohol use disorder may have symptoms of liver damage, altered perceptions and emotions.	✔ Call 911, give naloxone and stay with a person if they overdose using opioids.	Hallucination use disorder includes use of household and workplace chemicals.
✔ Opioid use disorder includes prescription pain relievers, synthetic substances, and heroin.	✔ The most commonly used illicit substance in the United States is cannabis.	Overdose of alcohol can lead to increased heart rate and body temperature.
Sedatives, Hypnotic, or Anxiolytics act as stimulants on the nervous system.	✔ Polysubstance use is the use of more than one substance at the same time or in close time to each other.	✔ Mixing stimulant and depressant substances do not balance each other out.

Lesson 3: Person-centered Communication

Objective: The learner will identify stigma and recognize positive communication approaches for person-centered care.

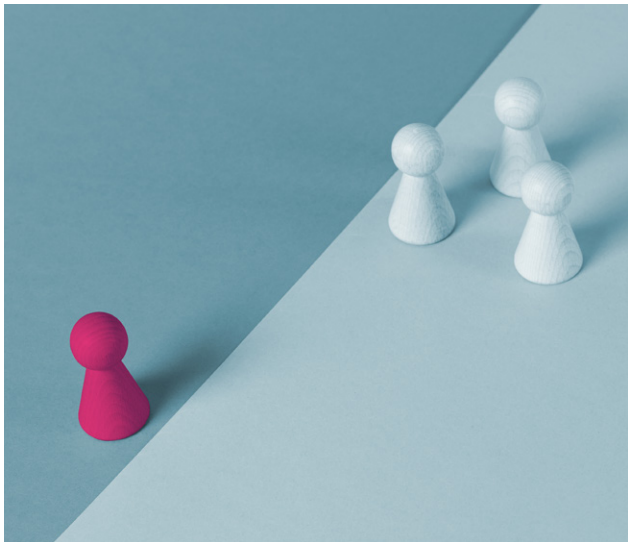
Overview

Person-centered is a term to describe a certain way of thinking about people and how you treat them. Every individual is equally deserving of your interest, respect, empathy, compassion, and service. Person-centered behavior reflects that.

Communicating with people in a way that is person-centered requires getting to know the person. Learn what is important to the person and for the person. Work together with the individual on solutions that meet their needs in a way that works for them. Communicate together to promote individual strengths, choice, direction, control, happiness, and well-being.

Be aware of stigma and the role it plays in substance use disorders. Recognize the importance of challenging the beliefs and destigmatizing SUD. Communicating in a person-centered way considers the language we use to communicate. The words we use and the message we send through body language can have a powerful impact on people.

There are communication tools that can help improve experiences, empower, and reduce harm for the individuals you care for.



Stigma

Stigma is a judgment against a group of people, a place, or a nation. There are usually feelings of shame attached to stigma. Stigmas are often driven by negative stereotypes. Stereotypes are a simplified popular belief or idea. For individuals with SUD, stigma may come from outdated and untrue beliefs. These outdated beliefs can be hurtful, shaming, discriminating and are often inaccurate.

Stigma about people with SUD are common. It might include inaccurate thoughts like:

- People with substance use are dangerous and unpredictable
- People with substance use disorders are to blame for or at fault for their disorder
- The person is not able to manage treatment

Stigma can also occur within a person who has a substance use disorder or be self-inflicted. Results of self-inflicted stigma may be:

- Lowered self-esteem
- Decreased self-efficacy
- Harmful feelings of embarrassment and shame

Stigma can cause people to feel pity, fear, anger, and a need to distance themselves from people with SUD. Substance use disorder is more stigmatized than other health conditions including mental health disorders. Stigma can cause people with SUD to not seek treatment.

Substance use disorder is a chronic, treatable disease. People with SUD can recover and continue to lead healthy lives.

Media

Breaking Down the Stigma of Addiction: A Witness' Story Through Art National Institute on Drug Abuse (NIDA/NIH) (3:53) https://youtu.be/Ky8e_aP_dL8

Challenging Beliefs and De-stigmatization

What are your beliefs about substance use? What do you believe to be true about substance use? What you believe to be true about a person who uses substances? Do any of the stigmas above sound familiar to you?

Think of ways that some stigmas and stereotypes continue to pass from one generation to the next. How are your beliefs negatively affecting people who have a substance use disorder?

People with a substance use disorder deserve access to compassionate care. They deserve access to medical interventions for pain. Strive to do better to improve access to quality care and recovery for those dealing with SUD. Destigmatize (get rid of stigma) substance use disorder by:

- Using person-first language
- Learning accurate, science-based information about substance use disorders
- Recognize that every person has the right to treatment
- Understand that every person has the right to appropriate treatment for pain

Activity

Discuss ways that you can reduce stigma around substance use disorder. What are potential challenges? How can you overcome these challenges?

Feedback

Facilitate a discussion with learners. How can they reduce stigma involving substance use disorder? What are potential challenges? How can learners overcome these challenges?

Check for understanding.

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. Harm reduction is also a movement for social justice. It is built on the belief in, and respect for, the rights of people who use substances.

Harm reduction is built on strategies that include:

- Safer use
- Managed use
- Abstinence
- Meeting people who use substance “where they are at”
- Addressing conditions of use along with the use itself.

Media

National Harm Reduction Coalition – Harm Reduction Truth National Harm Reduction Coalition (4:49)
https://youtu.be/x9f5rz75swE

The National Harm Reduction Coalition considers the following principles central to harm reduction practice:

1. Accepts, for better or worse, that licit and illicit substance use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understands substance use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence and acknowledges that some ways of using substances are clearly safer than others.
3. Establishes quality of individual and community life and well-being – not necessarily cessation of all substance use – as the criteria for successful interventions and policies.
4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use substances and communities in which they live to assist them in reducing attendant harm.
5. Ensures that people who use substances and those with a history of substance use routinely have a real voice in the creation of programs and policies designed to serve them.

6. Affirms people who use substances themselves as the primary agents of reducing the harms of their substance use and seeks to empower people who use substances to share information and support each other in strategies which meet their actual conditions of use.
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequities affect both people's vulnerability to and capacity for effectively dealing with substance-related harm.
8. Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit substance use.

Language

Stigmatizing language can have a harmful and negative effect on care. The words used to describe substance use disorder matter. Words can create a positive or negative affect.

When talking to people with substance use disorders and others, use non-stigmatizing language. This language must reflect accurate, science-based understanding of SUD. You learned how substances hijack the brain in lesson 1. You have learned that SUD is a chronic, treatable disease similar to other diseases such as diabetes or cancer. An accurate understanding of the disease increases quality of care. The words we use must be person-centered, accurate and free from stigma. Learn from the individuals you care for. Let the individual choose how they want to be described. Person-first or person-centered language maintains the integrity of the individual. Avoid language that has negative meanings. For example, instead of saying "addict", say "person with a substance use disorder". This example shows care for the person. It identifies the person first separate from the diagnosis. A person is not a diagnosis or a disease.

Terms to avoid, terms to use, and why

Consider the chart on the next page, adapted from the National Institute on Drug Abuse. This chart identifies recommended terms. Using these terms helps to reduce stigma and negative bias when talking about substance use disorder.

Instead of	Use	Because
Addict	Person with a substance use disorder	• Person-first language. • The change shows that a person "has" a problem, rather than "is" the problem. • The terms avoid eliciting negative associations, punitive attitudes, and individual blame.
User	Person with an OUD or a person with opioid use disorder (when substance in use is opioids)	
Substance or drug abuser	Patient	
Junkie	Person in active use; use the person's name, and then say, "is in active use."	
Alcoholic	Person with an alcohol use disorder	
Drunk	Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
Former addict	Person in recovery or long-term recovery	
Reformed addict	Person who previously used substances	
Habit	Substance use disorder	• Inaccurately implies that a person is choosing to use substances or can choose to stop. • "Habit" may undermine the seriousness of the disease.
Abuse	For illicit drugs: • Use For prescription medications: • Misuse • Used other than prescribed	• The term "abuse" was found to have a high association with negative judgments and punishment. • Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse
Opioid substitution replacement therapy Medication-assisted treatment (MAT)	• Opioid agonist therapy • Pharmacotherapy • Medication • Medication for a substance use disorder • Medication for opioid use disorder (MOUD)	• It is a misconception that medications merely "substitute" one substance or "one addiction" for another. • The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.

Instead of	Use	Because
Clean	For toxicology screen results: • Testing negative For non-toxicology purposes: • Being in remission or recovery • Abstinent from substances • Not drinking or taking substances • Not currently or actively using substances	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.
Dirty	For toxicology screen results: • Testing positive For non-toxicology purposes: • Person who uses substances	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. • May decrease patients' sense of hope and self-efficacy for change.
Addicted baby	• Baby born to mother who used substances while pregnant • Baby with signs of withdrawal from prenatal substance exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances	• Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. • Using person-first language can reduce stigma.

Activity

Using the charts on page 47-48, select one of the following words from the list below. Discuss why the word is negative, identify language to use instead, and why.

- ☐ Addict
- ☐ User
- ☐ Substance or drug abuser
- ☐ Junkie
- ☐ Alcoholic
- ☐ Drunk
- ☐ Former addict
- ☐ Reformed addict

The word I selected was _____.

This word is negative because _____

_____.

Instead of using this word, I can use _____ instead.

Feedback

Have learners work individually or in pairs. Ask them to select a word from the list provided. Discuss why the word is negative, identify language to use instead, and why.

Learners can use the chart on page 38 for this activity. Check for understanding. Are learners using person-first/person-centered language?

Communication

Communication is an essential part of life. Interactions with others is an opportunity to express emotions and needs. Substance use can sometimes make communication more challenging. A person with SUD may feel inadequate or ashamed of their disorder. Stigma can cause a person to not want to communicate about their disorder and they may feel judged. The words you say and the non-verbal cues that you give off can invite communication or discourage it.

Understanding SUD can help you communicate better, allowing you to communicate in a compassionate, nonjudgmental way. Focus on person-centered communication and supporting the individual to build connection and trust.

Remember that substance use disorder is in fact a disorder. It is a disease. The person is not a disorder or disease. When communicating, remember that there are a lot of stigmas around SUD.

Cultural Competence

Delivering quality care to culturally diverse populations is important for caregivers. Cultural competence is the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own. Every person has a culture. Culture is defined by a community or society. It involves beliefs, norms, and values. It is the way people live their lives, and the way people organize their environments.

Culture includes:

- A common heritage and history that is passed from one generation to the next.
- Shared values, beliefs, customs, behaviors, traditions, institutions, arts, folklore, and lifestyle.
- Similar relationship and socialization patterns.
- A common pattern or style of communication or language.
- Geographic location of residence (e.g., country; community; urban; suburban, or rural location).
- Patterns of dress and diet.

The people you care for have various cultural backgrounds, beliefs, practices, and languages. They require culturally competent communication to maximize the quality of care they receive. Cultural competence means helping to eliminate racial, ethnic, and socioeconomic disparities. Different understandings of care, illness, symptoms, expectations, and treatment can become barriers to providing the best possible care for the individual. Recognize that someone receiving care may communicate differently.

Language barriers may result in:

- Asking fewer questions
- Not understanding their condition
- Difficulty following a treatment plan
- Being confused

Create an environment of culturally competent communication by:

- Learn about a person and their culture.
- Adjusting communication to the person's culture
- Being aware of your own beliefs and values that are rooted in your own culture. These may change over time and may influence your interactions and communication with others.
- Recognizing that your values and assumptions may be different than others.
- Being aware of the individual's cultural beliefs.
- Being an effective communicator. This may involve interpreters and translators.

There are good resources and training available about cultural competency. Talk to your manager for additional training or check out one of these resources online:

- EthnoMed | ethnomed.org
- Cross Cultural Health Care Program | xculture.org

Listen

Listen more than you talk. An important part of communication is listening. Without listening, to what a person is saying with words and actions, messages and behaviors are easily misunderstood. Try listening without interrupting or criticizing. If you do not agree with what the person is saying, withhold your judgment. Out of all communication skills, listening is the most important.

Listening requires focus and concentrated effort. Listening is mental and sometimes physical. Listening means paying attention to the words, the language used, and the tone of voice. Watch the person's body language. Be aware of verbal and non-verbal messages.

Active listening is the process of being fully involved in listening.

Tips to improve listening skills:

- Focus on messages being communicated – avoiding distractions and preconceptions.
- Gain full and accurate understanding of the speaker's point of view and ideas.
- Critically assess what is being said.
- Observe non-verbal signals accompanying what is being said to enhance understanding.
- Show interest, concern, and concentration.
- Listen with all the senses.
- Give full attention to the speaker.
- Use verbal and non-verbal messages at appropriate times.

Tips to improve active listening skills:

- Nod head
- Maintain an open and receptive posture
- Agree by saying yes or mmm hmm
- Allow for pauses and short periods of silence
- Mirror or reflect any facial expressions
- Refrain from outside distractions
- Remember key points
- Ask relevant questions
- Paraphrasing what the speaker has said to show comprehension
- Ask questions to clarify
- Summarize what has been said in own words
- Adjust communication to reflect the person's culture

Some messages are appropriate for some cultures and not others. For example, maintaining eye contact and smiling may or may not be appropriate.

Remain neutral and non-judgmental. Do not take sides or form opinions, especially early in the conversation. Try to focus fully on what is being said and how it is being said to fully understand the speaker.

Barriers to effective listening may include:

- Lack of fluency of speech
- Unfamiliarity of accent
- Culture, values, bias
- How fast or slow a person speaks
- How soft or loud a person speaks

These barriers may affect control of body language and may present as the listener being distracted or lacking interest.

Verbal Communication

You just learned about stigma and the language that is used. Language can cause barriers or build connections. Be careful with your tone of voice and make sure you are not speaking words of blame or using an accusatory tone.

Non-verbal Communication

Non-verbal language includes facial expressions, body posture, and tone of voice. It can also include touch, eye gaze and personal space. Remember that your behavior and how you communicate non-verbally can play a role in the outcome.

Anxiety and Trust

People may struggle to give accurate information because they feel distress or distrust. They may worry about the violation of their security or autonomy. They may feel anxious about receiving care.

Communicating with people who are feeling angry, irritated, or combative may lead to challenges to provide care. See more about challenging behaviors in lesson 4.

Ways to Improve Communication

Reframe statements from negative to positive. Find ways that you can reframe a negative statement or conversation into a positive. Is there a different way that you can say what you are saying?

Negative Statements	Positive Statements
You never listen to me when I am talking to you.	I understand that some of our discussions are upsetting, although I would love it if you could help me work through this.
I hate it when you lie to me.	I want to believe you, but that story seems odd.
Don't ever yell at me again, you're a bully.	I know sometimes you don't agree with me, but I can support you better if you speak calmly to me about what is bothering you.
You should be ashamed of yourself for abusing drugs.	Everyone needs help sometimes. You don't have to be ashamed of your substance use disorder.

Use "I" Statements

When a person feels attacked, it makes communication more difficult. Using statements that use the word "you" can make a person feel attacked. Some people may react with fight, flight, or freeze. Instead, try using statements that start with "I". Talk about problems or emotional issues by making it about how you feel or what you want, rather than focusing on what you feel the other person is doing wrong.

You Statements	I Statements
You are so inconsiderate for staying in your room instead of coming to dinner.	I noticed you did not come do dinner. Is everything ok?
You should not drink tonight.	I am concerned when you drink so much.
You have not showered in days, and you smell bad.	I am concerned about your well-being. How can I support you?

Boundaries

A boundary is a limit or space between you and another person. Sometimes people with a substance use disorder find boundaries challenging. Sometimes boundaries involve the behaviors central to substance use.

A person with healthy boundaries can say "no" to others when they want to. They are comfortable opening themselves up to close relationships. Communicating boundaries with others on physical space as well as emotional and mental space is important. Communicate boundaries through actions as well as words. Be consistent in your message and expectations. To be consistent is to use the same message and expectations over time. People learn through consistency. New experiences create a pathway in the nervous system. If the experience is continued, the pathways that are activated will feel more familiar.

Healthy boundaries look like:

- Valuing one's own opinions
- Not compromising values for others
- Sharing personal information in an appropriate way
- Knowing personal wants and needs and the ability to communicate them
- Accepting when others say "no".

Communicate boundaries by:

- Using "I" statements
- Sticking to the facts
- Being direct, honest, and respectful

When setting boundaries around substance use and communicating, consider the policies and procedures in your setting. Policies should be based on resident rights and Washington State laws.

Some boundaries might include:

- Prohibiting driving under the influence of alcohol or other substances.
- Prohibiting smoking in certain areas or around others.
- Setting limits on frequency and amount of how much use of a substance is acceptable.

Be consistent and respectful.

Activity

Read the statements below. Think about ways you might communicate more effectively. Write a new statement on the line provided.

1. I can't believe you are drinking again; don't you think you've had enough?

New: _____.

2. I know you've been taking extra pills, no wonder you've been moody lately.

New: _____.

3. You're going to hurt yourself if you keep smoking in bed like that.

New: _____.

Feedback

Read the statements below. Think about ways you might communicate more effectively. Write a new statement on the line provided.

Complete all activities or divide statements between learners depending on time.
Check for understanding.

1. I can't believe you are drinking again; don't you think you've had enough?

Think about: Check the policy in your setting. Is it a concern?
Might say: I am concerned about how much alcohol you have had today.
Might do: Person-centered approach would involve the person to find an alternate activity if appropriate.

2. I know you've been taking extra pills, no wonder you've been moody lately.

Think about: Check the policy in your setting. Is it a concern? Check your tone and body language. Avoid shaming or accusations.
Might say: I noticed you have been crying more lately. Is there anything I can do to support you?
Might do: Build trust with the individual and be present when they are communicating through behaviors.

3. You're going to hurt yourself if you keep smoking in bed like that.

Think about: Check the policy in your setting. Is there a policy against smoking in certain areas?
Might say: I wanted to discuss our policy about smoking in bed, I am concerned for your safety. How can I support you to be safe?
Might do: Talk with your supervisor about ways that you can address this safety concern before it happens. Find a designated place for the individual to go before bed to smoke.

Motivational Interviewing

Motivational interviewing (MI) is an effective way of talking to people about change. Motivational interviewing is used to empower people to change their behavior. Motivational interviewing is an effective intervention with people who have substance use disorder. It is a complicated intervention and not fully presented in this training. The purpose of this section is to give you a basic understanding of MI and some skills you can use when working with people with substance use disorder. If you would like to know more about MI, seek additional training on this topic.

Motivational interviewing suggests that a person avoid arguing, shaming, warning, or providing unsolicited advice in their communication with others. Each person is unique and communication should be person-centered. The goal of MI is to help the individual find their own motivation to make change.

Principles of MI

Empathy

Being empathetic means having the ability to recognize and share emotions in others and understand another person's perspective in a situation. Expressing empathy through reflective listening creates a safe environment. Reflective listening is responding to the other person by reflecting the thoughts and feelings you heard in the person's tone of voice, body posture, and gestures. It is the ability to take what a person has said and reflect it back to them to show understanding – both in content and feeling. It builds trust and creates an opportunity for conversation. Reflective listening means you have accurately heard what the person is feeling and has said.

Media

Brené Brown on Empathy
RSA (2:53)
https://youtu.be/1Evwgu369Jw

Developing discrepancies

Developing discrepancies means identifying the difference in how people's lives are now and how they want them to be. This is helpful in goal setting. If the individual wants to change, highlight what they are doing now and through reflective listening, identify what they want to be doing instead. This is a good way to have the individual think of steps to get to where they want to be.

Avoiding arguments

Arguing with a person can create a power struggle and cause resistance to change. Avoid arguments.

Dancing with discord

Adjust to what the person is saying. Acknowledge the person's disagreement, feeling, or perceptions in a neutral way. Remember this is not a time to shame, blame, or argue. It is also not a time to defend yourself. It should be gentle like a dance.

Supporting self-efficacy & optimism

Recognize and celebrate the person's strengths and highlight them when possible.

OARS Model

The OARS model within motivational interviewing is essential in communication skills.

OARS stands for:

- Open-ended questions
- Affirmations
- Reflective listening
- Summarizing

OARS is a skill-based, person-centered interactive technique for communication. These skills include verbal and non-verbal responses. They include behaviors that need to be culturally sensitive and appropriate.

The OARS model combines the five principles described above, that help establish and maintain good relationships.

Open-ended questions

Ask open-ended questions to better understand who the person is and what they care about. It gives people the opportunity to tell their own story. Open-ended questions need answers that go beyond a yes or no answer.

When asking open-ended questions:

- Create a safe environment
- Build connection
- Build a trusting, respectful relationship
- Explore, clarify, and gain an understanding of the person's world
- Learn about their experiences, thoughts, feelings, beliefs and hopes for the future

Looks like:

- Ask questions of who, what, when, where, how and tell me more about …?
- How can I help you with …?
- Help me understand …?
- How would you like things to be different …?

Affirmations

Affirmations are statements and gestures. They recognize the person's strengths. They recognize behaviors that lead in the direction of positive change. This change can be big or small. Affirmations build confidence in the person's ability to change. To be effective, affirmations must be genuine.

When using affirmations:

- Build rapport
- Show empathy
- Affirm the person's strengths and abilities.

Looks like:

- It sounds like you've been really thoughtful about your decision.
- You're really trying hard to …
- It seems like you are really good at …
- That's a good suggestion.
- Despite serious temptations, you were able to make healthful decisions for yourself.

Reflective listening

Reflective listening engages others in relationships. It builds trust and fosters motivation to change. Reflective listening is having interest in what the person is saying. It is also respecting the person's inner wisdom.

Reflective listening includes paraphrasing where you repeat back in your own words what you hear the person say. Reflective listening also includes reflection of feeling. You can do this by emphasizing emotion through feeling statements.

When using reflective listening:

- Listen to the person to help you gain a deeper understanding of their life
- Reflect on the words that they use
- Reflect on behaviors and feelings

Looks like:

- Words: Some of what I hear you say …
- Emotions: You seem to be feeling … (sad, frustrated, excited, angry) …
- Behavior: I noticed … (tears in your eyes, your voice sounds shaky, you smiled when …)
- It sounds like you are frustrated by others making decisions for you.
- You mentioned that you won't go back to that place. That seems very stressful for you.

Summarizing

Summaries are part of reflective listening. Use this technique throughout the conversation. It is most helpful at transition points – such as at the end of a conversation. It helps to ensure that communication is clear.

When summarizing:

- Check that you understand the person's goals and preferences.

Looks like:

- Let me see if I understand so far …
- A minute ago, you said you wanted … Would you like to talk more about how you might …?
- I am wondering what you are feeling at this point.
- I am wondering what you think your next step should be.
- Let me see if I understand what you have told me so far.
- Here is what I've heard you tell me about your situation…

Media

Motivational Interviewing Basics
YaleCourses Start at 6:58
https://youtu.be/TtN0KFEctc0?t=418

Application

Looking at the OARS communication process, think about what is easiest and most challenging for you.

In groups, discuss: What do you think the easiest of the O.A.R.S skill is for you? What is the most challenging?

Feedback

For this activity, have learners break off into smaller groups and discuss. As a class, have a brief discussion about what the learners found most valuable. Check for understanding.

Goal Setting

Communication and goal setting are connected. The people that you provide care for may want or need to set goals for themselves that reflect what is important to them or what is important for them. When communicating about goal setting, always use person-centered communication. Goal setting may be difficult for individuals who are recovering from substance use disorders. Recovery goal setting may feel overwhelming and taking things one day at a time could be the best option during early recovery.

Goals can help people stay focused and give meaning and purpose to life. They can give people something to strive for.

Each person will have their own goals. Goals might include reducing or stopping use of substance(s), finding a doctor, completing a treatment program, or joining a support group. Other goals might include building personal relationships, getting a job, becoming more spiritual, improving financial health, or any number of other personal aims. Just as each person is unique, so too will their goals.

Setting goals can:

- Increase focus on the present and future
- Reduce focus on the past
- Create a sense of accomplishment when reaching milestones
- Empower positive changes
- Encourage behavior change

Remember there can be risks associated with abruptly stopping or reducing the use of substances. Consider how to best support the person and their goals.

SMART Goals

The SMART model for goal setting may help someone who is trying to set goals. You can combine the SMART model with the motivational interviewing communication style to talk about a person's goals.

SMART stands for specific, measurable, achievable, relevant and time bound. This tool can help people with goal setting.

Specific

Goals should be specific. Work with the person to find out what specific goals they have. This includes how a person will achieve the goals. Finding answers to questions like who, what, when, where and how can help identify the specific goal. This includes action to take.

Goal: I want to improve personal relationships.

Specific: I will improve my relationship with my brother by calling him once a week.

Goal: I want to lose weight.

Specific: I will lose 20 pounds in the next three months by making better choices at mealtimes.

Goal: I want to stop smoking.

Specific: I will reduce the number of cigarettes I smoke this week to x and next week to x. I will be down to zero cigarettes in 2 months.

Measurable

A goal should be measurable. Think about ways to measure the goal. This includes how many and how much.

Goal: I want to eat healthy.

Measurable: I will eat one serving of vegetables every day.

Goal: I want to reduce my drinking.

Specific: I will drink water with my dinner and no more than one glass of wine per day.

Goal: I want to get in shape.

Measurable: I will work out once a week and take my body measurements before I begin and monthly after.

Achievable

Goals should be realistic and attainable. This means within reach. Sometimes this means breaking the goal down into smaller achievable chunks. If goals are too hard, a person might get frustrated, give up or be at risk of relapse. Talk with the person about obstacles that might get in their way and find ways that the goal can be broken into smaller steps.

Goal: I want to get a job.

Achievable: I will create a resume. I will apply for jobs. I will get a job in the next six months.

Goal: I want to lose 100 pounds.

Achievable: I will lose 5 pounds per month.

Relevant

The goal should be relevant to what is important to the person, or what is important for the person. The relevance is for the person to establish for themselves. It should add to the person's life and make it better. Consider what is healthy and reduces harm for the person.

Goal: I want to find healthy ways to cope with my stress instead of using substances.

Relevant: I will go for a walk 3 times a week and start meditating every morning to relieve stress.

Goal: I want to feel happier.

Relevant: I will work in the garden on sunny mornings and visit with friends twice a week.

Time-bound

Goal setting should have a timeline. Consider when the goal work will start as well as checkpoints. Consider how often the person will work on their goal or incorporate other activities that support the goal. Goals might be weekly, monthly, six months or one year.

Goal: I want to learn to paint.

Time-bound: I will take a painting class this month and practice at least 2 days a week.

Activity

In pairs, consider the motivational interviewing technique on pages 54-56 and work with your partner to walk through the SMART model to set a goal. One person should take the role of interviewer and one person should identify a goal and work through the goal at the direction of the interviewer. Once the pair works through the SMART model, switch roles.

What is the goal?

Specific:

Measurable:

Achievable:

Relevant:

Time-bound:

Feedback

Have learners pair up and walk through this activity. Read the instructions.

As a class, discuss what went well in the small groups, what was confusing, what would be challenging when using this in a care setting?

Check for understanding.

Communication with Professionals

You may or may not need to communicate with professionals in your role caring for an individual with substance use disorders. Some of these professionals are listed in lesson 5 under support.

When communicating with these professionals, remember:

- Follow communication policies in your setting, including policy around confidentiality
- You are advocating for the individual with medical professionals
- Know your policies around how and when to step in
- Be aware of who to contact and who to call
- Learn what the limitations are and what questions to ask

Lesson Summary

- Stigma is a judgment against a group of people, a place, or a nation. There are usually feelings of shame attached to stigma. Stigmas are often driven by negative stereotypes. Stereotypes are a simplified popular belief or idea. For individuals with SUD, stigma may come from outdated and untrue beliefs. These outdated beliefs can be hurtful, shaming, discriminating and are often inaccurate.
- Stigmatizing language can have a harmful and negative effect on care. The words used to describe substance use disorder matter. Words can create a positive or negative affect.
- Understanding SUD can help you communicate better. Communicate in a compassionate, nonjudgmental way. Focus on person-centered communication and supporting the individual to build connection and trust.
- Motivational interviewing (MI) is an effective way of talking to people about change. The use of MI is to empower people to change behavior.
- Goal setting and communicating about goals should always keep person-centered principles in mind. Goal setting can also be difficult for individuals who are recovering from substance use disorders, but this does not mean that others get to choose goals for them. Everyone must be free to choose their own goals and how they work toward achieving them.

Checkpoint

Read the questions below. Write your answer in the space provided.

1. What is stigma?

2. What ways can you be more person-centered in your communication?

Feedback

1. What is stigma?

Stigma is a judgment against a group of people, a place, or a nation. There are usually feelings of shame attached to stigma. Stigmas are often driven by negative stereotypes. Stereotypes are a simplified popular belief or idea. For individuals with SUD, stigma may come from outdated and untrue beliefs. These outdated beliefs can be hurtful, shaming, discriminating and are often inaccurate.

2. What are positive communication approaches for person-centered care?

Positive communication approaches for person-centered care might look like: using appropriate language, considering a person's culture, listening, using verbal and non-verbal communication, building trust, using I statements, having effective boundaries.

Lesson 4: Behaviors & Documentation

Objective: The learner will practice steps when approaching challenging behaviors and produce documentation.

Overview

Living with a substance use disorder can be challenging. You have learned earlier in this book about the changes that substance use can have on the brain. You have learned about specific types and symptoms of disorders. You learned how to communicate in a person-centered way. Person-centered communication reduces stigma and builds on an individual's strengths.

When interacting with others, remain empathetic, dependable, patient, strong, flexible, and creative.

This lesson gives a general method for approaching behaviors. As you work through each section, think about situations that you have been in and how you might apply the three-step approach in future situations.

Challenging Behaviors

People use behaviors to communicate personal needs, feelings, and emotions. Many things can contribute to peoples' behaviors. When deciding how to respond to a behavior, you need to pause. Think about what the person's behavior may be telling you. There is no "one size fits all" solution when dealing with behaviors. Different people have different needs.

Challenging behaviors might be influenced by substance use, adverse effects of substance use, withdrawal, or a return to substance use. Challenging behaviors may also be influenced by other unrelated factors. It is important to not immediately assume substance use is related to a change in behaviors.

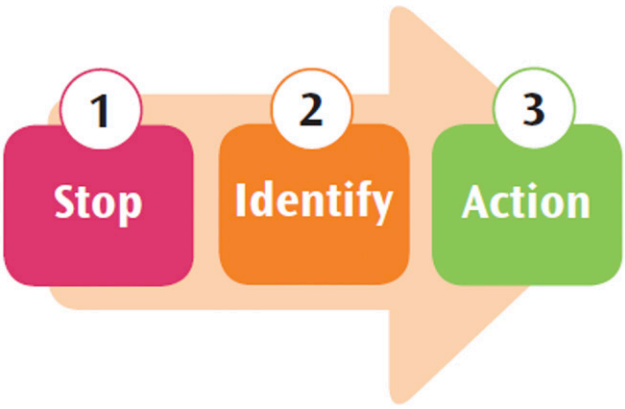
Substance use, the side effects of substance use, withdrawal, or a return to substance use may cause depression, anger, agitation, or feelings of shame.

Remember that being supportive of the individual is key. Your goal is to provide the highest quality of care for the individual. Try not to take challenging behaviors personally. The individual may need different treatment, support, or tools. When in doubt, talk with the individual, your manager, the care provider, or medical team for help with challenging behaviors.

Strategies for Approaching Challenging Behaviors

There are many strategies to work with behaviors. Your primary role is to appear and remain calm and supportive. Remember: Do not take the behaviors personally. People who are behaving in challenging ways do not do so to be mean or get attention. They are expressing their needs. To manage a person's challenging behaviors, learn the individual's history, habits, current needs, and abilities. Challenging behaviors are not right or wrong. It is important to keep everyone safe when working with behaviors.

To approach behaviors: Stop, identify, and take action.



Step 1: Stop

When faced with an unexpected challenging behavior, take a moment to stop yourself. Take a pause from the situation. Make sure you are not reacting to the behavior. Calm yourself and focus. Most challenging behaviors have a cause or a trigger. There is a reason for the behavior. Challenging behavior is likely a reaction to something that set the behavior in motion. Reactions can be automatic which means that the individual might be behaving without thinking about it. It is your job to respond thoughtfully to the situation. Responding is different than reacting. Responding is taking thoughtful action.

Responding rather than reacting to a challenging situation takes self-control and discipline. The best way to respond rather than react is to stop before taking action unless someone is in immediate danger.

- Stop or pause even if only for a few seconds
- Calm yourself

Calming techniques

If you find yourself reacting instead of responding, there are many ways to get calm and focused. Find something that works for you.

Some ideas may include:

- Take a few deep breaths.
- Count to ten.
- Detach yourself from the emotions of what is happening around you.
- Separate the behavior from the person.
- Recognize it is not about you.
- Repeat a positive phrase or affirmation to yourself. E.g., "I am calm and relaxed in every situation." "I remain calm and positive in difficult situations." "I remain calm and in control under stress."
- Get a clear picture in your mind of armor surrounding and protecting you from harm.
- Imagine a scene, person or experience that gives you a feeling of calm.

If you are still unable to calm and focus yourself, and if you are able, try the following:

- Give yourself a brief time-out
- Ask for help

It is better to walk away for a few minutes and calm yourself than to risk reacting and making the situation worse.

Activity

Discuss how you would use step one to approach the following behaviors:

1. Shandra is searching through drawers in the kitchen and looks upset.

2. Mike is smoking while using oxygen.

3. Chelsea is yelling at another caregiver angrily.

Feedback

Discuss how you would use step one to approach the following behaviors:

1. Shandra is searching through drawers in the kitchen and looks upset.

Step one (Stop) you might: Stop, take a deep breath.

2. Mike is smoking while using oxygen.

Step one (Stop) you might: Stop and remain calm.

3. Chelsea is yelling at another caregiver angrily.

Step one (Stop) you might: Stop and remain calm.

Step 2: Identify

After you have stopped and taken steps to remain calm, it is time to figure out what is happening. In step two, identify what caused or triggered the behavior. You should know the individual's routines, preferences and daily rhythms related to care and life history. When you see a change that concerns you, remain emotionally available to the individual.

- Show genuine interest and concern
- Realize that your own personal feelings can add to any emotional tension - your stress, personal worries and time pressures can affect the person
- Listen to what the person is communicating through body language, words, and the emotions behind their actions

The individual might be expressing a need or desire or there might be a trigger that is physical, environmental and/or emotional. The individual may be frustrated that they cannot do what they want it do.

Expressing a need or desire

There are many reasons an individual may not be able to communicate needs and wants with words.

Sometimes what you may see as a challenging behavior may be the only way the individual can tell you that they need or want something.

Physical, environmental, and emotional triggers

There are common triggers to look for that may be causing a behavior.

Physical triggers

- Symptoms of the disease(s) or condition(s)
- Infection, such as Urinary Tract Infection (UTI)
- Pain
- Medication adverse effects or interactions
- Dehydration
- Hunger or thirst
- Fatigue
- Recent injury
- Incontinence
- Constipation
- Unmet physical care needs such a needing to go to the bathroom
- Uncomfortable clothing

Environmental

- Too much noise or people
- Intrusion into the person's space
- Temperature (too hot or too cold)
- Something unfamiliar added in the environment
- Something familiar removed or moved in the environment
- Lack of privacy
- New environment or people
- Too bright or too dark
- Smells
- Full moon or sun setting
- Shift change

Emotional

- Change in routine (especially if the individual feels no control over the change)
- Recent big changes or losses
- Difficulty with family, friends, or care members
- Need to regain a sense of control
- Depression
- Boredom
- Past or current events, including holidays
- Anxiety
- Fear
- Loneliness
- Lack of intimacy
- Emotional state of other people

The perspective of the individual you are caring for is what is important when looking for possible triggers. What has triggered the individual's behavior can be very different from what would trigger you.

Other things to look for:

What happened just before the behavior started?

Were there other people involved when the behavior occurred? Where did it occur?

What is happening in the person's living space?

Is this a new behavior?

Are there certain actions that make it worse?

Is the individual trying to communicate a need or desire?

Do you see any patterns in their behavior? Is there a time of day or event(s) that cause the behavior? Look for events such as:

- Shift changes
- A particular caregiver or visitor
- Substances
- Foods or beverages
- Medication adverse effects

Activity

Discuss how you would use step two to approach the following behaviors:

1. You see Shandra searching through drawers and you pause and remain calm. She continues to open and close drawers and yells "Where is the knife?"

2. You are not sure if Mike has been assessed for safe smoking.

3. Chelsea says "Give me back my medicine, I need that for my pain."

Feedback

Discuss how you would use step two to approach the following behaviors. (Remember that in the previous scenario step, you stopped, paused…in step two, you will IDENTIFY what is triggering the behavior.)

1. You see Shandra searching through drawers and you pause and remain calm. She continues to open and close drawers and yells where is the knife?

Step two (Identify) you might: Identify what is going on. It sounds like Shandra is looking for a knife. Ask why she is looking for a knife.

2. You are not sure if Mike has been assessed for safe smoking.

Step two (Identify) you might: Check to see if Mike has been assessed for safe smoking.

3. Chelsea says give me back my medicine, I need that for my pain.

Step two (Identify) you might: Ask Chelsea what is going on. Find out what triggered the yelling. Talk with the other caregiver.

Step 3: Take Action

There is no "one size fits all" formula to handle challenging behaviors. What works in one situation may not work in another. What works with one individual may have the opposite result with another. The best way to deal with challenging behaviors is to adapt as you go to each individual and situation as they occur. This means that you must be:

- Aware of signals from each person
- Ready to adapt, walk away, soothe, distract, or redirect from what triggered the behavior
- Willing to do something different if what you tried does not seem to be working

Minimize or eliminate the trigger

If you have an idea about what is causing the behavior, try to stop or minimize the trigger. If meeting an individual's need or request can minimize or eliminate the behavior, ask yourself the following questions:

- Does the behavior hurt anyone to do it?
- Are you bothered because it
  - Makes you change or adjust YOUR schedule?
  - Might look odd or unusual to others?
  - Requires you to "think outside the box?"
- Would be easier to do it the "regular" way or at a less busy or unusual time?
- Is the individual experiencing pain?

Adapt

Look for ways to adapt to the individual and their routine. This can include:

- Changing when or how the individual receives care.
- Breaking tasks down into smaller steps.
- Taking frequent breaks to allow the individual more time to do each step.
- Not doing certain tasks as frequently or doing them at a different time.
- Doing more prompting or cuing.
- Encouraging independence and choice in even the smallest ways.
- Using assistive devices fully.

Common mistakes

Common pitfalls in taking action on challenging behaviors might include:

- Correcting the behavior
- Ignoring the behavior
- Arguing with the person
- Attempting to use reasoning to change the behavior

Be aware and observant of subtle details. The answer for successfully navigating through challenging behaviors is often in the subtle details of who the individual is as a person.

- How do you know when the individual likes or does not like something?
- What situations or people seem to make the individual reactive?
- What pace of activity is comfortable for that individual? (How do you know when the activity is too fast or too slow?)
- How does the individual communicate what they want?
- What about their personality gives you clues about the best way to work together?
- Is there a cultural difference that could be contributing to the challenging behavior?

Get to know the person. Watch for subtle cues from the person. Be ready to spot early warning signs of problems when possible. Take action immediately to help the individual feel calmer and more reassured.

Give space

Ask yourself if giving the individual some space would be best. If it is safe, come back in five or ten minutes. This may give the individual time to calm down. Some quiet time may be all it takes to resolve the situation.

Giving space can also mean staying with the individual yet respecting the need for personal space. How much space does the individual appear to need around their physical body? Is the individual hypersensitive to touch? Movement? Claustrophobic? Is there a particular way you can approach the individual that seems less unsettling to them? Knowing the answers to these questions can help guide you in how to approach the individual.

Tips when approaching

Pay special attention how you approach individuals. A sense that you are invading personal space is a common trigger of challenging behavior. Remember to:

- Knock. Ask permission to enter a personal space.
- Smile genuinely.
- Try to get the person's attention before you talk.
- Move slowly. Avoid sudden movements.
- Identify yourself and why you are there.
- Address the individual by the preferred name.
- Spend a few minutes talking with the individual before providing care. This gives you time to see how the individual is doing and gauge if it is safe to proceed with care.
- Explain what you are doing and confirm that they heard you accurately.

Soothe and comfort

- Slow down your own movements and energy.
- Try not to show any anxiety or other intense emotions. They will likely increase the reactions from the individual.
- Confirm the person's feelings.
- Speak slowly, softly with a low pitch and in a reassuring tone. Make sure the individual can hear you if they have trouble hearing.
- Offer choices you know comfort that individual.
- Reduce distractions or loud background noise as much as possible. Examples might be turning down the TV, asking others in the room to step out, or turning down the lights. Ask the individual's permission before doing any of these things.
- Play relaxation or anti-anxiety music or meditations.
- If touch might be comforting, offer physical comfort such as gentle stroke of the individual's hand, giving a hug or a back rub. The appropriateness of comforting touch depends on the individual and policies where you work. If offering comforting touch is allowed, ask the individual's permission first. Make sure you know preferences when it comes to touch and back off immediately if it further upsets the person.

Remember that your body language is your best communication tool. This means that it is critical that:

- Your posture, facial expressions and stance are relaxed and open.
- Your tone is respectful and calm.
- You move slowly.
- You stop what you are doing and focus on the individual.
- Your body language matches the words you say to the individual.

Reassure

- Listen! Let the individual talk about their feelings. Do not ask a lot of questions at first. Listening helps make sure the individual knows that they have been "heard" by you. Listen to both words and body language.
- Be understanding and sympathetic. The person will be more likely to respond if you are genuine rather than insincere, annoyed, frustrated, or angry.
- Maintain clear boundaries if you are treated with disrespect or threatened.
  - This is not the time to have a talk about the behavior. Wait until later when the situation is calmer to work through any boundary issues or concerns.

Distract or redirect

- Distract the individual by offering choices such as a calming or favorite activity like taking a walk or offering a snack or beverage.
- Change the conversation to something positive that may redirect the person.
- Encourage the person to take several deep breaths.
- Reinforce positive behaviors.

Encourage

- Listen.
- Use praise while remaining mindful that the individual is an adult. Be careful that the praise does not become child-like.
- Reinforce positive behavior no matter how small.
- Encourage keeping happy reminders, or treasured keepsakes in plain view.
- Encourage the individuals to engage in healthy behaviors.

Protect and support others affected by the behavior

It can be upsetting for others to see or be part of the challenging behavior. Remember to stay aware of others in the area. Take action to support and protect others if they are impacted.

Get help

Know your limits. If you need help, get it, especially if needing medical or other emergency help. Know your agency/employer policy on when to involve others. This includes as medical personnel, other team members, family, friends, or guardians.

Speak up immediately if you ever feel you are at your own breaking point or limit.

After Responding to Behaviors

Self-care

As a caregiver, you need to replenish your emotional reserves after handling stressful behaviors. This requires good self-care. Take time to manage your feelings.

Prevent or minimize challenging behaviors

Once the heat of the moment has passed, you may have more time to reflect on what triggered the challenging behavior. This information helps you take steps to avoid these situations from happening again. With more time to reflect, you may see more patterns or concerns.

Document and report

You may have important information to share with other team members. Others on your team need to understand and learn from what you observed, what actions you took and what did and did not work.

Know your policies and procedures for documenting and reporting challenging situations. Objectively writing down what happened and what actions you took gives everyone a record. This record will help make sure you do not forget even small details, that when reviewed again, might reveal important information.

Activity

Discuss how you would use step three to approach the following behaviors:

1. You ask Shandra why she is searching for a knife in the kitchen drawers. She says that she is looking for a knife so she can cut an apple.

2. You find that Mike has not been assessed for safe smoking.

3. Chelsea says the other caregiver took her pills and will not give them back. She says the caregiver won't listen.

Feedback

Discuss how you would use step one to approach the following behaviors:

1. You ask Shandra why she is searching for a knife in the kitchen drawers. She says that she is looking for a knife so she can cut an apple.

Step three (Action) you might: Help Shandra find the knife, assess if she should be using the knife. Monitor the situation. If she has had any suicidal ideation, offer to cut the apple for her.

2. You find that Mike has not been assessed for safe smoking.

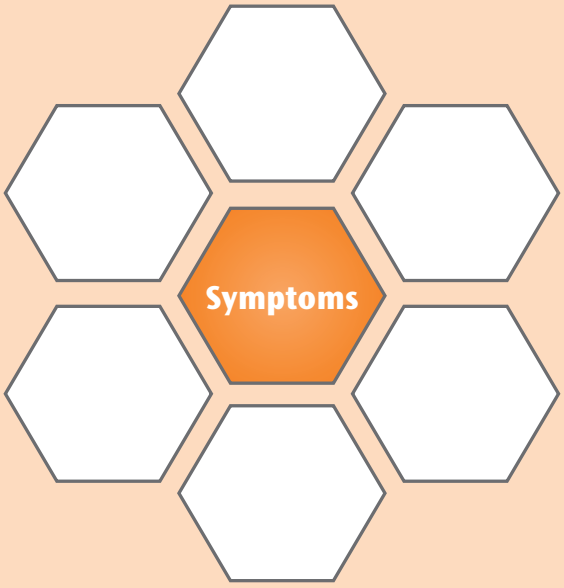
Step three (Action) you might: Be familiar with resident rights, have Mike assessed for safe smoking.

3. Chelsea says the other caregiver took her pills and will not give them back. She says the caregiver won't listen.

Step three (Action) you might: Communicate calmly with Chelsea. Talk to Chelsea about her pain and talk to your supervisor to develop a plan to manage her pain and medication. Get help as needed. Call 911 if her anger becomes violent.

Activity

Remember on page 38, you were asked to review the symptoms for the stimulant use disorders listed and to write down 6 symptoms that might lead to challenging behaviors when providing care. Refer to your list and discuss how you might provide care around these challenging behaviors.



Feedback

Using the list created earlier of challenging behaviors, focus on a number of behaviors identified by the class on page 38. Using the 3-step approach, have learners discuss how to approach the challenging behaviors.

Conflict Resolution

Conflict is a serious disagreement or argument. It usually occurs between individuals who have a difference in thought process, attitudes, understanding, opinion, needs and are unable to find agreement. To resolve a conflict, consider the following steps for resolution. For more information on dealing with challenging behaviors, see page 60.

Conflict.

Identify the problem.
What is the problem causing conflict?

Identify feelings.
What are the feelings associated with the conflict?

Identify impact.
What is the impact of the problem?

Decide whether to resolve conflict.
Does the conflict need resolved?

Work for resolution.
If the conflict needs resolved, what can you do to find a solution?

Conflict is resolved.

Activity

In pairs, have a conversation with your partner on each scenario below. Consider what you know about motivational interviewing and conflict resolution so far.

Take turns in your group talking through each scenario provided below or create your own.

Scenario A. A person in your care is drinking more alcohol to reduce recent stress and is also having trouble sleeping. They mention it to you one morning.

Scenario B. A person in your care had a fall a few months ago and has been on prescription pain medication to help with pain. They tell you that they are still experiencing pain and need to increase the dose.

Feedback

Have learners pair up and discuss or roleplay the scenarios. Check for empathy and person-centeredness. Check for understanding of the OARS model and consideration of conflict resolution. Is there consideration that these individuals may or may not have a substance use disorder?

Some possible responses might include:

Scenario A

- Open-ended questions: How would you like things to be different? Is there anything I can help you with? Are there other things that you can think of to reduce your stress?
- Affirmations: You're feeling stressed lately. You're doing a good job recognizing that the alcohol is affecting your sleep.
- Reflective listening: It sounds like it's frustrating that you're so tired today. I notice you are feeling extra tired and stressed lately. What I hear you saying is….
- Summarizing: Here is what I've heard you say…. You agreed to try some walking or yoga to reduce your alcohol consumption before bed.

Scenario B

- Open-ended questions: Help me understand your pain, can you tell me about the pain? How long has it been since your fall?
- Affirmations: You've been doing well with your physical therapy sessions. I like your suggestion to take more times to rest.
- Reflective listening: I hear you saying that you are in pain still and that you're frustrated that you're not back to doing the activities you used to. I hear you saying that you don't want more medication, you just want to get back to your activities.
- Summarizing: Here is what I've heard you say… You agreed to take more frequent rest breaks and check in with your doctor and check in with me if the pain continues.

Suicide-Related Behaviors

Suicide is a serious and preventable public health problem in the United States. Not all suicide-related behaviors result in injury or death. Other times, the suicide-related behaviors cause significant injuries or death.

Suicide-related behaviors include:

- self-harm
- self-inflicted unintentional death
- suicide attempt
- suicide

Unintentional

Unintentional suicide is evidence of suicide that occurred accidentally as the result of suicide-related behaviors that were not intended to cause death.

Intentional

Intentional suicide is evidence of suicide-related behaviors with intent to die.

Substance Use

Many things influence suicidal behaviors. Substance use, especially alcohol use, is related to many suicides and suicide attempts. In 2020, suicide was the 12th leading cause of death for people of all ages in the United States, changing from the 10th leading cause in 2019 due to the emergence of COVID-19 deaths and increases in deaths from chronic liver disease and cirrhosis. As the second leading cause of death in people aged 10–34 and the fifth leading cause in people aged 35–54, suicide is a major contributor to early death. In 2020, 45,979 people in the U.S. died by suicide.

Suicide rates vary based on factors such as:

- Socioeconomic status
- Employment
- Occupation
- Sexual orientation
- Gender identity

Some substances may have effects that increase risk of dying by suicide or unintentional overdose.

Some substances may:

- Intensify depressive thoughts or feelings of hopelessness
- Increase impulsivity and reduce inhibitions about oneself

Prevention

Protective factors against suicidal behavior may include:

- Believing that there are clear reasons to live
- Having trusting relationships with a counselor, physician, or other service provider
- Spiritual or religious beliefs and/or participation in faith communities
- Connections with a social group, family and/or community
- An optimistic or positive outlook
- Problem solving and coping skills
- A strong sense of purpose or self-esteem
- Access to mental health care

What To Do

Warning signs

Suicide prevention can include observing what people say, do, or changes in mood. The following chart gives examples of things you might observe from someone who might be at risk of suicide.

Say	Does the person talk about suicide? • Killing themselves • Feeling hopeless • Having no reason to live • Being a burden on others • Feeling trapped • Unbearable pain • Wishing to sleep and not wake up
Do	Does the person have behaviors that might indicate suicide risk? • Increased substance use • Looking for a way to end their lives • Withdrawing from activities • Isolating from family and friends • Sleeping too much or too little • Visiting or calling people to say goodbye • Giving away prized possessions • Aggression • Fatigue • Recklessness
Feel	Does the person have changes in mood that might indicate suicide risk? • Depression • Anxiety • Loss of interest • Irritability • Humiliation/Shame • Agitation/Anger • Relief/Sudden improvement

Talking about Suicide

If you think someone is thinking about suicide, talking can be helpful.

Tips on talking to someone who may be struggling:

1. Talk to them in private
2. Listen to them
3. Tell them you care about them
4. Ask directly if they are thinking about suicide
5. Ask what has helped them before when they felt suicidal
6. Encourage them to seek treatment or to contact their doctor or therapist

Avoid:

- Debating the value of “life is too precious”
- Minimizing their problems “it is not so bad”
- Giving advice “if I were you, I would…”

What you can do

Be familiar with policies and/or crisis/risk management plan in your setting before a crisis occurs. Depending on your setting and role, find ways to support the person who is thinking or talking about suicide.

Consider these responses:

- Take any threat of suicide or wish to die seriously
- Know when to dial 911 or 988
- Know when to notify your supervisor
- Be aware of the risk factors for suicide
- Stay with the person
- Monitor for safety
- With supervisor guidance, you might remove lethal means
- Create a safe environment to talk about suicide, talking about suicide DOES NOT make someone suicidal
- If an individual receives services with a Community Mental Health Center, they should be notified if the individual is suicidal. Keep the phone number or the crisis number for CMHC handy
- Learn about available community resources and develop relationships in your community
- Call or text the National Suicide Prevention Lifeline

988 Suicide and Crisis Lifeline

The 988 Suicide and Crisis Lifeline can help 24/7. It is free and confidential support for people in distress. Prevention and crisis resources are available to anyone.

A new three-digit dialing code is now available. It will route callers to the 988 Suicide and Crisis Lifeline. Effective July 16, 2022, across the United States, dial 988 for this service.

People can call, text, or chat 988. They will connect to trained counselors that are part of the existing Lifeline network.

These trained counselors will:

- Listen,
- Understand how their problems are affecting them,
- Provide support, and
- Connect them to resources if necessary.

The current Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicide crisis.

The National Suicide Prevention Lifeline
is now
988 Suicide and Crisis Lifeline
Call, text, or chat:
988

Stigma

Because of the stigma that still exists concerning mental health disorders, substance use disorder, and suicide, many people who need help do not seek it.

Remain non-judgmental and question your own thoughts on suicide and any potential stigma you may carry with you.

After Suicide

Despite everyone's best efforts at helping to prevent suicide, a person may still die by suicide. This may be very difficult to deal with.

If you are the first person to find a person who has died by suicide, immediately call 911. The authorities are required to investigate suicide. As part of the investigation, the police will want to question you. You should cooperate with them. Remember that neither you nor the individual has committed a crime.

You must also notify the department and notify your supervisor immediately. Contact the Complaint Resolution Unit (CRU) / Residential Care Services (RCS) hotline at 1-800-562-6078.

Grief Support

Grief is a universal, instinct-based response to loss. Grief is emotional, physical, cognitive, behavioral, social, and philosophical in presentation. Grief may be overwhelming, and you might experience a range of unexpected emotions. Having the support of other people is vital to the healing from loss. It may be helpful to talk about your feelings about loss. Comfort can come from being around others who care about you. The key is not to isolate yourself.

Activity

Is it ok to talk to someone about suicide? Why?
What are the signs of suicide?
What should you do if someone is showing signs of suicide?

Feedback

In pairs or as a class, discuss the following questions:

Is it ok to talk to someone about suicide? Why?

Talking abouts suicide does not make a person die by suicide. Talk with the person in a caring and compassionate way. Listen to them in private and find ways to support the person. Create a safe, trusting environment for the individual.

What are the signs of suicide?

Look for the signs of what they say, what they do, and changes in mood. (See chart)

What should you do if someone is showing signs of suicide?

Take the signs seriously. Know the policy in your setting. Talk with your supervisor if you are unfamiliar with what to do before there is a crisis. You might: call or text 911 or 988, stay with the person, notify your supervisor.

Lesson Summary

- People use behaviors to communicate personal needs, feelings, and emotions.
- Many things can contribute to peoples' behaviors.
- Challenging behaviors may or may not be influenced by substance use, adverse effects of substance use, withdrawal, or a return to substance use.
- It is important to not immediately assume substance use is related to a change in behaviors.
- Remember that being supportive of the individual is key. Your goal is to provide the highest quality of care for the individual. Try not to take challenging behaviors personally.
- The individual may need different treatment, support, or tools. When in doubt, talk with the individual, your manager, the care provider, or medical team for help with challenging behaviors.
- When approaching challenging behaviors, use the three step process: Stop, Identify, take Action.
- Step 1: Stop: When faced with an unexpected challenging behavior, take a moment to stop yourself. Take a pause from the situation. Make sure you are not reacting to the behavior.
- Step 2: Identify: After you have stopped and taken steps to remain calm, it is time to figure out what is happening. In step two, identify what caused or triggered the behavior.
- Step 3: Take Action: If a solution is needed, then find a way to support the person in a way that works for the person and the situation.
- Take good self-care after handling stressful behaviors.
- Document and report what you observed in an objective way.
- Be aware of warning signs for suicide-related behaviors.
- If you suspect suicide-related behaviors, call, text or chat the 988 Suicide and Crisis Lifeline. This resource is available 24/7.

Checkpoint

Instructions: Read the scenarios below. Using the three-step strategy for approaching behaviors, select the answer that is most appropriate for each step.

1. Earl Small is currently having problems regulating his emotions. On occasion, he becomes combative during care. Today, as you approach, he spits on you. How do you approach using step two: identify.

A. Respectfully soothe, distract, or steer him away from what triggered the behavior.

B. Listen to what he is communicating through body language, words and emotions behind his actions.

C. Detach yourself from the emotions of what is happening around you.

D. All answers are correct

2. Beth Debreu has been angry and frustrated lately. Today, as you enter the room, you see Beth shout angry words at another individual in the room. How do you approach using step three: take action.

A. Respectfully soothe, distract, or steer her away from what triggered the behavior.

B. Listen to what she is communicating through body language, words and emotions behind her actions.

C. Detach yourself from the emotions of what is happening around you.

D. All answers are correct

Lesson 5: Support

Objective: The learner will define trauma-informed care and identify supports for substance use disorder.

Overview

Being a caregiver involves performing a variety of services to meet a person's health or personal needs. Each person who receives care is unique and support will look different for each person. For a person-centered approach, consider the whole person. The people you care for may have trauma or co-occurring conditions. Treatment and recovery may look different for each person through medication assistance, behavioral therapy, other holistic therapies, and connection with others.

Trauma-Informed Care

On page 16, you learned about historical trauma and Adverse Childhood Experiences (ACEs). Many people experience trauma during their lifetimes. Childhood experiences can influence the brain as an adult. Many people exposed to trauma have few or no lingering symptoms. Sometimes, people who have experienced trauma may also have a substance use disorder, mental health disorder, or other health problems. Trauma can affect how a person engages in life and treatment for SUD.

Trauma is an experience that causes intense physical and psychological stress reactions. It can refer to a single event, many events, or a set of circumstances. People might experience any event as physically and emotionally harmful or threatening. The events may have lasting effects on physical, social, emotional, or spiritual wellbeing.

People can interpret the same event or series of events in different ways.

For some people, reactions to a traumatic event are temporary. Others have prolonged reactions that escalate from mild to more severe symptoms. The severe symptoms may include long-lasting health outcomes.

Long-lasting health outcomes might include:

- Post-traumatic stress disorder (PTSD)
- Anxiety disorders
- Substance use disorders (SUD)
- Mood disorders
- Headaches
- Chronic pain

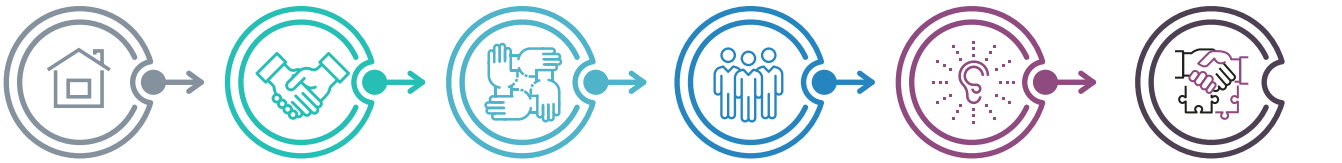
Some people may have a mental health diagnosis for trauma-related disorders. It is important to recognize that trauma may continue to affect their life in significant ways.

Trauma-informed care (TIC) is an approach that aims to engage people with a history of trauma. TIC is a strengths-based approach. A strengths-based approach builds on the person's strengths. This approach sees the person as resourceful and resilient. It recognizes the impact of trauma and the response to it. It emphasizes physical, psychological, and emotional safety for both the provider and survivor. It creates opportunities for survivors to rebuild a sense of control and empowerment.

Caregivers should:

- Avoid re-traumatizing care practices.
- Uphold the importance of person-centered caregiving.
- Recognize the presence of trauma symptoms and the role the trauma has played in the person's life.

Caregivers do not need to know about peoples' trauma to be trauma-informed. TIC is about awareness that there may be trauma each person has experienced. TIC is about being sensitive to behaviors the person might have now that relate to past trauma. Using a person-centered approach when providing care, focus on how you can support the individual instead of what is wrong with the person.



The six key principles of trauma-informed care are:

1. Safety
2. Trustworthiness & transparency
3. Peer support & mutual self-help
4. Collaboration & mutuality
5. Empowerment, voice & choice
6. Cultural, historical & gender issues

TIC Principle	Description
Safety	People feel physically and psychologically safe
Trustworthiness & transparency	Decisions are made with transparency and the goal of building and maintaining trust
Peer support & mutual self-help	Key for building trust, establishing safety, and empowerment
Collaboration & mutuality	Recognition that healing happens in relationships and in the meaningful sharing of power and decision-making
Empowerment, voice & choice	Strengthen the experience of choice and recognizes that every person's experience is unique and requires an individualized approach
Cultural, historical, & gender issues	Move past cultural stereotypes and biases, offering culturally responsive services, leverages the healing value of traditional cultural connections and recognizes and addresses historical trauma

Trauma-informed Approach

A trauma-informed approach to care includes an understanding of trauma.

According to the Substance Abuse and Mental Health Services Administration, a model of trauma-informed approach:

- Realizes the impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff
- Responds by integrating knowledge about trauma into policies, and practices
- Seeks to resist re-traumatization

Re-traumatization occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously. Even if it has been years since the traumatic event occurred, symptoms can resurface suddenly or periodically if exposed to reminders of the original event. This is a significant issue for trauma survivors. Trauma survivors are at increased risk for higher rates of re-traumatization. People who experience multiple traumas often have more serious and chronic trauma-related symptoms than those with single traumas.

Your role is to understand that some routine care tasks might be perceived as threatening to someone who has experienced trauma. Re-experiencing traumatic stress may result from a current situation that mirrors or replicates in some way the prior traumatic experiences.

This includes sensory input such as:

- Specific smells
- Interactions with others
- Responses to the environment
- Feeling emotionally or physically trapped

Some events are more likely to cause distress than others. Check standard practices for the potential to re-traumatize the individuals you care for.

You cannot predict what may be upsetting or re-traumatizing. Keep alert and curious. Show curiosity about the concerns or behaviors that the person expresses and/or presents during care. Some behaviors may reflect what has happened to them in the past.

Relationship building will help create mutual and collaborative relationships. Consider how you can identify what has worked or not worked for people in the past. Person-centered approach to care can focus on strategies that fit a person's strengths and develop coping strategies. This approach helps to reduce further re-traumatization by not judging or defining traumatic stress reactions. Work with the individual to learn the cues they present associated with past trauma.

- Get a good history if the person is willing to share.
- Maintain a supportive, empathetic, and collaborative relationship.
- Encourage ongoing communication with the individual about how they feel about your approach. This collaboration will help foster trust, safety, and empowerment with the individual. Provide a clear communication of availability and accessibility throughout care.

Instead of thinking "What is wrong with you?"
Think: **What *happened* to you?**

Resilience

Resilience is the ability to bounce back or rise above adversity. It is adapting well in the face of trauma, adversity, or significant stress. Resilience is using available resources to negotiate hardship. Resilience can be developed and improved with effort and consistency. Resilience is like a muscle and when worked, it can get stronger.

Promote resilience by encouraging individual strengths. Building on a person's existing resources and views can encourage resourcefulness and resilience.

Knowing an individual's strengths can help you better support them. You can help understand, redefine, and reframe the individual's challenges. You can shift the focus from what is wrong with a person, to what has worked for them. Focus on a perspective that honors and uses a person's strengths to face challenges.

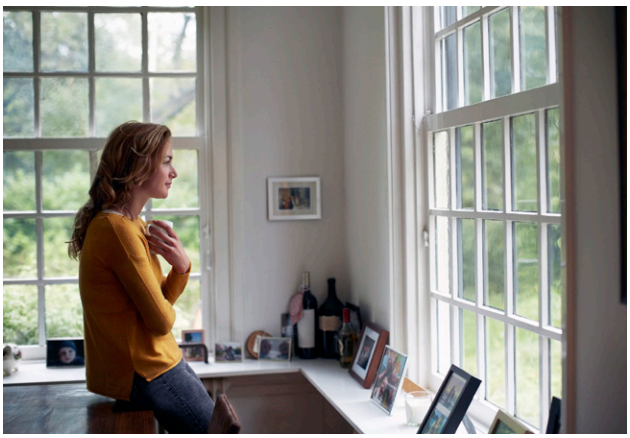
Regulation Strategies

Learning emotional regulation strategies can help deal with trauma. Emotion regulation is the ability to recognize, manage and respond to emotions. People experiencing emotional dysregulation typically have challenges with emotional reactions. Emotion regulation can help people with substance use disorder manage urges and cravings to use substances and avoid a return to substance use.

Emotional regulation is the ability to manage emotions. Some strategies for emotional regulation might benefit a person to practice regularly or before dysregulation occurs. Other strategies may benefit a person during difficult moments.

Strategies for emotional regulation can include:

1. Stop. Learning to pause in the moment can calm the nervous system.
   - Take a deep breath
   - Take a cold shower
   - Hold an ice cube in one hand
   - Move gently back and forth
   - Listen to music
2. Ask 'what' questions.
   - What are my choices right now?
   - What tools do I have available?
   - What people, places or things will help me feel safer in this moment?
3. Practice mindfulness.
   - Deep breathing
   - Focus on the five senses: What do you see, hear, smell, taste, feel?
   - Meditation
   - Yoga
   - Journaling
4. Stress management.
   - Get enough sleep per night
   - Eat nutrient-rich foods
   - Engage in physical activity
   - Spend time outside
   - Practice relaxation techniques



Activity

Identifying and using strengths can increase resilience. A great place to start is to reflect on your individual talents and strengths. Consider how you can make a difference using them.

Take a moment to write down your talents and strengths. Reflect on how these talents and strengths make a difference.

Share with a partner.

Feedback

Identifying and using strengths can increase resilience. A great place to start is to reflect on your individual talents and strengths.

Ask learners to consider how using individual talents and strengths can make a difference. Ask learners to take a moment to write down talents and strengths and reflect on how these talents and strengths make a difference.

Examples:

Patience. I can provide a safe and comfortable environment without rushing.

Dependable. I consistently show up to provide care and support.

Supportive. I give support and encouragement.

Compassionate. I empathize with others.

Good communicator. I listen and communicate, even if someone is non-verbal. I can connect with others emotionally.

Pair learners to share the results.

Co-occurring or Comorbid Disorders

Two terms you might hear are comorbid and co-occurring disorders (CODs). Both terms mean two or more conditions that appear in a person. Often, people have substance use disorder and mental health disorder together. About half of the people with one condition also have the other.

People with SUDs are at risk for developing one or more chronic health conditions. Conditions might include chronic pain, cancer, and heart disease. People with mental health disorders are more likely to experience a substance use disorder. According to SAMHSA's 2020 National Survey on Drug Use and Health, approximately 17 million adults in the United States have CODs.

Mental health disorders

There are no specific combinations of mental and substance use disorders. Some of the most common mental health disorders include:

- Anxiety
- Schizophrenia
- Bipolar disorder
- Major depressive disorder
- Post-traumatic stress disorder (PTSD)
- Attention deficit hyperactivity disorder (ADHD)
- Borderline personality disorder (BPD)

Learn more about mental health disorders. DSHS ALTSA Mental Health Specialty Course or other mental health related courses available.

Although SUDs commonly occur with other mental health disorders, this does not mean that one caused the other, even if one appeared first.

- Environmental factors can cause genetic changes that pass down through generations that make people vulnerable to substance use disorders and mental health disorders.
- Some mental health conditions have risk factors for developing SUD. Some people may use substances as a form of self-medication for the symptoms of their mental health condition.
- Brain changes caused by mental health disorders might enhance rewarding effects of substances. This may encourage a person to continue using the substance.

Chronic pain

Chronic pain is pain that persists for months or years. It may be on and off or continuous. Chronic pain is a major medical condition and treatment is important. In 2019, the CDC reported that 20% of adults in the U.S. had chronic pain. Chronic pain increases with age and highest numbers occur among adults aged 65 and older.

It is also common for people who have substance use disorders to experience chronic pain. Chronic pain is physical and has a complex relationship with substance use disorders. An estimated 10 percent of people who experience chronic pain misuse prescription opioids.

Chronic pain and emotional distress may dysregulate the brain's stress and reward circuitry. This may increase risk for an opioid use disorder.

Chronic pain and SUDs have similar physical, social, emotional, and economic effects on peoples' health and well-being. (Green, Baker, Smith & Sato, 2003) People with one or both conditions may report insomnia, depression, impaired functioning, among other symptoms. Effective chronic pain management should address both conditions together.

Integrated Care vs. Siloed Care

Often, care for mental health disorders and substance use disorders occur in separate treatment systems. This is a siloed approach to care. In siloed care, care is divided based on a sense of the source of the symptoms – mental health, SUD, biomedical. Treatment occurs by a variety of healthcare professionals.

Integrated health care is a collaborative approach where health professionals work together to support their patients. It uses strategies in the field of SUD treatment and mental health counseling. It creates a personalized approach for the individual with co-occurring disorders. This care practice is unique because care providers share information with team members related to patient care. It establishes treatment plans to address all needs of the patient. The team members include a diverse group of members.

Members might include:

- Physicians
- Nurses
- Psychologists
- Substance use disorder counselors
- Mental health counselors
- Other health professionals

The benefits of the integrated health care approach extend to patients, caregivers, providers, and the larger health care system.

Benefits might include:

- Enhances access to services
- Improves quality of care
- Lowers health care costs
- Increased patient involvement
- Reduced or discontinued substance use
- Improvement in psychiatric symptoms and functioning
- Increased chance for successful treatment and recovery for both disorders

- Improved quality of life
- Decreased hospitalization
- Reduces medication interactions

Any recovery program should be person-centered and based on individual needs. People receiving integrated treatment may have improved outcomes.

Activity

Trauma-informed care (TIC) promotes awareness to expect and avoid care practices that may re-traumatize people who have a history of trauma.

Think about ways that care practices could re-traumatize people who have history of trauma.

Discuss the importance of person-centered care. How can you recognize the presence of trauma symptoms? What is the role that trauma has played in the person's life?

How does it change when there is a co-occurring condition such as mental health disorder or chronic pain?

Feedback

Think: Trauma-informed care (TIC) promotes awareness to expect and avoid care practices that may re-traumatize people who have a history of trauma.

Think about some ways that care practices could re-traumatize people who have history of trauma.

Pair/small group: Discuss the importance of person-centered care and recognizing the presence of trauma symptoms and the role that trauma has played in the person's life.

How does it change when there is a co-occurring condition such as mental health disorder or chronic pain?

Share: As a large group, share summary discussions from small groups.

What are some ways that care practices could re-traumatize people who have a history of trauma?

- Any activity of daily living could potentially trigger or re-traumatize people with a history of trauma. Check learners for understanding.

Would the care change when there is a co-occurring condition? If care is person-centered, it considers support holistically. It should consider the individual needs of the person.

Trauma-informed care upholds the importance of person-centered caregiving. It recognizes the presence of trauma symptoms. It acknowledges the role trauma has played in the person's life.

TIC is not about treating the trauma or symptom management. TIC is about recognizing that each person may have experienced trauma. TIC is about being sensitive to issues or behaviors the person might have related to past trauma.

The focus is on what has happened to the other person rather than what is wrong with the person. Instead of asking what is wrong with you? Consider what has happened to the person and ask how you can support the person.

Treatment & Recovery

Several interventions are available for treating SUD and comorbid conditions. All treatment should be person-centered and tailored to people according to their needs. Therapy can be used alone or in combination with medications. For a refresh on specific substance use disorders and treatments, refer to lesson 2.

Medication Assisted Treatment

Medication-assisted treatment (MAT) is the use of medications plus counseling and behavioral therapies. This provides a holistic approach to treating substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA). MAT programs are clinically driven, and person-centered.

Medication and therapy can be a successful combination and can help SUD recovery.

MAT may have the following benefits:

- Improve survival
- Increase retention in treatment
- Decrease illicit opiate use for people with OUD
- Increase ability to gain and maintain employment
- Improve birth outcomes among women who have SUD and are pregnant
- Reduce the risk of a return to substance use

The FDA has approved several medications to treat alcohol and opioid use disorders. Some medications may relieve withdrawal symptoms and psychological cravings for substances. Medications used for the treatment of substance use disorders are evidence-based treatment options. They do not substitute one substance for another.

Federal civil rights laws protect qualified "individuals with disabilities" from discrimination in many areas of life. People in recovery from substance use disorder, including those using medications for substance use disorders, generally are protected from discrimination by the following statutes:

- Americans with Disabilities Act (ADA)
- Rehabilitation Act of 1973
- Fair Housing Act (FHA)
- Workforce Investment Act (WIA)

Always be aware of the policies and procedures in your work setting, as well as resident rights.

Naloxone

We discussed Naloxone on page 26 in the section on opioid overdose. Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. It is not a treatment for opioid use disorder.

Media

What is Naloxone?
SAMHSA (3:15)
https://youtu.be/RcAaZQQqd50

Alcohol Use Disorder	Acamprosate, disulfiram, and naltrexone are the most common medications used to treat alcohol use disorder. They do not provide a cure for the disorder but are most effective in people who take part in a MAT program.
Opioid Use Disorder	Buprenorphine, methadone, and naltrexone are often used to treat opioid use disorders. These medications are safe to use for months, years, or even a lifetime.
Opioid Overdose Prevention	Naloxone is used to prevent opioid overdose by reversing the toxic effects of the overdose. According to the World Health Organization (WHO), naloxone is one of several medications considered essential to a functioning health care system.

Administer Naloxone to any person who shows signs of an opioid overdose or when an overdose is suspected. It is given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins.

Talk to your manager or supervisor for naloxone training and policies in your care setting.

Injectable Naloxone

Injectable Naloxone is offered by various companies. The proper dose must be drawn up from a vial. It is then injected with a needle into muscle, although it may be injected under the skin. The FDA recently approved a single-dose, prefilled syringe that can be injected into the muscle or under the skin.

Nasal Spray Naloxone

Naloxone is offered as a prepackaged nasal spray, with names such as naloxone, Narcan®, and Kloxxado®. It is an FDA-approved prefilled, needle-free device that requires no assembly and is sprayed into the nostril while the person lays on their back. It is the most common form of Naloxone.

Call 911 if you suspect overdose and if you administer naloxone.

Points to remember

- Naloxone is a medicine that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids.
- Naloxone is a safe medicine. It only reverses overdoses in people with opioids in their systems.
- There are two FDA-approved formulations of naloxone: injectable and prepackaged nasal spray.
- Police officers, emergency medical technicians, and first responders have training on naloxone.
- In Washington state, people who are in the position to assist someone experiencing an opioid overdose can request Naloxone from their pharmacy without a prescription. Training to administer Naloxone can be completed online.
- Naloxone only works in the body for 30 to 90 minutes. It is possible for a person to still experience the effects of an overdose after Naloxone wears off. Some may need multiple doses if a potent opioid is in a person's system. After administering Naloxone, always call 911 as many people need ongoing medical care to prevent harm related to an opioid overdose.
- Washington State Medicaid patients can receive Naloxone at no cost. Public health departments frequently offer it at no cost. Harm reduction agencies will train and offer Naloxone at no cost.

Behavioral Therapies

Cognitive behavioral therapy

Cognitive behavioral therapy (CBT) helps to change harmful beliefs and behaviors. It is a type of talk therapy. It focuses on understanding how people think, feel, and view themselves and the world around them. The therapy focuses efforts to change thinking and behavioral patterns.

In CBT for SUD, a therapist looks for ways that thoughts and beliefs influence the person's substance use behavior. This includes what a person sees, hears, and feels. It considers their thoughts and emotions. It looks at the way a person thinks and feels about past experiences. Some of these thoughts and feelings can cause negative feelings. Negative feelings may enhance anxiety, depression, and substance use.

CBT helps people look at patterns of their thoughts and feelings. Overtime, they can work to change those thoughts. Rewards for healthier behaviors can create more encouragement for positive emotions.

CBT may be effective at giving people better tools for healthier coping skills. It might offer lasting benefits after treatment ends to protect against relapse.

Dialectical behavioral therapy

Dialectical behavioral therapy (DBT) focusses on reducing self-harming behaviors such as:

- Suicide attempts, thoughts, or urges
- Self-harm
- Substance use

DBT is a form of therapy that was first used to treat borderline personality disorder. It may be effective to treat several other conditions including substance use disorders. The difference between CBT and DBT is that it is more sensitive to challenging emotions. It helps people tolerate emotional distress. In CBT, a therapist might challenge a person's feelings because of cognitive distortion. In DBT, a therapist might be willing to confirm those feelings and focus on productive ways to handle them.

Often as children, people who are sensitive to strong emotions are not taught to manage their emotional reactions. DBT helps teach adults how to recognize, understand and regulate their emotions.

Mindfulness is a skill taught as part of DBT. Mindfulness may help reduce stress and help focus on what is happening now.

DBT also works on helping people interact with others. Some people misinterpret the motivations of others and react in a negative way. Improved interpersonal skills strengthen relationships and reduce friction.

Assertive community treatment

Assertive community treatment (ACT) focuses outreach to the community and person-centered treatment. It is a team-based model of treatment. It provides mental health care to people with serious mental health disorders that impair their capability to live in the community. ACT combines both mental health and substance use disorder treatment. It reflects the idea that people have better supports when mental health care providers work together 24/7. It can provide support in all aspects of life, including medication, therapy, social support, employment, or housing. This therapy approach may benefit some individuals who have left an inpatient setting.

Therapeutic communities

Therapeutic communities (TC) are a common form of long-term residential treatment. It focusses on the "resocialization" of the person. TCs are a common treatment for SUDs. TCs emerged in the late 1950s out of the self-help recovery movement and included groups such as Alcoholics Anonymous (AA).

Historically, TCs were a mutual self-help alternative. TCs now often have medically trained professionals as staff members. Most offer medical services on-site. According to a national survey of these programs, more than half of the TC staff members are in recovery, and many have completed education related to substance use disorder counseling.

Contingent management

Contingent management (CM) gives vouchers or rewards to people who practice healthy behaviors. CM is often called motivational incentives. This type of behavioral therapy provides rewards for the desired behaviors, such as a providing negative samples for substance testing. Rewarded behaviors are more likely to continue.

CM may use consequences when the person engages in undesirable behavior.

CM programs are used in many settings that benefit from structure and expected responses. CM works under the belief that substance use is influenced by social, environmental, and biological factors.

CM will use consequences sparingly because:

- Punishment damages relationships between the person giving the consequence and the person receiving it.
- Punishment relates to lack of engagement and consistency in treatment and recovery.
- Punishment and fear of punishment inspire a secrecy that impacts recovery.

CM follows seven principles for treatment.

1. Target behavior. The first principle is to identify the target behavior. This could be reinforcing a positive behavior or reducing a negative behavior.
2. Choice of target population. CM may be useful for people who are new to recovery or with lower rates of success in the past.
3. Choice of reinforcer. This is a reward that is specific to everyone that is desirable and realistic.
4. Incentive size. CM programs work to find a balance between what is practical and what is rewarding for each person to keep them engaged.
5. Frequency of incentive distribution. Some programs will reinforce desired behavior each time it occurs, at a specified rate, or at a variable rate to receive the most benefit.
6. Timing of incentive. Timing is as important as frequency. Rewards given immediately after completing the desired behavior helps to build a strong association between the behavior and reward.
7. Duration of intervention. The goal is that sobriety will continue after removing the rewards. The duration will vary by person.

Smoking Cessation

Cessation is the act or process of ending. Quitting smoking is a process. Quitting smoking is possible. When a person is ready to quit, they may benefit from a cessation program. Consult the individual's care plan and update as appropriate with policies in your setting.

Cope with cravings

Cravings can make quitting a challenge. It is important to know that cravings will pass, usually within 5 to 10 minutes. Some tips to fight cravings include:

- Take 10 deep breaths
- Engage in distracting activities
- Keep hands busy during a craving
- Encourage talking when stressed or sad
- Incorporate movement/exercise
- Try nicotine replacement therapy (NRT)

Nicotine replacement therapies

The Food and Drug Administration (FDA) has approved some nicotine replacement therapies (NRT) for smoking cessation. NRT can reduce cravings and other uncomfortable symptoms of nicotine withdrawal. The worst withdrawal symptoms usually last from a few days to a few weeks. NRT can help make the symptoms less intense.

- Nicotine patch (over the counter)
- Nicotine gum (over the counter)
- Nicotine lozenge (over the counter)
- Nicotine nasal spray (prescription)
- Nicotine inhaler (prescription)

Combining NRTs such as long-acting patch plus a short-acting lozenge or gum may maximize the chance of quitting.

The FDA has approved two medications for smoking cessation:

- Bupropion (Zyban®, prescription)
- Varenicline (Chantix®, prescription)

Counseling

Medications can help manage nicotine dependence by reducing the withdrawal symptoms and cravings that result from stopping nicotine use. Behavioral therapies can help the individual learn necessary skills to quit smoking for good.

Combining NRT with counseling can improve the chances of quitting and remaining nicotine free.

Resources

QuitGuide

Smokefree.gov offers a free app called QuitGuide. It helps a person understand smoking patterns. It builds the skills needed to become and stay smokefree. The app allows the person to track cravings by time of day and location. It provides motivational messages for each craving tracked. It helps to identify the reasons for quitting as well as tips and distractions for dealing with cravings and bad moods. Visit SmokeFree.gov for more details.

Washington State Quitline

Washington State Quitline offers proven techniques and programs tested over 25 years. They offer coaching and NRTs for patients who cannot afford them.

Online: QuitNow.net
Call or text: 1-800-QUIT-NOW (1-800-784-8669)

Activity

Select a behavioral therapy from the list below. Identify four characteristics of this therapy approach.

Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Assertive Community Treatment, Therapeutic Communities, Contingent Management

Feedback

Assign learners to small groups (5 groups). Select a behavioral therapy from the list below and assign one therapy to each group. Have each group identify four characteristics of the assigned therapy approach.

Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Assertive Community Treatment, Therapeutic Communities, Contingent Management.

Give learners time to discuss the approach and list characteristics.

Once small groups complete their lists, come back as a large group. Ask the small groups to teach the class about the assigned therapy.

Check for understanding and fill in gaps.

Holistic Wellness

Holistic wellness is an approach to life that considers many aspects of wellness. It is vital for improving outcomes among people with behavioral health conditions. People living with substance use disorders are at greater risk for early death.

A more coordinated and holistic approach is needed due to higher rates of health problems, stigma, and lack of coordination between care providers.

Holistic wellness encourages recognition of the whole person. Holistic wellness considers physical, mental, emotional, social, intellectual, and spiritual health. Holistic health involves caring for the whole person. As you get to know people on an individual level, the holistic health care should be person-centered.

Wellness is not the absence of disease, illness, and stress. It is the presence of a positive purpose in life.

This may include:

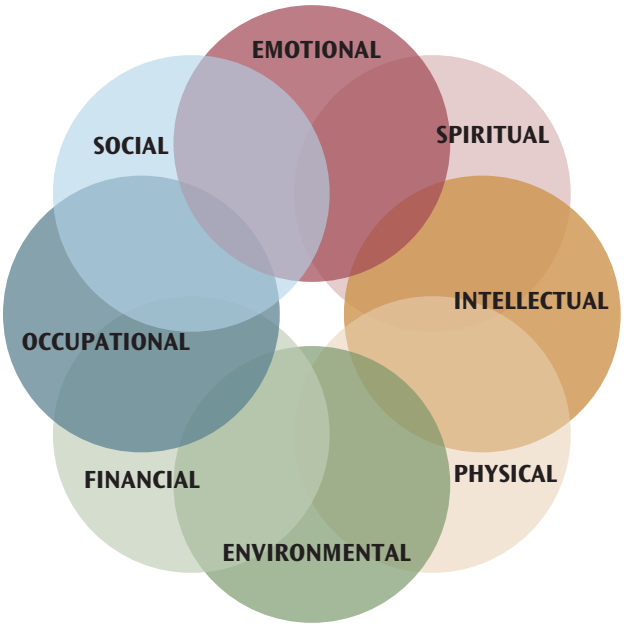
- Satisfying work and play
- Joyful relationships
- Having a healthy body and living environment
- Happiness

Holistic remedies and therapies may:

- Recognize lifestyle issues (nutrition, exercise, emotional and spiritual balance)
- Look at the whole person
- Emphasize prevention of disease and maintenance of health
- Inspire evidence-based research

Holistic health considers eight dimensions of wellness that influence one another. They affect a person's overall health and quality of life.

1. Emotional: Coping with life stressors and creating satisfying relationships
2. Environmental: Enjoying good health by occupying pleasant, stimulating environments that support well-being
3. Financial: Satisfaction with current and future financial situations
4. Intellectual: Recognizing creative abilities and finding ways to expand knowledge and skills
5. Occupational: Personal satisfaction and enrichment from one's work
6. Physical: Recognizing the need for physical activity, healthy foods, and sleep
7. Social: Developing a sense of connection and belonging. Having a support system
8. Spiritual: Expanding one's sense of purpose and meaning in life [Swarbrick, 2014, p. 13; adapted from Swarbrick, 2006, p. 311]



WELLNESS

Wellness is personally defined. Each dimension of wellness is based on the individual's goals, beliefs, values, culture, personality, preference, and life experiences. For instance, what one person finds helpful another might not.

Wellness requires involving the person you provide care for in the decision making. Asking questions about what has worked well in the past for the person may be helpful. Work together to find effective ways to contribute to their wellness. Build on the individual's strengths. Wellness should aim to increase quality of their life, healthy habits, and personal control. Remember the values of person-centered care.

The mind and body are connected. Behavioral health and physical health are linked.

Some holistic remedies and therapies are listed below. Add some ideas of your own in the empty boxes provided.

Acupressure	**Acupunture**	**Art therapy**
Equine therapy	**Guided imagery**	**Massage**
Meditation	**Nature therapy**	**Nutritional counseling**
Aroma therapy	**Surf therapy**	**Yoga**

Wellness is empowering and prevention oriented. Wellness is a continuous process rather than a destination. For more information on holistic, non-drug therapies see the DSHS Mental Health Specialty.

Isolation vs. Connection

Isolation and loneliness can have a significant impact on mental health. People with substance use disorders who are experiencing isolation have an increased risk for mental health concerns. Many mental health disorders can cause a person to isolate themselves.

Loneliness has many adverse health effects which may include the following:

- Increased risk for heart problems, depression, high-stress levels, and decreased memory
- Advance progression for Alzheimer's
- Increased mental health challenges
- Challenges focusing or concentrating
- Increased adverse effects of post-traumatic stress
- Difficulty falling asleep or staying asleep
- Lowered resistance to infection

The need for social connection is important especially when trying to overcome hardship. Support is important during difficult times. Seek out therapy, support from loved ones and reassurance from friends and family. A person has a better chance of successfully navigating hardship when they have positive social supports.

Isolation can lead to an increased risk of a return to substance use. It can also lead people to believe that they cannot recover from a substance use disorder.

Peer-based organizations offer in-person, online or phone-based meetings and other services.

Peer-based organizations may include:

- Alcoholics Anonymous
- Narcotics Anonymous
- The National Alliance for Mental Illness
- Online recovery resources from SAMHSA
- Refuge Recovery
- SMART Recovery
- Celebrate Recovery

Media

Everything you think you know about addiction is wrong | Johann Hari
TED (14:42)
https://youtu.be/PY9DcIMGxMs

Disclaimer: May contain stigmatizing language.

Washington Recovery Help Line

Washington Recovery Help Line: 1-866-789-1511 (24/7). If you or someone you know has a problem with SUD, please consider calling the Washington Recovery Help Line. This an anonymous and confidential help line It provides crisis intervention and referral services for individuals in Washington State.

Lesson Summary

- Many people exposed to trauma have few or no lingering symptoms. Many people who experience frequent or significant traumas may show more symptoms.
- Trauma is an experience that causes intense physical and psychological stress reactions. It can refer to a single event, many events, or a set of circumstances.
- Trauma-informed care (TIC) is an approach that aims to engage people with a history of trauma. TIC is a strengths-based approach. A strengths-based approach builds on the person's strengths.
- Re-traumatization occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously. Even if it has been years since the traumatic event occurred, symptoms can resurface suddenly or periodically if exposed to reminders of the original event. Resilience is the ability to bounce back or rise above adversity. Resilience is using available resources to negotiate hardship.
- Emotion regulation is the ability to recognize, manage and respond to emotions. People experiencing dysregulation typically have challenges with stable emotional reactions. Emotion regulation can help manage urges and cravings to use substances and prevent a return to substance use.
- Co-occurring disorders (CODs) and comorbid mean two or more conditions that occur at the same time. Often, people have conditions of substance use disorder and mental health disorders together.
- When health professionals with different areas of expertise work together to provide care, it is called integrated health care. Collaboration among different types of medical professionals provides support for patients with many different needs. Integrated care can involve strategies related to the treatment of mental health disorders, substance use disorders, and primary care needs. It creates a personalized approach for the individual with SUD.
- Several behavioral therapies are available for treating SUD and comorbid conditions. All treatment should be person-centered and tailored to the individual persons' needs. Therapies can be used alone or in combination with medications.
- Wellness is personally defined. Each dimension of wellness is based on the individual's goals, beliefs, values, culture, personality, preference, and life experiences.
- The need for social connection is important especially when trying to overcome hardship. Support is important during difficult times. Seeking out therapy, support from loved ones and reassurance from friends and family can benefit people in recovery. A person has a better chance of success to navigate hardships when they have positive social supports.

Checkpoint

Read the Trauma-Informed Care Principle below. Write the letter on the line provided that best matches the description of the word.

1. **E** Safety
2. **D** Trustworthiness & transparency
3. **B** Peer support & mutual self-help
4. **C** Collaboration & mutuality
5. **A** Empowerment, voice, and choice
6. **F** Cultural, historical and gender issues

A. Strengthen the experience of choice and recognizes that every person's experience is unique and requires and individualized approach.

B. Key for building trust, establishing safety, and empowerment.

C. Recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

D. Decisions are made with transparency and the goal of building and maintaining trust.

E. People feel physically and psychologically safe.

F. Move past cultural stereotypes and biases, offering culturally responsive services, leverages the healing value of traditional cultural connections and recognizes and addresses historical trauma.

7. Trauma-informed care (TIC) is an approach that
   A. Asks "What is wrong with you?"
   B. Focuses on the strengths of the individual
   C. Focuses on treating the trauma and managing symptoms
   D. All answers are correct

8. Smoking cessation is a process and is improved by combining nicotine replacement therapy and behavioral therapy.
   A. True
   B. False

Lesson 6: Caregiver Self-Care

Objective: The learner will identify healthy self-care activities and create a plan that prioritizes personal health and well-being.

Overview

How you provide care is very important to the individuals you care for. Caregivers should have a gentle approach and compassion for people's current abilities.

You can help influence the tone in your working environment. The environment should be safe and encouraging. Healthy relationships between you, family members, and other staff assures the best quality care. Setting a positive tone means providing person-centered opportunities. It is important to get to know each individual as they are now. Honor the person's past and add positive life themes that matter to the individual into their daily routine.

People who remain active and involved in meaningful activities may have an increased life satisfaction. Likewise, a safe, calm environment allows for self-exploration and encourages well-being.

Your own self-care is essential to managing stress and navigating challenging situations. Self-care is the most important caregiver skill.

Caregiver Growth & Skills

Being a caregiver can be challenging at times. It can feel overwhelming and frustrating. How you present yourself and respond during uncontrollable circumstances can set the tone in the environment. Be judgement free. Try to understand what it is like to be in the care recipient's place. If someone you are caring for is becoming agitated, remember the steps to deal with challenging behaviors. Try to understand what is creating the agitation. Help them understand how to manage their feelings (if they are able).

When faced with challenging behaviors, refer to the 3-step process in lesson 4.

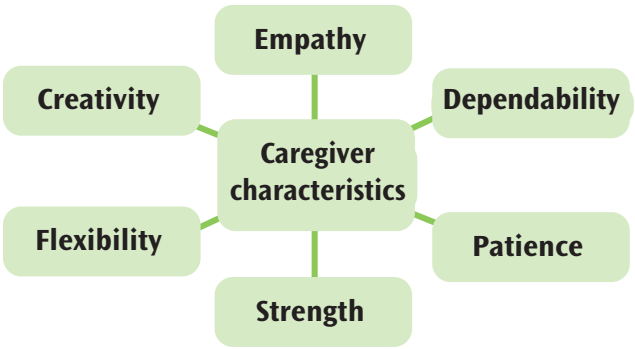
Additional tips on supporting people in your care include:

- How are your actions influencing the situation?
- Be kind.
- Be gentle.
- Provide the best possible care.
- Allow those you care for to do as much for themselves as possible and do not expect perfection.

Take a moment and look at yourself. Look at how you engage with those you care for. Look at how you interact with others. Look at how you dress and talk. Look at how creative, silly, or compassionate you are. These characteristics are part of who you are. The person you care for is also diverse and unique.

Basic characteristics of effective caregivers are:

- Empathy
- Dependability
- Patience
- Strength
- Flexibility
- Creativity



Empathy

Empathy is the foundation for every caregiver who provides quality, compassionate care. Empathy is the ability to understand and share the feelings of another. Interacting with people you care for means taking the time to sit with a person and get to know and understand them and their feelings. Even when they are unable to verbally tell you.

Dependability

Being dependable is being reliable, worthy of trust and stable. Some people you care for have lost a degree of independence and must rely on you for some level of care.

Patience

The ability to have patience is the capacity to accept or tolerate delay, trouble, or suffering without getting angry or upset. It takes more patience to provide care when you

are in a hurry. The person you care for needs extra time to process or understand what you are trying to do.

Strength

Having strength in this context is having mental power, moral power, and courage. Caregiving is a difficult job. There are times when you may have a bad day, have a lot going on outside of work, or may feel burnt out. There may also be times when the people you are caring for will have a bad day. It takes strength to recognize when you need to ask for help. Recognize when it is time to make changes to care, take a time out, or tap into your patience. Sometimes a deep breath and coming back in 15 minutes with a smile can make a world of difference.

Flexibility

Flexibility is the willingness to change or compromise. Life is change. The world of caregiving is constant change. You must be flexible and adapt quickly to changes in health, personality, behavior, and schedules. What worked before might not work this time or the next time.

Creativity

Creativity is the use of the imagination or original ideas. Caregiving requires you to be creative in your approach to care and look for new ways to accomplish the same tasks.

Self-Care

There are many rewards to caregiving. Caregiving can build self-esteem and a sense of self-worth. Caregiving can also be emotionally and physically challenging. It can require special attention to your own needs as well. You are part of the environment and how you care for yourself influences the environment in positive ways.

Before you travel on an airplane, the flight attendant shows you how to locate the exits. They instruct you on emergency procedures, and how to use the oxygen mask. The attendant tells you that you must first put your own mask on before you can assist others. If you try to put an oxygen mask on someone else first, there is a chance that you will lose consciousness. If this happens, you will be unable to assist others or even yourself. The only way you can ensure that you can help those around you is to help yourself first.

Caring for yourself is the most important and most forgotten thing you can do as a caregiver. Caregivers often have difficulties managing their own well-being while managing caregiving responsibilities. How can you help others if you do not help yourself first?

Common difficulties among caregivers might include:

- Sleep deprivation
- Poor eating habits
- Lack of exercise
- Not staying in bed when ill
- Postponement of or not making medical appointments for themselves

The task of giving individualized, affectionate care to people can place heavy psychological, emotional, and physical demands on you. You might experience demands that are too great or difficult to handle. You may find it hard to cope.

Often caregivers struggle with:

- Feeling that they can never do enough
- Feeling undervalued and inadequately compensated
- Juggling many roles with limited time and resources
- Handling new or challenging behaviors
- Managing the unpredictability of the disease process and behaviors

Activity

How would you treat a friend?

First, think about times when a close friend is struggling. For example, they feel bad about themselves. How would you respond to your friend in this situation?
What do you say?
What do you do?
What is your tone?

Now think about times when you feel bad about yourself/struggling. How do you respond to yourself in these situations?

What do you say?

What do you do?

What is your tone?

Did you notice a difference? If so, ask yourself why. What factors or fears come into play that led you to treat yourself and others so differently?

How do you think things might change if you responded to yourself in the same way you respond to a close friend when they are suffering?

Feedback

Ask learners to think, pair, share for this activity.

Ask learners to read the activity box and think about how they would respond to the questions. Give learners time to take notes.

Ask learners to pair with another learner to share their thoughts.

Come together as a class to share responses to the last part of the question "How do you think things might change if you responded to yourself in the same way you respond to a close friend when they are suffering?"

Peer and Supervisor Support

Peer and supervisor support can be helpful through sharing similar life experiences. Sharing common personal experiences can foster meaningful connections.
It can create a deeper sense of understanding and empathy between peers who may otherwise feel misunderstood.

Caregivers have useful knowledge, information, and various perspectives on caregiving. Peer support can pair less experienced caregivers with more knowledgeable and experienced caregivers. All caregivers feel alone and isolated at times. Peer and supervisor support can provide connections and be a healthy part of stress reduction and self-care.

Talk to your supervisor if you are needing more support.

Activity

In pairs or small groups, find 10 things that you and your group have in common. These can be anything from foods you like to all living in the same area. Avoid physical attributes, for example, "we all have a mouth".

Feedback

In pairs, or small groups, ask learners to find 10 things that they have in common with their group members. Notice the connections grow as people find common interests.

Encourage learners to exchange contact information if they feel comfortable to encourage peer support.

Nurturing Balance

Find ways to nurture yourself throughout your workday and during your commute.

Some ideas of ways to nurture a healthy work balance may include:

- Take regular breaks for meals or just to step away.
- If possible, step away from your workspace.
- Take time outside of your car, or otherwise apart from work responsibilities.
- Find ways to move or stand if you sit at a desk.
- Listen to music, an audio book, or an enjoyable podcast while driving for work or during your commute.
- Take a brief walk or breathe deeply and consciously for a minute.

It is important to have a healthy work-life balance. Take time away from your job to rejuvenate. Strive to maintain a regular work schedule and avoid working overtime on a routine basis. Talk with your supervisor about availability expectations. This includes any overnight care, and shift coverage when you are ill, or during vacations. Clear expectations are important. Establish healthy boundaries around accessing work after work hours (e.g., checking emails or taking phone calls from home).

Devote time off the job to activities that nurture you such as:

- Spend time with family or friends
- Read
- Watch a movie
- Sing
- Journal
- Meditate
- Exercise
- Rest

Notice the ways in which you absorb work stresses and take steps to manage that stress. Most caregivers often find themselves "taking work home" on an emotional level. This includes caregivers with excellent boundaries, supportive colleagues, and manageable workloads. This can result in persistent worry about care situations while away from the job.

Work-related stress can also result in constantly assessing for threats within a caregiver's personal life. For example, fearing the onset of illness, because of constant exposure to illness. Write about feelings or talk with someone you trust to process the impact of work on your life. It can help maintain clear internal boundaries between your professional and personal lives.

Secondary Trauma, Compassion Fatigue and Burnout

Secondary trauma is trauma-related stress reaction and symptoms from exposure to another person's traumatic experiences. This is different from direct exposure to a traumatic event. Secondary trauma can happen to caregivers who care for people who have experienced trauma.

Symptoms of secondary trauma may include:

- Intrusive thoughts
- Chronic fatigue
- Sadness
- Anger
- Poor concentration
- Second guessing
- Detachment
- Emotional exhaustion
- Fearfulness
- Shame
- Physical illness
- Absenteeism

Compassion fatigue occurs because of the ongoing demands of being compassionate and helpful to others who are suffering, which can cause burnout.

Burnout refers to the emotional and physical exhaustion caused by prolonged work-related stress and not just exposure to secondary trauma. A person with burnout may feel mentally and physically drained, become irritable, and develop negative attitudes toward the people they care for.

Practicing personal wellness activities and self-care can help prevent secondary trauma, compassion fatigue and burnout.

Strategies to Cope with Caregiver Burnout

Over time, you may feel overwhelmed, exhausted, frustrated, resentful, and guilty. Do not ignore the signs of burnout in yourself or other caregivers.

Remember:

- Caregivers often attempt to meet the needs of the person they are caring for at the expense of their own needs.
- Caregivers often experience higher stress, illness, and burnout than non-caregivers.

The reality is that at one point or another, you may face caregiver burnout. There are ways to reduce burnout while caregiving. No matter how overwhelmed you feel, it is important that you make and take time for yourself.

Providing care may carry a high emotional toll. One study found that as many as one in three caregivers rate their stress level as high.

When you are caring for others, it is critical that you first take care of yourself. By not doing so, you put yourself at risk of exhaustion, health problems and burnout.

Consider the 8 elements of wellness for a balanced way of managing your stress:

- Emotional. Make an appointment with a professional counselor. Join a caregiver support group if one is available in your area.
- Environmental. Create a relaxing environment for you to relax as needed.
- Financial. Find ways to reduce financial stress if needed
- Intellectual. Take classes like this one that give you more tools to support the people you provide care for. Take classes that are interesting to you and that might help you destress (e.g., painting class, gardening class, photography class, cooking class).
- Occupational. Just say no. Accept the fact that you cannot do everything. Resist the urge to take on more activities or shifts that you cannot handle. If someone asks you to do something that will stretch you too thin, say no and do not feel guilty. Evaluate the situation. Ask yourself how much time you can designate to specific care tasks.
- Physical. Put your physical needs first. Eat nutritious meals. Do not give in to stress-driven urges for sweets and junk food or overindulge in alcohol. Get enough sleep; if you have trouble sleeping at night, try napping during the day. Schedule regular medical checkups. Find time to exercise. Talk to a medical professional if you experience symptoms of depression, extreme sadness, trouble concentrating, apathy, hopelessness, and/or thoughts about death.
- Social. Connect with friends. Isolation increases stress. Getting together regularly with friends and relatives can keep negative emotions at bay. Develop a support system. Friends, relatives, or support groups can benefit your well-being. Contact your local Department of Health and Social Services for support group information.
- Spiritual. Find time to relax. Doing something you enjoy such as reading, walking, or listening to music can recharge you. Some caregivers meditate or use relaxation techniques. This includes deep breathing or visualizing a positive place. If you are religious, you may find that prayer can be a powerful tool.

Activity

Make a list of activities that you that you love and that nourish your well-being.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Highlight the activities that you have done in the last month.

Select 2 things from your list that you did not highlight that you will commit to doing in the upcoming month.

_____

_____

Activity

On page 3, you were asked to reflect on your current thoughts, opinions and understanding of substance use disorder. You were asked to reflect on how you currently provide care.

Now reflect on what has changed.

Share your "aha moments".

Feedback

Give learners time to review page # in their books. They were asked to reflect on current thoughts, opinions and understanding of substance use disorder and how they currently provide care.

Ask learners to popcorn their "aha moments".

Lesson Summary

- People who remain active and involved in meaningful activities may have an increased life satisfaction.
- Being a caregiver can be challenging at times. It can feel overwhelming and frustrating. How you present yourself and respond during uncontrollable circumstances can set the tone in the environment.
- Basic characteristics that effective caregivers have are empathy, dependability, patience, strength, flexibility, and creativity.
- Caregiving requires special attention to your self-care.
- Find ways to nurture yourself throughout your workday and during your commute.

Checkpoint

Create a self-care promise.

Prioritizing self-care means creating space for the things that nurture and energize us.

Use this sheet to reflect on your true, unique needs, and come up with some activities that you find restorative, enjoyable, and energizing.

I promise myself that…

When I'm feeling sad, I will remember:
The next time I feel anxious, I will:
When I feel lost or stressed, I will stop and remind myself:
I will strive my hardest to:
If I find myself making excuses, I will:
I choose to treat myself, always, with:
Signature: Date:

Notes

References

6 Effective Ways to Communicate Through Addiction | Drugabuse.com. (2016, December 29). DrugAbuse.Com. https://drugabuse.com/blog/talk-communicate-addiction/

9 Tips for Communicating With Someone Who Has an Addiction. (2021, October 3). Verywell Mind. https://www.verywellmind.com/how-to-talk-to-an-addict-22012

A Closer Look at Substance Use and Suicide | American Journal of Psychiatry Residents' Journal. (2018, June 1). American Journal of Psychiatry Residents' Journal. https://psychiatryonline.org/doi/10.1176/appi.ajp-rj.2018.130603

Addiction | Health Effects | Marijuana | CDC. (2020, October 19). Addiction | Health Effects | Marijuana | CDC. https://www.cdc.gov/marijuana/health-effects/addiction.html

Addiction and Suicide - Addiction Center. (2022, September 1). Addiction Center. https://www.addictioncenter.com/addiction/addiction-and-suicide/

Addiction Communication Using CRAFT | Hazelden Betty Ford. (2016, December 29). Addiction Communication Using CRAFT | Hazelden Betty Ford. https://www.hazeldenbettyford.org/articles/addiction-communication

Alcaraz, K. I., Eddens, K. S., Blase, J. L., Diver, W. R., Patel, A. V., Teras, L. R., Stevens, V. L., Jacobs, E. J., & Gapstur, S. M. (2019, January 1). **Social Isolation and Mortality in US Black and White Men and Women** | American Journal of Epidemiology | Oxford Academic. OUP Academic. https://academic.oup.com/aje/article/188/1/102/5133254

Alcohol Withdrawal Symptoms, Timeline & Detox Treatment. (2022, September 13). American Addiction Centers. https://americanaddictioncenters.org/withdrawal-timelines-treatments/alcohol

American Psychiatric Association (APA)https://www.psychiatry.org/

Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products. (2008, October 1). Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products. https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344

Begun, D. A. (n.d.). Ch. 2: **Neurobiology and Substance Use – Theories and Biological Basis of Substance Misuse, Part 1**. Ch. 2: Neurobiology and Substance Use – Theories and Biological Basis of Substance Misuse, Part 1. Retrieved 2022, from https://ohiostate.pressbooks.pub/substancemisusepart1/chapter/ch-2-name/

C. (n.d.). **Inhalant Abuse: Signs, Symptoms & Treatment. Cleveland Clinic**. Retrieved 2022, from https://my.clevelandclinic.org/health/diseases/15742-inhalant-abuse

Carla E. Zelaya, Ph.D., James M. Dahlhamer, Ph.D., Jacqueline W. Lucas, M.P.H., and Eric M. Connor, B.S.. **Chronic Pain and High-impact Chronic Pain Among U.S. Adults, 2019 - Number 390 - November 2020**. https://www.cdc.gov/nchs/products/databriefs/db390.htm

Choopan, H., Kalantarkousheh, S. M., Aazami, Y., Doostian, Y., Farhoudian, A., & Massah, O. (n.d.). **Effectiveness of Emotion Regulation Training on the Reduction of Craving in Drug Abusers - PMC. PubMed Central (PMC)**. Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5115639/

Chronic Pain | Johns Hopkins Medicine. (2021, August 8). Chronic Pain | Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/conditions-and-diseases/chronic-pain

Cocaine Overdose: Know the Signs. (n.d.). WebMD. Retrieved 2022, from https://www.webmd.com/connect-to-care/addiction-treatment-recovery/cocaine/know-the-signs-of-cocaine-overdose

Cocaine Use Disorder | Psychology Today. (2022, September 1). Psychology Today. https://www.psychologytoday.com/us/conditions/cocaine-use-disorder

Cocaine withdrawal: MedlinePlus Medical Encyclopedia. (n.d.). Cocaine Withdrawal: MedlinePlus Medical Encyclopedia. Retrieved 2022, from https://medlineplus.gov/ency/article/000947.htm

Cognitive Behavioral Therapy For Addiction. (2021, November 13). Verywell Mind. https://www.verywellmind.com/cognitive-behavioral-therapy-for-addiction-21953

Combined Drug Use Increases the Risk of Overdose and Death. (2022, May 29). Verywell Mind. https://www.verywellmind.com/the-danger-of-sedative-overdose-66578#:~:text=Signs%20of%20an%20overdose%20of,as%20breathing%20and%20heart%20rate

Common Comorbidities with Substance Use Disorders Research Report. NIDA NIH (April 2020) https://nida.nih.gov/download/1155/common-comorbidities-substance-use-disorders-research-report.pdf?v=5d6a5983e0e9353d46d01767fb20354b

Contingency Management (CM) for Addiction Treatment | Drugabuse.com. (2022, August 31). DrugAbuse.Com. https://drugabuse.com/treatment/contingency-management/

Co-Occurring Disorders and Other Health Conditions. (2022, April 21). Co-Occurring Disorders and Other Health Conditions | SAMHSA. https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/co-occurring-disorders

Dimeff, L. A., & Linehan, M. M. (n.d.). **Dialectical Behavior Therapy for Substance Abusers - PMC.** PubMed Central (PMC). Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797106/

Do You Know Your Risk for Addiction? - Heads Up. (2021, December 22). Heads Up. http://headsup.scholastic.com/teachers/do-you-know-your-risk-for-addiction

Does alcohol and other drug abuse increase the risk for suicide? | HHS.gov. (13 C.E., February 9). HHS. Gov. https://www.hhs.gov/answers/mental-health-and-substance-abuse/does-alcohol-increase-risk-of-suicide/index.html

Drugs Affect Many Brain Pathways. (n.d.). Drugs Affect Many Brain Pathways. Retrieved 2022, from https://learn.genetics.utah.edu/content/addiction/brainpathways

Drugs and the Brain | National Institute on Drug Abuse. (2020, July 10). National Institute on Drug Abuse. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain

DSM-5 Substance Use Diagnosis County of Los Angeles Public Health (http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/DSM5Diagnoses.pdf

Dual Diagnosis Treatment Center | New Method Wellness. (2017, May 3). New Method Wellness. https://www.newmethodwellness.com/treatment-methods/holistic-substance-abuse-treatment/

Emotion Regulation | Self- Control | Self- Control - Stages of Recovery. (2021, October 6). Stages of Recovery. https://stagesrecoverycenters.com/emotion-regulation/

Every Try Counts. (n.d.). Every Try Counts. Retrieved 2022, from https://everytrycounts.betobaccofree.hhs.gov/

Find Naloxone near me, Washington State. Stop Ovedose.org. https://stopoverdose.org/find-naloxone-near-me-washington-state/

Fries, H. P., & Rosen, M. I. (n.d.). **The Efficacy of Assertive Community Treatment to Treat Substance Use - PMC**. PubMed Central (PMC). Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3082444/

Gopiram, P., & Kishore, M. T. (n.d.). **Psychosocial Attributes of Substance Abuse Among Adolescents and Young Adults: A Comparative Study of Users and Non-users - PMC**. PubMed Central (PMC). Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3959021/#:~:text=Several%20psychosocial%20factors%20have%20been,of%20substances%20by%20the%20young

Hallucinogen Addiction Conditions & Treatment. (2021, June 14). Pinelands Recovery Center of Medford. https://www.pinelandsrecovery.com/conditions/hallucinogens/

Hameed Shahin, M. A., Hamed, S. A., & Taha, S. M. (2021, September 10). **Correlation of self-compassion and spiritual well-being with drug craving in people with substance use disorders - Middle East Current Psychiatry**. SpringerOpen. https://mecp.springeropen.com/articles/10.1186/s43045-021-00132-6

The Case for Screening and Treatment of Co-Occurring Disorders | SAMHSA. (2022, June 27). The Case for Screening and Treatment of Co-Occurring Disorders | SAMHSA. https://www.samhsa.gov/co-occurring-disorders

Health, F. B. (2022, August 14). **DBT & Addiction | Addiction Therapy Services in Fort Worth, TX**. Fort Behavioral Health. https://www.fortbehavioral.com/addiction-recovery-blog/what-is-dbt/

How Substance Use Makes Communication Difficult. (2021, August 18). How Substance Use Makes Communication Difficult. https://www.northstartransitions.com/post/how-substance-use-makes-communication-difficult

https://stopoverdose.org/section/methamphetamine/

Huffing Canned Air or Dust-Off: Side Effects, Signs, and More. (2022, September 13). American Addiction Centers. https://americanaddictioncenters.org/inhalant-abuse/side-effects

Improving Cultural Competence. SAMHSA. (2012) https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf

Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC. (2020, September 17). Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Inhalant Overdose | Signs, Symptoms, Effects & Treatment. (2022, May 9). DrugAbuse.Com. https://drugabuse.com/drugs/inhalants/overdose/

Inhalant Withdrawal And Detox - Addiction Center. (2022, April 19). Addiction Center. https://www.addictioncenter.com/drugs/inhalants/withdrawal-detox/

Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment - Center for Health Care Strategies. (2019, June 1). Center for Health Care Strategies. https://www.chcs.org/resource/integrating-trauma-informed-approach-into-substance-use-disorder-treatment/

Introduction | National Institute on Drug Abuse. (2020, April 14). National Institute on Drug Abuse. https://nida.nih.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses#:~:text=Comorbidity%20describes%20two%20or%20more%20conditions%20appearing%20in%20a%20person,condition%20also%20having%20the%20other

Kampman, K. M. (2019, October 16). **The treatment of cocaine use disorder - PMC**. PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6795516/

Kemmis, L. K., Wanigaratne, S., & Ehntholt, K. A. (2017, January 12). **Emotional Processing in Individuals with Substance Use Disorder and Posttraumatic Stress Disorder - PMC**. PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5529498/

Key substance use and mental health indicators in the United States. Results from the 2020 National Survey on Drug Use and Health. SAMHSA. (October 2021) The National Survey on Drug Use and Health: 2020 (July 2022) SAMHSA. https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf

Lesser, B. (2021, March 26). **What Is Assertive Community Treatment? | Dual Diagnosis**. What Is Assertive Community Treatment? | Dual Diagnosis. https://dualdiagnosis.org/co-occurring-disorders-treatment/assertive-community-treatment/

LSD Overdose Symptoms, Signs & Treatment. (2022, May 9). DrugAbuse.Com. https://drugabuse.com/drugs/hallucinogens/lsd/overdose/

Lynch, F. L., Peterson, E. L., Lu, C. Y., Hu, Y., Rossom, R. C., Waitzfelder, B. E., Owen-Smith, A. A., Hubley, S., Prabhakar, D., Williams, L. K., Beck, A., Simon, G. E., & Ahmedani, B. K. (2020, February 21). **Substance use disorders and risk of suicide in a general US population: a case control study - Addiction Science & Clinical Practice**. BioMed Central. https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-020-0181-1

M.D., L. T. (2021, January 4). **Addiction and Recovery: The Brain's Limbic System and 12-Step Programs » Brain World**. Brain World. https://brainworldmagazine.com/addiction-recovery-brains-limbic-system-12-step-programs/

Managing Chronic Pain in Adults with or in recovery from substance use disorders. SAMHSA. (2012) https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4671.pdf

Marijuana Overdose Symptoms, Signs & Treatment. (2022, May 20). DrugAbuse.Com. https://drugabuse.com/drugs/marijuana/overdose/

Matthew F. Garnett, M.P.H., Sally C. Curtin, M.A., and Deborah M. Stone, Sc.D. **Suicide Mortality in the United States, 2000–2020**. NCHS Data Brief No. 433, March 2022 https://www.cdc.gov/nchs/products/databriefs/db433.htm

McHugh, R. K., Hearon, B. A., & Otto, M. W. (n.d.). **Cognitive-Behavioral Therapy for Substance Use Disorders - PMC**. PubMed Central (PMC). Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2897895/

Medication-Assisted Treatment (MAT) | SAMHSA. (2022, July 25). Medication-Assisted Treatment (MAT) | SAMHSA. https://www.samhsa.gov/medication-assisted-treatment

MFP. (n.d.). **MFP**. Retrieved 2022, from https://mfpcc.samhsa.gov/ENewsArticles/Article12b_2017.aspx

Naloxone DrugFacts | National Institute on Drug Abuse. (2022, January 11). National Institute on Drug Abuse. https://nida.nih.gov/publications/drugfacts/naloxone

Naloxone Instructions | Washington State Department of Health. (n.d.). Naloxone Instructions | Washington State Department of Health. Retrieved 2022, from https://www.doh.wa.gov/YouandYourFamily/DrugUserHealth/OverdoseandNaloxone/NaloxoneInstructions

NMDA Receptor Interactions Are Responsible for Increases in Pain Sensitivity Caused by Opioids | National Institute on Drug Abuse. (2019, December 12). National Institute on Drug Abuse. https://nida.nih.gov/news-events/nida-notes/2019/12/a2d-1-nmda-receptor-interactions-are-responsible-increases-in-pain-sensitivity-caused-by-opioids#:~:text=People%20who%20take%20opioids%20for,to%20the%20opioid's%20analgesic%20effects

Novotney, A. (2019, May). **The risks of social isolation: Psychologists are studying how to combat loneliness in those most at risk, such as older adults**. https://www.apa.org/monitor/2019/05/ce-corner-isolation

Opioid Overdose. Stop Overdose.org. https://stopoverdose.org/docs/OpioidOverdose.pdf

Other Hallucinogen (LSD, MDMA) Use Disorder - PsychDB. (2021, March 29). PsychDB. https://www.psychdb.com/addictions/hallucinogens/3-other-use-disorder

Overdose: MedlinePlus Medical Encyclopedia. (n.d.). Overdose: MedlinePlus Medical Encyclopedia. Retrieved 2022, from https://medlineplus.gov/ency/article/007287.htm

Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities | National Institute on Drug Abuse. (2020, April 14). National Institute on Drug Abuse. https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-2-co-occurring-substance-use-disorder-physical-comorbidities

Petry, N. M. (n.d.). **Contingency management: what it is and why psychiatrists should want touse it - PMC. PubMed Central (PMC)**. Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3083448/

Pettersen, H., Landheim, A., Skeie, I., Biong, S., Brodahl, M., Oute, J., & Davidson, L. (2019, March 9). **How Social Relationships Influence Substance Use Disorder Recovery: A Collaborative Narrative Study - PMC. PubMed Central (PMC)**. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6410387/#:~:text=One%20recent%20US%20study%20found,higher%20likelihood%20of%20drug%20use.&text=In%20addition%2C%20women%20with%20a,social%20networks%20compared%20with%20men

Physical and Psychological Effects of Substance Abuse. NCSACW. National Institute on Drug Abuse (2004) https://ncsacw.acf.hhs.gov/files/TrainingPackage/MOD2/PhysicalandPsychEffectsSubstanceUse.pdf

Polysubstance Use Fact Sheet. CDC. (2020) https://www.cdc.gov/stopoverdose/polysubstance-use/pdf/Polysubstance-Use-Fact-Sheet_508.pdf

Polysubstance Use Facts. (2022, February 23). Polysubstance Use Facts. https://www.cdc.gov/stopoverdose/polysubstance-use/index.html

Psychosocial Treatments | NAMI: National Alliance on Mental Illness. (n.d.). Psychosocial Treatments | NAMI: National Alliance on Mental Illness. Retrieved 2022, from https://www.nami.org/About-Mental-Illness/Treatments/Psychosocial-Treatments

Relapse - Alcohol and Drug Foundation. (2021, October 21). Relapse - Alcohol and Drug Foundation. https://adf.org.au/reducing-risk/relapse/

SAMHSA - Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA - The Substance Abuse Mental Health Services Administration. Retrieved 2022, from https://www.samhsa.gov

Sedative, Hypnotic, or Anxiolytic (Benzodiazepine) Use Disorder - PsychDB. (2021, March 29). PsychDB. https://www.psychdb.com/addictions/sedative-hypnotics/1-use-disorder#:~:text=Sedative%2C%20Hypnotic%2C%20or%20Anxiolytic%20Use,secobarbital)%2C%20and%20barbiturate%2Dlike

Sedative, Hypnotic, or Anxiolytic (Benzodiazepine) Use Disorder - PsychDB. (2021, March 29). PsychDB. https://www.psychdb.com/addictions/sedative-hypnotics/1-use-disorder#:~:text=Sedative%2C%20Hypnotic%2C%20or%20Anxiolytic%20Use,secobarbital)%2C%20and%20barbiturate%2Dlike

Sedative-, Hypnotic-, Or Anxiolytic-Related Disorders. (n.d.). Sedative-, Hypnotic-, Or Anxiolytic-Related Disorders. Retrieved 2022, from https://www.mentalhelp.net/addiction/sedative-hypnotic-or-anxiolytic-related-disorders/

Serotonin syndrome - Symptoms and causes. (2022, January 22). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/serotonin-syndrome/symptoms-causes/syc-20354758

Setting SMART Goals in Recovery | Ashley Addiction Treatment Center. (2019, January 19). Ashley Addiction Treatment. https://www.ashleytreatment.org/setting-smart-goals-in-recovery/

Sherman, B. J., & McRae-Clark, A. L. (n.d.). **Treatment of Cannabis Use Disorder: Current Science and Future Outlook - PMC**. PubMed Central (PMC). Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4880536/#:~:text=To%20date%2C%20clinical%20trials%20have,modalities%20produces%20the%20best%20outcomes.

Social Isolation and Ethanol Drinking: A Preclinical Model of Addiction Vulnerability in Males, but Not Females. (2016, March 11). Social Isolation and Ethanol Drinking: A Preclinical Model of Addiction Vulnerability in Males, but Not Females - ScienceDirect. https://www.sciencedirect.com/science/article/pii/B9780128002131000596

Standing Order to Dispense Naloxone. (February 01, 2021) Washington State Department of Health https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150-127-StatewideStandingOrderToDispenseNaloxone.pdf

Sterling, S., Chi, F., & Hinman, A. (n.d.). **Integrating Care for People With Co-Occurring Alcohol and Other Drug, Medical, and Mental Health Conditions - PMC**. PubMed Central (PMC). Retrieved 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625993/

Steven W. Cole, John P. Capitanio, Katie Chun, . **Myeloid differentiation architecture of leukocyte transcriptome dynamics in perceived social isolation**. (2015) https://www.pnas.org/doi/10.1073/pnas.1514249112

Stimulant Use Disorder > Fact Sheets > Yale Medicine. (n.d.). Yale Medicine. Retrieved 2022, from https://www.yalemedicine.org/conditions/stimulant-abuse

Substance Use and Suicide: A Nexus Requiring a Public Health Approach. (2016) SAMHSA. https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4935.pdf

Substance use disorder: MedlinePlus Medical Encyclopedia. (n.d.). Substance Use Disorder: MedlinePlus Medical Encyclopedia. Retrieved 2022, from https://medlineplus.gov/ency/article/001522.htm

Substance Use in Older Adults DrugFacts | National Institute on Drug Abuse. (2020, July 9). National Institute on Drug Abuse. https://nida.nih.gov/publications/drugfacts/substance-use-in-older-adults-drugfacts#:~:text=Aging%20could%20possibly%20lead%20to,be%20more%20sensitive%20to%20drugs

Suicide statistics | AFSP. (2019, November 15). American Foundation for Suicide Prevention. https://afsp.org/suicide-statistics/

Suicide terminology - Wikipedia. (2013, May 15). Suicide Terminology - Wikipedia. https://en.wikipedia.org/wiki/Suicide_terminology

Synergistic Effects of Social Isolation and Morphine Addiction on...: Ingenta Connect. (n.d.). Synergistic Effects of Social Isolation and Morphine Addiction on...: Ingenta Connect. Retrieved 2022, from https://www.ingentaconnect.com/contentone/ben/cmp/2016/00000009/00000004/art00011

Taylor, Stephanie L, Lurie, Nicole. **The Role of Culturally Competent Communication in Reducing Ethnic and Racial Healthcare Disparities**. (September 2004) The American Journal of Managed Care. Vol. 10, Special Issue. https://cdn.sanity.io/files/0vv8moc6/ajmc/28a2d163be140948a7be8b322619b55971048b9f.pdf/A100_04sepSPCL_TaylorSP1_4.pdf

The Differences in Addiction Between Men and Women - Addiction Center. (2022, September 1). Addiction Center. https://www.addictioncenter.com/addiction/differences-men-women/

The Effect of Drugs on Serotonin | Foundations Recovery Network. Foundations Recovery Network. https://www.foundationsrecoverynetwork.com/the-effect-of-drugs-on-serotonin/

The Importance of Step-By-Step Goal Setting in Addiction Recovery. (2022, May 7). The Recovery Village Drug and Alcohol Rehab. https://www.therecoveryvillage.com/recovery/wellness/goal-setting-in-recovery/

The role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems. SAMHSA. https://mnprc.org/wp-content/uploads/2019/01/aces-behavioral-health-problems.pdf

Tobacco Use Disorder DSM-5 305.1 (Z72.0) (F17.200) - Therapedia. (n.d.). Tobacco Use Disorder DSM-5 305.1 (Z72.0) (F17.200) - Therapedia. Retrieved 2022, from https://www.theravive.com/therapedia/tobacco-use-disorder-dsm--5-305.1-(z72.0)-(f17.200)

Trauma | The Administration for Children and Families. (n.d.). Trauma | The Administration for Children and Families. Retrieved 2022, from https://www.acf.hhs.gov/trauma-toolkit/trauma-concept

Understanding Alcohol Use Disorder | National Institute on Alcohol Abuse and Alcoholism (NIAAA). (n.d.). Understanding Alcohol Use Disorder | National Institute on Alcohol Abuse and Alcoholism (NIAAA). Retrieved 2022, from https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

Understanding the Dangers of Alcohol Overdose | National Institute on Alcohol Abuse and Alcoholism (NIAAA). (n.d.). Understanding the Dangers of Alcohol Overdose | National Institute on Alcohol Abuse and Alcoholism (NIAAA). Retrieved 2022, from https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose

Understanding the Dangers of Alcohol Overdose. National Institute on Alcohol Abuse and Alcoholism. (May 2021) https://www.niaaa.nih.gov/sites/default/files/publications/Alcohol_overdose_0.pdf

University of Guelph. **Why environmental cues make drug addiction extra hard to beat (2019) Science Daily**. https://www.sciencedaily.com/releases/2019/02/190227124848.htm

Upton, J. (n.d.). **Psychosocial Factors | SpringerLink**. Psychosocial Factors | SpringerLink. Retrieved 2022, from https://link.springer.com/referenceworkentry/10.1007/978-1-4419-1005-9_422

What Are Therapeutic Communities? | National Institute on Drug Abuse. (2015, July 23). National Institute on Drug Abuse. https://nida.nih.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities#:~:text=Therapeutic%20communities%20(TCs)%20are%20a,groups%20such%20as%20Alcoholics%20Anonymous

Your rights for individuals on medication assisted treatment. U.S. Department of Health and Human Services. SAMHSA. https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf

Notes

Notes

Washington State
Department of Social
& Health Services

Transforming lives

DSHS 22-1904 (1/23)