

# PCP Toolkit

## FOR BEHAVIORAL HEALTH



## Primary Care Attention Deficit Hyperactivity Disorder (ADHD) Toolkit

Enclosed is a packet offering supporting tools proven to be effective in the treatment of ADHD. Our ADHD Toolkit is designed to support the screening for and treatment of ADHD in the primary care setting. The prevalence of children with an ADHD diagnosis continues to increase, from 7.8% in 2003 to 9.5% in 2007 and to 11.0% in 2011 (1). People living with ADHD tend to have a lower occupational status, poor social relationships and are more likely to commit motoring offences and develop substance use issues (2).

We recognize that many of our health plan members feel most comfortable with their Primary Care Physician (PCP) as the initial point

of contact for all health concerns. With that in mind, the significance of the role that PCP's play in identifying and referral for treatment of ADHD cannot be understated. Along with childhood obesity and asthma, the CDC indicates that attention deficit hyperactivity disorder (ADHD) is one of the top three chronic conditions among children.

This toolkit is intended to provide a basic understanding of ADHD by assisting PCP's in recognizing signs of ADHD in patients, utilizing a reliable screening tool, initiating treatment and where to refer the member for additional treatment and support.



According to NAMI (2009) approximately five million children in the United States require ADHD-related behavioral health services, the majority of which received a diagnosis and ongoing treatment services from their primary care physician.

### What is ADHD?

It is common for people to feel anxious and nervous at times when faced with stressful situations in everyday life. There are three different types of ADHD, each with different symptoms: predominately inattentive, predominately hyperactive/impulsive and combined. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimate of 3% to 5% of school-aged children. However, it does not only affect children. People of all ages can suffer from ADHD and if undiagnosed can persist into adulthood and may cause significant impairment in functioning for some.

### Screening Tools & Resources

#### general symptoms

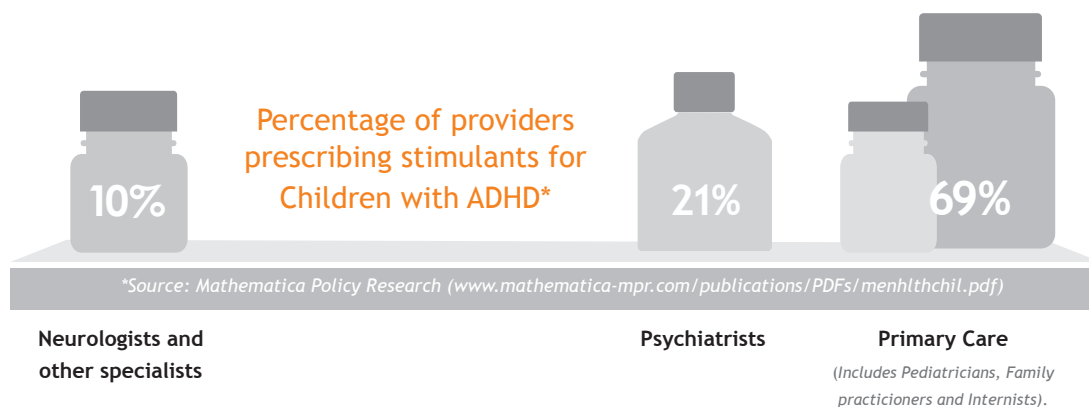
Symptoms vary depending on the type of anxiety disorder, but include:

#### Adults

- Poor attention, excessive distractibility
- Physical restlessness or hyperactivity
- Excessive impulsivity, saying or doing things without thinking
- Excessive and chronic procrastination
- Difficulty getting started on tasks
- Difficulty completing tasks
- Frequently losing things
- Poor organization, planning
- Poor time management skills
- Excessive forgetfulness

#### Children

- Makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Is easily distracted
- Is forgetful in daily activities
- Fidgets with hands or feet or squirms in chair
- Runs around or climbs excessively
- Has difficulty engaging in activities quietly
- Talks excessively
- Interrupts or intrudes upon others



Simple general screening tools that can be completed by the patient or administered during an office visit include:



#### **The Vanderbilt Assessment Scale:**

This is a 55-question assessment tool that reviews signs and symptoms of ADHD. It also screens for co-existing conditions such as conduct disorder, oppositional-defiant disorder, anxiety and depression and more.



#### **Behavior Assessment System for Children (BASC):**

This scale assesses such things as hyperactivity, aggression and conduct problems. It also addresses anxiety, depression, attention and learning problems and lack of certain essential skills.



#### **Conners Rating Scales:**

The Conners rating system collects answers from parents, teachers and adolescent patients themselves in order to create a comprehensive inventory of a child's behaviors. There are two versions of the tool, a short and long version, both comprised of multiple choice questions

## **Best Practices**

Interventions for the treatment of ADHD fall into two main categories: Pharmacological and psychosocial. Psychosocial interventions such as behavioral therapy, teaching social skills, parent/child education about ADHD and appropriate school programming can be useful. Pharmacological management most often includes, prescribing stimulants and non-stimulants. A follow up appointment should be scheduled within 30 days of initiating a prescription to treat ADHD in a child. Then two follow up appointments should be scheduled in the following 9 months to ensure efficacy of the medication.

For additional copies and additional information about the ADHD Screening tools and other resources go to:

[www.nami.org](http://www.nami.org)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)  
[www.iccmhc.org](http://www.iccmhc.org)

[www.cenpatico.com](http://www.cenpatico.com)

Source: (1) Visser S, Danielson M, Bitsko R, Holbrook J, Kogan M, Ghandour R, Perou R, & Blumberg S. (2014) Trends in the Parent-Report of Health Care Provider-Diagnosed and Medicated ADHD: United States, 2003-2011. *Journal of American Academy of Child and Adolescent Psychiatry*. Volume 53, issue1 pgs 34-46 (2) Is ADHD a risk factor for psychoactive substance use disorders? Findings from a four-year prospective follow-up study. Biederman J, Wilens T, Mick E, Faraone SV, Weber W, Curtis S, Thornell A, Pfister K, Jetton JG, Soriano J. *J Am Acad Child Adolesc Psychiatry*. 1997 Jan; 36(1):21-9.

# What is ADHD?

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Attention-deficit/hyperactivity disorder (ADHD) is an illness characterized by developmentally inappropriate impulsivity, inattention, and in some cases, hyperactivity. There are three different types of ADHD, each with different symptoms: predominately inattentive, predominately hyperactive/impulsive, and combined. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimate of 3% to 5% of school- aged children. Everyone has occasional difficulty sitting still, paying attention or controlling impulsive behavior. For some children and adults, however, the problem interferes with their daily lives at home, at school, at work and in social settings. People with ADHD can be very successful in life. But without appropriate identification and treatment, ADHD can have serious consequences, including school failure, depression, conduct disorder, failed relationships and substance abuse. Therefore early identification and treatment are extremely important.

## Symptoms to look for:

### **SYMPTOMS IN ADULTS**

- Poor attention, excessive distractibility
- Physical restlessness or hyperactivity
- Excessive impulsivity, saying or doing things without thinking
- Excessive and chronic procrastination
- Difficulty getting started on tasks
- Difficulty completing tasks
- Frequently losing things
- Poor organization, planning and time management skills
- Excessive forgetfulness



## SYMPTOMS IN CHILDREN & ADOLESCENTS

- Fails to give close attention to detail or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustained mental effort
- Is easily distracted
- Is forgetful in daily activities
- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs around or climbs excessively
- Has difficulty engaging in activities quietly
- Acts as if driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Has difficulty waiting or taking turns
- Interrupts or intrudes upon others

## Best Practices

Interventions for the treatment of ADHD falls into two main categories: Pharmacological and psychosocial. Psychosocial interventions such as behavioral therapy, teaching social skills, parent/child education about ADHD and appropriate school programming can be useful. Pharmacological management most often includes, prescribing stimulants and non-stimulants. A follow-up appointment should be scheduled within 30 days of initiating a prescription to treat ADHD in a child. Then two follow-up appointments should be scheduled in the following nine months to ensure efficacy of the medication.

## Screening Tools/Resources

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### Screening Tools:

Adult and child ADHD symptom checklists

Conners Rating Scales (for children/adolescents)

Vanderbilt Assessment Scales

Wender Utah Rating Scale (for adults)

### Resources:

**Children and Adults with Attention-Deficit/Hyperactivity Disorder**

[chadd.org](http://chadd.org)

**Attention Deficit Disorder Association**

[add.org](http://add.org)

**American Academy of Pediatrics**

[aap.org](http://aap.org)

**National Alliance of Mental Illness**

[nami.org](http://nami.org)

**Cenpatico**

[cenpatico.com](http://cenpatico.com)



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## Primary Care Anxiety Disorders Toolkit

Enclosed is a packet of supporting tools proven to be effective in the identification and treatment of Anxiety Disorders. Our Anxiety Disorders Toolkit is designed to support the screening for and treatment of anxiety disorders in the primary care setting. In addition to depression, anxiety disorders are the most common mental health issues encountered in the general medical setting. It is estimated that over 30 million Americans have a lifetime history of anxiety disorders that significantly impact individual functioning and overall costs to the medical system.

We recognize that many of our health plan members feel most comfortable with their Primary Care Physician (PCP) as the initial point of contact for all health concerns. With that in mind, the significance of the role that PCPs play in identifying and referral for treatment of anxiety disorders cannot be understated.

This toolkit is intended to provide a basic understanding of anxiety disorders by assisting PCPs in recognizing common signs of anxiety in patients, utilizing a reliable screening tool, initiating treatment and where to refer the member for additional treatment and support.

### What is Anxiety?

It is common for people to feel anxious and nervous at times when faced with stressful situations in everyday life. Anxiety is after all, a normal human emotion. An Anxiety Disorder, however, is when the symptoms of anxiety cause such distress that it significantly impacts a person's ability to lead a normal life. Evidence suggests that people living with an anxiety disorder are at greater risk for developing chronic medical conditions and, they may also have more severe symptoms and a greater risk of death when they become ill. As with all disorders anxiety can range from a mild impairment to a serious mental illness and therefore early identification and treatment is important.

There are several recognized types of anxiety disorders, including:



**Panic Disorder:** People with this condition have feelings of terror that strike suddenly and repeatedly with no warning.

**Obsessive-Compulsive Disorder (OCD):** People with OCD are plagued by constant thoughts or fears that cause them to perform certain rituals or routines.

**Post-Traumatic Stress Disorder (PTSD):** PTSD is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster.

**Social Anxiety Disorder:** Also called social phobia, social anxiety disorder involves overwhelming worry and self-consciousness about everyday social situations.

**Generalized Anxiety Disorder:** This disorder involves excessive, unrealistic worry and tension, even if there is little or nothing to provoke the anxiety.



Signs of anxiety can often be vague or generalized to other chronic health problems making it easy to overlook in a routine office visit. The following are considered common symptoms of anxiety disorders and should lead to a healthcare professional completing a preliminary mental health screening at the time of the visit.



### general symptoms

Symptoms vary depending on the type of anxiety disorder, but general symptoms include:

- Feelings of panic, fear and uneasiness
- Uncontrollable, obsessive thoughts
- Repeated thoughts or flashbacks of traumatic experiences
- Nightmares
- Ritualistic behaviors
- Problems sleeping
- Cold and sweaty hands and/or feet
- Shortness of breath
- Palpitations
- Dry Mouth
- Dizziness
- Nausea
- An inability to be still or calm

## Screening Tools & Resources

Simple general screening tools that can be completed by the patient or administered during an office visit include:



**Generalized Anxiety Disorder-7 (GAD-7)** is a simple screening tool that should be utilized in primary care settings if a patient exhibits any signs and symptoms of anxiety.



**PC-PTSD** is a four-item screen designed for use in primary care and other medical settings to screen for post-traumatic stress disorder.

Additional online tests for anxiety that are quick and simple to administer during a typical office visit can be found at [www.AnxietyCentre.com](http://www.AnxietyCentre.com). These tests include the Anxiety Rating Test, Social Anxiety Test, Anxiety Potential Test and Anxiety Disorder Test.

## Best Practices

Interventions for the treatment of anxiety disorders categories: Pharmacological and psychosocial interventions. Cognitive behavior therapy (CBT) is a type of psychosocial treatment that helps patients to understand the thoughts and feelings that influence behaviors. Pharmacological management includes, most often, prescribing an Antidepressant, anti-anxiety medications and beta-blockers.

For additional information about the GAD-7 and other anxiety disorder screening tools visit the following websites:

[www.nami.org](http://www.nami.org)

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

[www.cenpatico.com](http://www.cenpatico.com)

[www.iccmhc.org](http://www.iccmhc.org)



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# Anxiety Disorders

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## Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) is an anxiety disorder characterized by chronic anxiety, exaggerated worry and tension, even when there is little or nothing to provoke it.

## Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder and is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Repetitive behaviors such as hand washing, counting, checking or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away. Performing these so-called “rituals,” however, provides only temporary relief, and not performing them significantly increases anxiety.

## Panic Disorder

Panic disorder is an anxiety disorder and is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness or abdominal distress.



## Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that some people get after seeing or living through a dangerous event. When in danger, it's natural to feel afraid. This fear triggers many split-second changes in the body to prepare to defend against the danger or to avoid it. This “fight-or-flight” response is a healthy reaction meant to protect a person from harm. But in PTSD, this reaction is changed or damaged. People who have PTSD may feel stressed or frightened even when they are no longer in danger.

## Social Phobia (Social Anxiety Disorder)

Social Phobia (Social Anxiety Disorder) is an anxiety disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social situations. Social phobia can be limited to only one type of situation — such as a fear of speaking in formal or informal situations or eating or drinking in front of others — or, in its most severe form, may be so broad that a person experiences symptoms almost anytime they are around other people.

## Best Practices

Interventions for anxiety disorder treatments include pharmacological and psychosocial interventions. Cognitive behavior therapy (CBT) is a type of psychosocial treatment that helps patients to understand the thoughts and feelings that influence behaviors. Pharmacological management includes, most often, prescribing an antidepressant, anti-anxiety medications and beta-blockers.

## Screening Tools/Resources

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### Screening Tools:

#### **GAD-7**

##### **[anxietycentre.com](http://anxietycentre.com)**

Anxiety Rating Test, Social Anxiety Test, Anxiety Potential Test, Anxiety Disorder Test and Degree of Anxiety Condition Test

### Resources:

#### **National Alliance on Mental Illness**

[nami.org](http://nami.org)

#### **National Institute of Mental Health**

[nimh.nih.gov](http://nimh.nih.gov)

#### **Substance Abuse and Mental Health Services Administration**

[samhsa.gov](http://samhsa.gov)

#### **American Psychiatric Association**

[healthyminds.org](http://healthyminds.org)

#### **Cenpatico**

[cenpatico.com](http://cenpatico.com)



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## Primary Care Depression Toolkit

Enclosed is a package of supporting tools proven to be effective in the treatment of Depression. Our Depression Toolkit is designed to support the screening for and treatment of depression at the primary care level. This is important because depression is projected to become the leading cause of disability by 2020. Approximately 10% of individuals treated in a primary care setting have major depression.

We recognize that many of our health plan members feel most comfortable with their Primary Care Physician (PCP) as the initial point of contact for all health concerns. With that in mind, the significance of the role that PCP's play in the diagnosis and treatment of depression cannot be understated. We hope you will have the opportunity to utilize the information in this toolkit to enhance screening for and discussion about potential behavioral health issues with your patients.

This toolkit is intended to provide a basic understanding of depression by assisting PCP's in recognizing signs of depression in patients, utilizing a reliable screening tool, initiating treatment and where to refer the member for additional treatment and support.

### What is Depression?

Depression is a mental illness that impacts a person's mind and behaviors, as well as the entire body. It can lead to or exacerbate a variety of emotional and physical problems that interfere with a person's daily functioning and reduce the overall quality of life. Depression has been linked with other chronic health problems including but not limited to chronic pain, cancer, diabetes, heart disease and HIV/AIDS.

Dealing with more than one health problem at a time can be difficult, so proper treatment is important. Signs of depression can often be vague or generalized to other chronic health problems making it easy to overlook in a routine office visit.

### general symptoms

The following are considered common symptoms of depression and should lead to a PCP completing a preliminary depression screening at the time of the visit.

#### Adults

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

#### Children

- Decreased interest in activities or inability to enjoy previously interests
- Hopelessness
- Persistent boredom; low energy
- Social isolation; poor communication
- Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Thoughts or expressions of suicide or self-destructive behavior

## Screening Tools & Resources

Simple general screening tools that can be completed by the patient or administered during an office visit include:



**The Patient Health Questionnaire-2 (PHQ2)** is a simple screening tool utilized in primary care settings if a patient exhibits any signs and symptoms of depression. Patients who screen positive should be further evaluated.



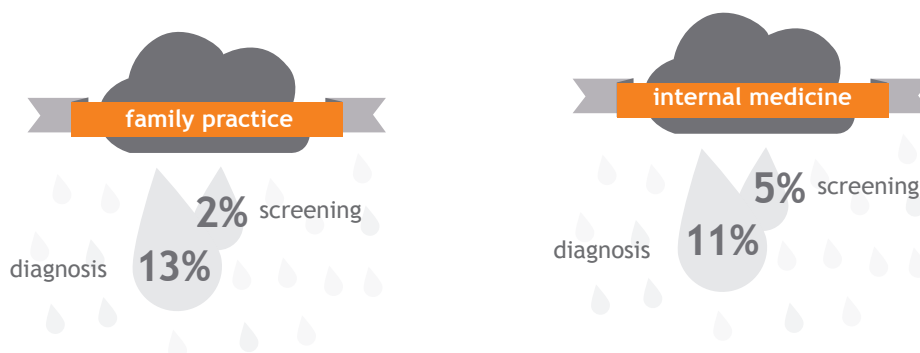
**Patient Health Questionnaire-9 (PHQ9)** is a slightly expanded version of the PHQ2. This tool can help track a patient's overall depression severity as well as the specific symptoms that are improving or not with treatment.



**The Edinburgh Depression Scale (EDS)** is a 10 item self-report measure designed to screen women for symptoms of emotional distress during pregnancy and the postnatal period.

Analysis of National Ambulatory Medical Care Surveys reveals that despite the high prevalence of depression in primary care (10 to 12 percent), screening is extremely low at 2 to 4 percent (see the graphic below from the American Academy of Family Physicians).

### Percentage of visits with depression diagnosis and screening



Cherry DK, et al. National ambulatory medical care survey: 2006 summary. *Adv Data*. 2008;(3):1-39.

## Best Practices

Interventions for the treatment of depression falls into two main categories: psychosocial and pharmacological interventions. Psychosocial interventions such as Cognitive Behavioral Therapy, Interpersonal Therapy, Psychodynamic Therapy and Dialectical Behavior Therapy can be useful. Pharmacological management includes, most often, prescribing Antidepressants- including SSRI's, SNRI's, MAOI's, Atypical, Tricyclic and Tetracyclic. A follow-up appointment should occur within 12 weeks of diagnosing and initiating treatment of an adult with an antidepressant medication. Another follow-up appointment should occur within the next 90 days to ensure effective continuation of treatment.

For additional information about the PHQ2, PHQ9, EDS or other depression screening tools and resources go to:

[www.nami.org](http://www.nami.org)

[www.samhsa.gov](http://www.samhsa.gov)

[www.iccmhc.org](http://www.iccmhc.org)

[www.nimh.nih.gov](http://www.nimh.nih.gov) [www.cenpatico.com](http://www.cenpatico.com)



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# Depression

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## What is Depression?

Depression is a disorder that causes someone to feel sad or unhappy over a long period of time. These emotions are more intense than general feelings of sadness we all feel sometimes. Depression is a medical problem just like diabetes or heart disease. There are many different causes for depression and it is very treatable.

## Depression is Bad for your Health

Depression affects you and those around you. It can lead to poor health or even suicide.

Studies show people with depression may also suffer from other health problems. Depression can make these problems worse. Some medical problems can make depression worse. A person with depression may need help from an expert. Without help problems can get worse.

Signs of a possible problem:

- Not sleeping or sleeping too much
- Restlessness
- Unable to focus or make decisions
- Feeling down all the time
- Feelings of worthlessness
- Fatigue or loss of energy every day
- Not eating or eating too much
- Loss of interest in favorite activities
- Thoughts of suicide





## Who Offers Depression Services?

**Your Doctor:** They can treat you or refer you to an expert.

**Psychiatrists:** They are medical doctors who can give medicine.

**Nurse Practitioners:** They are nurses with medical certification who can be experts in behavioral health and can give medication in most states. They can legally prescribe medication in most states.

**Therapist:** Can provide psychotherapy but cannot prescribe medicine. Some types of therapists are Licensed Mental Health Counselors (LMCH), and Licensed Marriage and Family Therapists (LMFT).

**Psychologist:** Are therapists than can provide psychotherapy and/or mental health testing but cannot prescribe medicine.

## Depression can be Treated

Up to 80% of people treated for depression start to feel better. Most people see relief within four to six weeks of treatment. Treatment can include medicine, therapy, support groups or a combination of treatments.\*

## What to Expect at Your First Appointment

Your provider will want to get to know you and what problems you want to work on. They may ask you about your background and want help in finding your strengths and skills. Providers are bound by strict rules to keep your information private. What you tell your provider helps them to create the right treatment plan for you.

## Your Role in Treatment

A treatment plan is made by you and your provider and may include:

- Medicine
- Individual or family therapy
- Support from friends, family and peers
- Talking with other providers

## Ways to help yourself feel better:

- Talk to and join in with friends, family, and peers
- Get moving! Exercise is great for your health
- Get involved. Volunteer, pick a fun hobby, or join a group
- Avoid drugs and alcohol
- Plan to deal with stress before it happens
- Set realistic goals for yourself

## Feeling Better

The key person in recovery is YOU. You and your provider should make a treatment plan based on your goals for your health.

Help your provider by:

- Talking about your feelings and progress. Tell them as much as you can.
- Writing down how the medication makes you feel.

This will help you both make better choices about your treatment. If you're ever unhappy with your treatment plan, your provider or results, call us. We can help find you a new provider to work with if needed.

## Resources

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### **National Suicide Prevention Lifeline**

1-800-273-TALK (1-800-273-8255)

### **National Alliance for Mental Illness**

[www.nami.org](http://www.nami.org); 1-800-950-6264

### **National Institute of Mental Health**

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **Substance Abuse and Mental Health Services**

#### **Administration (SAMHSA)**

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)



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## Primary Care Substance Use Disorder Toolkit

Enclosed is a package of supporting tools proven to be effective in the identification and treatment of Substance Use issues. Our Substance Use Disorder Toolkit is designed to support the screening for and treatment of behavioral health and substance use disorders at the primary care level. Approximately 20 million Americans with alcohol or illicit drug dependence do not receive treatment resulting in health care costs that are nearly twice as high as patients without these disorders. Recent research indicates that basic screening and identification of substance use in primary care settings can substantially reduce overall negative health impacts

### What are Substance Use Disorders?

Substance Use Disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, legal drugs or illegal drugs. It is a progressive and chronic disease, but also one that can be successfully treated. People with substance use disorders often don't recognize or seek help for the problem, and may not be screened for substance use when they seek treatment for other health conditions, which means that substance use and dependence disorders are often under-recognized and undertreated.



Approximately  
**20 MILLION**  
Americans

with alcohol or illicit drug  
dependence do not receive  
treatment resulting in health  
care costs that are nearly  
twice as high as patients  
without these disorders.

### Who is Affected by Substance Use Disorders?

Substance Use Disorder can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender. However, certain factors can affect the likelihood of developing an addiction:

- **Family history of addiction:** Drug addiction is more common in some families and likely involves the effects of many genes. If a blood relative, such as a parent or sibling, has alcohol or drug problems, then a greater risk of developing a drug addiction exists.
- **Being male:** Men are twice as likely to have problems with drugs.
- **Having another psychological diagnosis:** If someone has psychological problem, such as depression,

attention-deficit/hyperactivity disorder or post-traumatic stress disorder, they are more likely to become dependent on drugs.

- **Peer pressure:** Particularly for young people, peer pressure is a strong factor in starting to use and use drugs.
- **Lack of family involvement:** A lack of attachment with one's parents may increase the risk of addiction, as can a lack of parental supervision.
- **Anxiety:** Using drugs can become a way of coping with these painful psychological feelings.
- **Taking a highly addictive drug:** Some drugs, such as heroin and cocaine, cause addiction faster than do others.

## Types of Substance Use Disorders

### Substance Dependence

A pattern of substance use that leads to significant impairment or distress in three (or more) of the following ways:

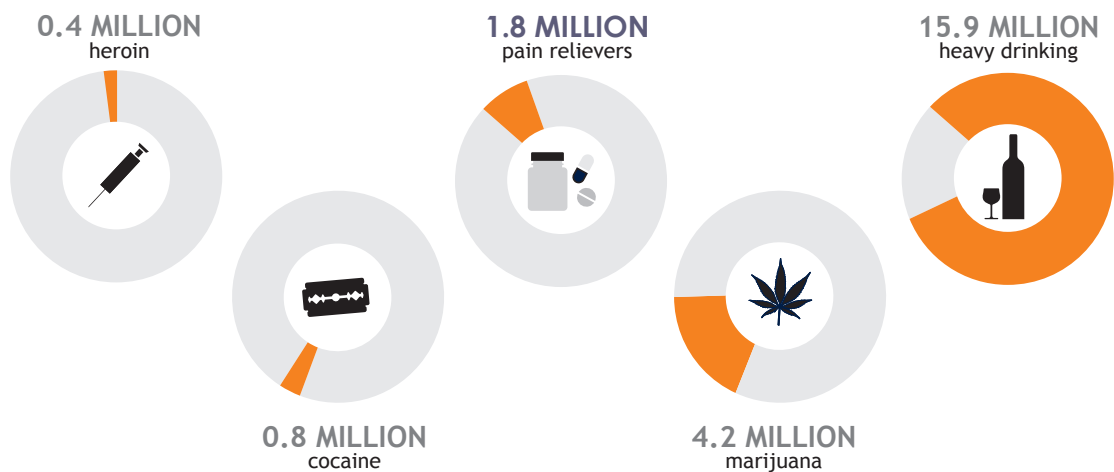
- Tolerance, as defined by either:
  1. a need for markedly increased amounts of the substance to achieve the desired effect, or
  2. a markedly diminished effect with continued use of the same amount of the substance
- Withdrawal symptoms characteristic for the substance, or increased use to relieve or avoid withdrawal symptoms
- Increased use - the substance is taken in larger amounts or over a longer period than intended
- A persistent desire or unsuccessful efforts to cut down or control substance use
- Much time is spent in activities to obtain the substance, use the substance, or recover from its effects
- Important social, occupational, or recreational activities are given up or reduced
- The substance use is continued despite it causing a persistent or recurrent physical or psychological problem (e.g., current cocaine use despite recognition of cocaine-induced depression)

### Substance Use

A pattern of substance use that leads to significant impairment or distress in one (or more) of the following ways:

- A failure to fulfill major role obligations at work, school or home
- Recurrent substance use in situations in which it is physically hazardous
- Recurrent substance-related legal problems
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or worsened by the effects of the substance

### Number of Americans Identifying use or dependence on Illicit Substances (SAMHSA 2011)



## Screening Tools & Resources

Despite the high prevalence of behavioral health and substance use problems, too many Americans go without treatment — in part because their disorders go undiagnosed. Regular screenings in primary care and other healthcare settings enables earlier identification of behavioral health and substance use disorders, which translates into earlier care. Screenings should be provided to people of all ages, even the young and the elderly.



**SBIRT** SBIRT is a comprehensive, integrated approach to help medical practitioners identify and provide early intervention to those patients who screen as at-risk for developing an SUD or long-term health issues related to their substance use. SBIRT includes a brief screen (the attached CAGE and AUDIT screening tools are examples) followed by a brief intervention, if appropriate, or referral for assessment and treatment. Please refer to your individual provider contract for information about whether SBIRT services are a covered benefit in your state. Additional training related to SBIRT, Substance Use Targeted Screening in Primary Care, and Brief Intervention Skills are available through [www.cenpatico.com](http://www.cenpatico.com) or calling your local office.



**CAGE AID** is a commonly used, five-question tool used to screen for drug and alcohol use. It is a quick questionnaire to help determine if an alcohol assessment is needed. If a person answers yes to two or more questions, a complete assessment is advised.



**AUDIT** is a 10-item questionnaire that screens for hazardous or harmful alcohol consumption. The AUDIT is particularly suitable for use in primary care settings and has been used with a variety of populations and cultural groups. It should be administered by a health professional or paraprofessional

### Best Practices

Treatment must address the individual needs of the person seeking treatment and recovery. The current research-based best practices tend to merge the bio-psychosocial, theoretical perspective of addictive disorders. This includes supportive counseling, motivating client readiness for change, and coping-skills training techniques.

For additional information about substance use disorders or other behavioral health screening tools go to any of the following websites:

[www.nami.org](http://www.nami.org)

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.mentalhealth.samsha.gov](http://www.mentalhealth.samsha.gov)

[www.cenpatico.com](http://www.cenpatico.com)

[www.iccmhc.org](http://www.iccmhc.org)



There is extensive research on the medical consequences and overall cost of substance use related illness and services. Substance Use can:

- Lead to unintentional injuries and violence
- Exacerbate medical conditions (e.g. Diabetes, hypertension)
- Exacerbate behavioral health conditions (e.g. depression, bi-polar)
- Affect the efficacy of prescribed meds
- Result in dependence, which may require multiple treatment services

# Substance Use Disorder & Addiction

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## WHAT IS SUBSTANCE USE DISORDER AND ADDICTION?

Substance use disorder is using drugs or alcohol even though doing so causes problems in your life. Addiction is a physical or mental dependence on drugs or alcohol. This means when you stop using drugs or alcohol you could get sick. Addiction can also mean that you cannot stop thinking about substances.

## It's Bad for Your Health

Substance use disorder affects you and those around you. Substance use disorder problems can lead to poor health, violence and arrest. It can also lead to you injuring others or even suicide. Studies show people with a substance addiction may also suffer from other mental health problems like depression. A person with a substance use disorder problem is not a bad person. They may need help from an expert. Without help problems can get worse.

## Signs of a Possible Problem

- Drinking in risky situations (while driving, swimming, etc.)
- Continued use of alcohol or drugs despite personal or social problems
- Obligations at work, home or school are neglected due to drinking or drug use
- Legal problems related to drinking or drug use (domestic violence, assault or DUI)







## Who Can Provide Substance Use Disorder Services to Me?

**YOUR DOCTOR:** They can treat you or refer you to a specialist.

**NURSE PRACTITIONERS:** They can be experts in substance use disorder and addiction, and can give medicine in most states.

**THERAPIST:** Can provide psychotherapy but cannot prescribe medicine. Some types of therapists are Licensed Mental Health Counselors (LMCH), and Licensed Marriage and Family Therapists (LMFT).

**PSYCHOLOGIST:** Are therapists than can provide psychotherapy and/or mental health testing but cannot prescribe medicine.

**SUPPORT GROUPS:** People who suffer from the same illness as you and support you in the recovery process. Alcoholics Anonymous is one example.

## First Appointment: What to Expect

Your provider will want to get to know you. They will want to know the problems you want to work on. They may ask about your family background. They want to help you find strengths and skills that will help you recover.

Providers are bound by strict rules to keep your Personal Information private. What you tell your provider helps them create the right treatment plan for you.

## Your Role in Treatment

A treatment program is made by you and your provider and may include:

- Group and personal therapy
- Family therapy
- Peer support groups
- Residential or day programs
- Medication

## Take the First Step

- Talk to friends, family and peers
- Don't be afraid to ask for help
- Avoid people or places that make you feel the urge to use drugs or alcohol

## Feeling Better

The key person in recovery is YOU. You and your provider should make a treatment plan based on your goals for your health.

## Help your provider by:

Talking about your feelings and progress. Tell them as much as you can.

Writing down how the medication makes you feel. This will help you both make better choices about your treatment.

Call us if you feel unhappy or not seeing results with your treatment. We can help you find a new provider to work with.

## Resources

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### **National Institute on Drug Abuse from National Institutes of Health**

[www.nida.nih.gov](http://www.nida.nih.gov)  
[information@nida.nih.gov](mailto:information@nida.nih.gov)  
(301) 443-1124 or (301) 443-8771

### **U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)**

[www.samhsa.gov](http://www.samhsa.gov)

### **Substance Use Disorder**

[www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)



8585 Archives Avenue, Suite 310  
Baton Rouge, LA 70809

**1-866-595-8133**

Hearing Loss: 1-877-285-4514  
Monday–Friday, 7 a.m. to 7 p.m.

**[LouisianaHealthConnect.com](http://LouisianaHealthConnect.com)**