Weighted National Estimates of the Rates of Maternal Opiate Use per 1000 Hospital Births per Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate of Maternal Opiate use per 1000 Hospital Births</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>0.5</td>
</tr>
<tr>
<td>2003</td>
<td>1.0</td>
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<tr>
<td>2006</td>
<td>3.5</td>
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<td>2009</td>
<td>7.0</td>
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</tbody>
</table>


Definition of Addiction

- **Compulsion**: loss of control
  - The user can’t not do it; s/he is compelled to use
  - Compulsion is not rational and is not planned.

- **Continued use despite adverse consequences**: An addict is a person who uses even though s/he knows it is causing problems.
  - Addiction is staged based on adverse consequences.

- **Craving**: daily symptom of the disease
  - The user experiences intense psychological preoccupation with getting and using the drug.
  - Craving is dysphoric, agitating and it feels very bad.

- **Denial/hypofrontality**: distortion of cognition caused by craving
  - Under the pressure of intense craving, the user is temporarily blinded to the risks and consequences of using.
CONDITIONS OF OPTIMUM PARENTING

PHYSIOLOGIC FACTORS
- Food and clothing is adequate.
- Parent encourages development.
- School attendance is regular and parents promote success.
- Play activities are available and age-appropriate.
- Parents play/read/attend meal times with child.
- Parents teach value of structured day, focused on regular times for bed, meals, exercise, rest, and play.

NURTURE
- Parent is physically and emotionally responsive to child: cuddling, hugging, expressions of love, consistent manner of responses.
- Discipline is not harsh, is consistent and age-appropriate.
- Parents are responsive to the child in play, reading, and providing comfort.
- Promoting resilience and problem-solving skills.

ENVIRONMENTAL SAFETY
- Provision of safe living space, supervision.
- Availability of frequent moves.
- Access to social network and family support.

Impact of Drug Dependence on Parenting

Drug-use factors:
- Is pattern of use recreational, intermittent or daily?
- Is parent physically dependent experiencing intoxication/withdrawal?
- Does parent have a co-existing mental health disorder?
- Does the parent spend inordinate amounts of time sleeping?
- Is the parent absent for lengthy periods pursuing drugs?
- Is the parent unavailable to child due to heavy intoxication?

Home environment:
- Lifestyle factors:
  - Does the family move frequently?
  - Are drug users present in home or neighborhood?
  - Is the child often supervised by strangers and friends of parents?
  - Are drugs and paraphernalia accessible to the child?
- Psychological factors:
  - Is the parent irritable and angry?
  - Does the parent alternate between extreme affection and rejection?
  - Is the child protected from observing sex, physical abuse or fighting?

Causes of Craving in Addicts

- **E**nvironmental cues (Triggers)
  - Immediate, catastrophic, overwhelming craving stimulated by people, places, things associated with prior drug-use experiences
- **W**ithdrawal
  - Inadequately treated or untreated
- **M**ental illness symptoms
  - Inadequately treated or untreated
- **S**tress equals craving
Community Response to Methamphetamine
Pregnant and Parenting Families

**Drug Treatment**
- Outpatient 1:1 and group
- Dependency Court

**Child Protective Services**
- Child Welfare worker
- Dependency Court

**Educational Interventions**
- Parenting Class
- Anger Management Class
- Battered Women’s support

**Public Health Nursing**
- WIC
  - Nutritionist
  - Nurse Practitioner
- Housing
  - Halfway housing that accepts children
  - Section 8

**Mental Health Treatment**
- Medication Management
- Therapy

**Community Support**
- 12-Step Programs
- Church/Pastoral counseling

**WIC**
- Nutritionist
- Nurse Practitioner

**Housing**
- Halfway housing that accepts children
- Section 8

**Alcohol Exposure During Stages of Pregnancy**

1. During the first trimester, as shown by the research of Drs. Clarren and Streissguth, alcohol interferes with the migration and organization of brain cells. [Journal of Pediatrics, 92(1): 64-67]

2. Heavy drinking during the second trimester, particularly from the 10th to 20th week after conception, seems to cause more clinical features of FAS than at other times during pregnancy, according to a study in England. [Early Human Development, 1983 Jul Vol. 8(2) 99-111]

3. During the third trimester, according to Dr. Clare D. Coles, the hippocampus is greatly affected, which leads to problems with encoding visual and auditory information (reading and math). [Neurotoxicology and Teratology, 13:357-367, 1991]

From the College of Cognitive and Linguistic Sciences at Brown University, Providence, RI

**NICOTINE IS A POTENT FETAL NEUROTOXIN**

1. Risk of “Externalizing Disorders” including Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, and substance abuse is increased more than 2.6 times.

2. Risks are doubled for small head circumference, decreased general cognitive functioning, and deficits in learning and memory tasks.

3. Prenatal exposure to nicotine may lead to dysregulation in neurodevelopment and can indicate higher risk for psychiatric problems, including substance abuse.

4. A clear dose-response relationship existed in most relationships with higher levels of smoking being associated with higher rates of externalizing behavior problems.

5. Prenatal nicotine exposure alters parameters of 5HT synaptic communication lasting into adolescence and changes the response to nicotine administration and withdrawal in adolescence.
Maternal Smoking During Pregnancy and Severe Antisocial Behavior in Offspring

- Nearly half of all women who smoke continue to do so throughout their pregnancies.
- Youths whose mothers smoked during pregnancy are significantly more likely to develop severe antisocial behavior, including conduct disorder and delinquency.
- Recently, maternal smoking during pregnancy has been linked with oppositional defiant disorder symptoms in young children.
- The odds of developing severe antisocial behavior are approximately 1.5 to 4 times greater for exposed than for nonexposed youths.

References (part 1)


References (part 2)

Fetal Cannabis Exposure (part 1)

- Prenatal Marijuana Exposure (PME) has a significant association to delinquent behavior and is mediated by the effects of marijuana on depressive symptoms and partially mediated by attention deficits in exposed adolescents. Heavily exposed adolescents are nearly doubled (OR = 1.76) for risk of these effects.

- PME exposed adolescents showed increased rates of depressive symptoms and attention deficits, increases in activity and impulsivity, difficulties on tests of learning and memory, and lower IQ scores.

- Early adolescents born to heavy marijuana users are at risk for a smaller head circumference.

- In utero exposure to marijuana has a negative impact on the application of IQ or basic visuoperceptual skills in tasks in problem-solving situations requiring visual integration, analytical skills, and also sustained attention.

Fetal Cannabis Exposure (part 2)

- Academic achievement in prenatal exposed marijuana adolescents are significantly affected. These adolescents were not only two times more likely to be underachieving (OR = 2.0), but also studies have shown that these adolescents have scored significantly lower in all subjects (reading comprehension, spelling, arithmetics, etc.) due to their impaired learning abilities.

- Prenatal marijuana exposure has led to the underdevelopment/slow development of the brain & CNS.

- Prenatal marijuana exposure within the first trimester of pregnancy predicted poorer performance on learning and memory.

- Second trimester marijuana use showed increased errors on attention tasks, thus indicating impulsivity.

- Prenatal Marijuana exposure has led to slow development of the brain and CNS. This has caused varying effects at different developmental ages of children due to the exposure during gestation. The negative effects on cognitive and neuropsychological functions increase with age as the brain furthers in development. However, there is a greater impact on behavior (ie. Greater level of impulsivity) on young adolescents.

CANNABIS REFERENCES (part 1)


**CANNABIS REFERENCES (part 2)**


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**Addiction is a Pediatric Disease**

- 80% of addicts have risk factors known in childhood
  - Family history of addiction
  - ADHD (attention deficit hyperactivity disorder)
  - Mood disorder (depression, anxiety, trauma)
  - School failure
- 80% of adult drinkers try alcohol before age 18
- Of children who begin drinking before age 14, 47% will become alcoholics
- Average age of initiation to marijuana use is age 15.

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**What is a Drug?**

A drug is a *pleasure* producing chemical. Drugs activate or imitate chemical pathways in the brain associated with feelings of well-being, *pleasure* and euphoria.
Addicting Drugs: Mechanisms of Action

- Dopamine + the opiate receptor
- Dopamine + GABA
- Dopamine + Norepinephrine (adrenaline)
- Dopamine + acetylcholine receptor
- Dopamine + serotonin
- Dopamine + cannabinoid CB1 & CB2 receptors
- Glutamate blockade with secondary dopamine release

Neuroadaptation, Tolerance, and Withdrawal

- Neuroadaptation protects the brain from the overstimulation caused by drugs, but is the initiating step in the addiction disease process.

- Tolerance is the superfluous neuroadaptation occurring: it is the process by which the reward and pleasure centers of the brain adapt to high concentrations of pleasure neurotransmitters. In direct response to overstimulation, the brain regions decrease in sensitivity and become unresponsive (deaf) to normal levels of stimulation.

In addition to pleasure circuits each drug type affects other brain functions, including calming, alerting, and pain relief functions. Other brain pathways overstimulated by drugs also neuroadapt and become underactive, directly leading to anxiety, depression, loss of energy, and pain.

- Once neuroadaptation develops (tolerance), there will always be Withdrawal symptoms that are the mirror image of the drug effects. Cessation of drug use leads to “inversion of the high”: sobriety becomes pleasurable, anxious, euphoric, lacking energy, and painful.

- Under unstimulated conditions (without drugs) there is profound intolerance with the ability to experience normal pleasure. When sober, the user experiences Craving: anhedonia, anxiety, anger, frustration. The pleasure system remains impaired for months to years, interfering with sobriety, learning, and impulse inhibition.

Pleasure Scale

- Anhedonia
- Euphoria
- "I feel negative"
- "I feel good"
## Definition of Addiction

- **Compulsion:** loss of control
  The user can’t not do it s/he is compelled to use.
  Compulsion is not rational and is not planned.
- **Continued use despite adverse consequences**
  An addict is a person who uses even though s/he knows it is causing problems.
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  The user experiences intense psychological preoccupation with getting and using the drug.
  Craving is dysphoric, agitation and it feels very bad.
- **Denial/hypofrontality:** distortion of cognition caused by craving
  Under the pressure of intense craving, the user is temporarily blinded to the risks and consequences of using.

## Goals of Assessment

### Generation of a Treatment Plan

- Is the client an addict?
  Evidence of out of control use, in the face of adverse consequences, driven by craving and facilitated by denial.
- What combination of factors in the Bio-psycho-social model led to addiction? Genetics, mental illness, sexual trauma, hypofrontality, enabling system.
- What four causes of craving perpetuate the addiction? Environment, withdrawal, mental illness, stress
- What are the barriers to sobriety?
C I M Model Treatment

Components of Treatment

Initiation of Abstinence: Stopping Use
- **Drug Detoxification**: Use of medications to control withdrawal symptoms
- **Avoidance Strategies**: Measures to protect the client from environmental cues
- **Schedule**: Establishing times for arising, mealtimes, and going to bed
- **Mental Health Assessment and Treatment**

Relapse Prevention
- **Drug Detoxification**: Continued use of medications to control withdrawal
- **Avoidance Strategies**: Controlled re-entry to cue-rich environments
- **Schedule**: Adherence to a regular daily lifestyle
  - **HUNGRY**: Three regularly spaced meals each day
  - **ANGRY**: Separate feelings of anger from losing control of behavior
  - **LONELY**: One positive social contact per day minimum
  - **TIRED**: Daily practice of sleep hygiene
- **Tools**: Behaviors that dissipate craving
  - Exercise
  - Spiritual Practice
  - Talk
  - Peer Support
  - Groups
  - Counseling
  - Having Fun
- **Mental Health Treatment**

Prescription Drug Abuse

- Opiate pain medications
- Benzodiazepine tranquilizers
- Prescription stimulants
  - (Adderall, Ritalin)
- Sleeping pills, muscle relaxants

Prescription Opiates

<table>
<thead>
<tr>
<th>Generic: Brand Name</th>
<th>Non Tolerant 24 hr. dose</th>
<th>Tolerant 24 hr. dose</th>
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<tr>
<td>Codeine w/acetaminophen</td>
<td>500 mg</td>
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<tr>
<td>Hydrocodone: Vicodin, Lortab, Norco</td>
<td>20mg-60 mg</td>
<td>Fentanyl: Duragesic (transdermal), Actiq</td>
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<tr>
<td>Hydromorphone: Dilaudid</td>
<td>20 mg-60 mg</td>
<td>25 mcg-50 mcg</td>
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<tr>
<td>Oxycodone: Percodan, OxyContin</td>
<td>20 mg-60 mg</td>
<td>Methadone: Methadose</td>
</tr>
<tr>
<td>Morphone sulfate: MS Contin</td>
<td>30 mg-60 mg</td>
<td>60 mg-300 mg</td>
</tr>
<tr>
<td>Fentanyl: Duragesic (transdermal), Actiq</td>
<td>60 mcg-upward</td>
<td>Methadone: Methadose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tolerant Users only</td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td>Methadone: Methadose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Buprenorphine: Suboxone, Subutex</td>
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</tbody>
</table>
Effects and Withdrawal

Opiates

Effects
- Analgesia
- Euphoria
- Anxiolytic - calming
- Sleep Inducing
- Constipation
- Dry mucous membranes
- Sensation of warmth
- Pupils constricted

Withdrawal
- Pain
- Dysphoria
- Anxiety
- Insomnia
- Diarrhea
- Rhinorrhea
- Chills
- Pupils dilated

A 33-year follow-up of narcotics addicts

One Year Outcome of Opiate Treatment

- Overall, the dismal outcome for our controls reiterates the grave nature of heroin dependence, and shows the considerable health and social difficulties faced by our patients.

- Furthermore, the severity of problems in our patient sample is tragically emphasised by the 20% mortality in the controls over the course of a 1-year study.

Kakko J, et al. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden, a randomised, placebo-controlled trial. 2003 The Lancet 361 (9358) 662-668
Sedative-Hypnotic Effects

**Effects**
- Calm Euphoria
- Release of Inhibitions
- Sleep Inducing
- Sedation/Sleepiness
- Slurred Speech
- Unsteady gait (Ataxia)
- Confusion
- Forgetfulness
- Slows heart rate
- Decreases blood pressure

**Withdrawal**
- Dysphoria *
- Anxiety *
- Insomnia *
- Sweating (Diaphoresis) *
- Tremor
- Tachycardia
- Hypertension
- Hyperventilation
- Elevated temperature
- Hallucinations
- Seizures
- Delirium tremens

* Symptom may continue for months

Prescription Tranquillizers

Dose Equivalent To Alcohol
(2 oz liquor or 2 glasses of wine or 2 cans of beer)

- Alprazolam (Xanax®) 0.5-1mg
- Diazepam (Valium®) 10mg
- Chlordiazepoxide (Librium®) 25mg
- Clonazepam (Klonopin®) 1-2mg
- Lorazepam (Ativan®) 2mg
- Temazepam (Restoril®) 30mg
- Butalbital (in Fiorinal®) 100mg
- Carisoprodol (Soma®) 350mg
- Zolpidem (Ambien®) 10mg
EtG and EtS

- EtG (ethyl-glucuronide) and EtS (ethyl-sulfate) are biomarkers. These are minor, but important metabolites of alcohol.
- EtG and EtS tests are sensitive to the presence of any alcohol, even low-levels, and can detect alcohol in urine up to five days after use after binge use or with regular use (One drink is detectable for 24 hours).
- It is impossible to calculate the amount of alcohol consumed from the urine levels of EtG or EtS.
- Approximately 50% of individuals admit drinking when supportively confronted. Subsequently, another 40% come to admit drinking over time. Those who initially deny drinking should receive more careful monitoring, testing, or other treatment, however, without other proof, they should not be presumed to have been drinking. Greg Skipper, MD

Cannabis effects

**EFFECTS**
- Sleep inducing
- Appetite stimulation
- Induces calm
- Induces 'mellow' feelings
- Elevates mood
- Reduces muscle tone
- Produces pleasure

**WITHDRAWAL**
- Anxiety/nervousness
- Anorexia/weight loss
- Restlessness
- Insomnia/nightmares
- Chills
- Depressed mood
- Stomach pain/physical discomfort
- Shakiness
- Sweating
Effects of Gabapentin on Cannabis Dependence


Cannabis Withdrawal Assessment Key

- New Leaf Treatment Center Assessment Key 2011

Cannabis Withdrawal Assessment Key

- New Leaf Treatment Center Assessment Key 2011
Causes of Craving in Addicts

E   W   M   S

- Environmental cues (Triggers)
  immediate, catastrophic, overwhelming craving stimulated by people, places, things associated with prior drug-use experiences
- Drug Withdrawal
  inadequately treated or untreated
- Mental illness symptoms
  inadequately treated or untreated
- Stress equals craving

C I M Model Treatment

Detoxification

Use of medications to treat withdrawal symptoms.

Kindling
Tolerance/Withdrawal

- Over-stimulation of brain pathways induces neuroadaptation, requiring the user to escalate the dose to achieve the effects formerly seen at lower doses.
- Whenever there is tolerance to drugs/alcohol, there will always be the appearance of negative symptoms (withdrawal) when the user is sober; these negative symptoms are the mirror image of the drugs’ effects.

Withdrawal Management

Withdrawal management is the use of medications to treat drug withdrawal symptoms, sometimes called “detox.”

When is withdrawal management needed?
- If the pulse is persistently above 90 beats per minute.
- If the blood pressure is persistently above 140/90 or below 90/60.
- If INSOMNIA interferes with function.
- If ANXIETY interferes with function.
- If CRAVING threatens to cause relapse.

Withdrawal Management

**PRINCIPLES**

**SUBSTITUTION**
- Calculate the dose equivalent per 24 hours
- Push medications to achieve “symptom capture”
- Maintain Diastolic BP <90 and Pulse <90

**TAPER**
- Decrease substitute medication in 10% increments
- Slow rate of taper to maintain Diastolic BP <90 and Pulse <90
- Tremor free
C I M Model Treatment

Components of Treatment

Initiation of Abstinence: Stopping Use
- Drug Detoxification: Use of medications to control withdrawal symptoms
- Avoidance Strategies: Measures to protect the client from environmental cues
- Schedule: Establishing times for arising, mealtimes, and going to bed
- Mental Health Assessment and Treatment

Relapse Prevention
- Drug Detoxification: Continued use of medications to control withdrawal
- Avoidance Strategies: Controlled re-entry to cue-rich environments
- Schedule: Adherence to a regular daily lifestyle
  - HUNGRY: Three regularly spaced meals each day
  - ANGRY: Separate feelings of anger from losing control of behavior
  - LONELY: One positive social contact per day minimum
  - TIRED: Daily practice of sleep hygiene
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  - Exercise
  - Spiritual Practice
  - Talk
  - Peer Support
  - Groups
  - Counseling
  - Having Fun
- Mental Health Treatment

Assessment and Treatment Planning
1. Establish a therapeutic alliance.
3. Assess four causes of craving.
4. Develop plan to initiate abstinence.
5. Ongoing assessment and monitoring to identify weaknesses in program.
6. Modify treatment plan to strengthen against weaknesses.
7. Daily phone or visit contact until sobriety is established
8. Establish a maintenance recovery plan
9. Provide reward/incentives for successes

Therapeutic Alliance
- Identify problems and goals
- Identify goals shared by clinician and family
- Identify reasonable time frames to meet goals
- Identify barriers to achievement
- Clinician maintains a warm, non-judgmental, and positive manner with the family.
RISK OF ADDICTION
Positive and Negative Reinforcement

If, in addition to producing pleasure (positive reinforcement), a drug is more addicting if it relieves negative states: boredom, anxiety, depression or stress (negative reinforcement).

Bio-Psycho-Social Model

• Predisposition
  Genetics
  Childhood Sexual Abuse
  Mental Illness
  Acquired Hypofrontality
  in utero alcohol/drug exposure
  low birth weight
  perinatal asphyxia
  head injury

• The Drug / Circumstances of First Use

• Enabling System

Overview Bio-Psycho-Social factors

Genetics: Does alcoholism or drug addiction run in your family? Were you truly bored in school? Were you hyperactive? Can you hold your liquor better than others?

Childhood Abuse: Did you suffer trauma (physical or sexual abuse) during your childhood? Did you experience any other life-changing difficulties?

Mental Illness: Do you have a parent or grandparent who has a mental illness: depression, anxiety, bipolar disorder or schizophrenia? Have you been diagnosed with a mental health problem? Did you become really anxious, depressed, or unable to sleep when you stop using alcohol or drugs?

The Drug: How old were you when you first started using alcohol or drugs? How long did it take before you used regularly?

Circumstances of First Use: What was going on in your life when you first began using? Was it a good time or a bad time? What benefits did using give you?

Enabling System: How easy was it for you to get alcohol/drugs? Did your parents and peers approve or disapprove of your use?
Bio-Psycho-Social Model
Analysis of Early Drug Use

Analysis:
1. Age of onset, time to regular use, use patterns, dosage form (eat, snort, smoke, inject) presence or absence of intoxication resistance.
2. Circumstances of early use: difficult or positive time in life, awareness of drug effect beyond getting high
3. What else did the drug do for you beside make you high, e.g., promote sleep, relieve depression or anxiety or boredom, help fit in, lose weight, make stronger?

C I M Model Treatment
Causes of Craving

E W M S
- Environmental cues (Triggers)
  immediate, catastrophic, overwhelming craving stimulated by people, places, things associated with prior drug-use experiences
- Drug Withdrawal
  inadequately treated or untreated
- Mental illness symptoms
  inadequately treated or untreated
- Stress equals craving
Questions about Craving

1. What is your craving score?
2. Why is your craving score high? or low?
3. How are you going to manage the craving?
4. How are you going to manage the craving for the rest of the day?

C I M Model Treatment

Environmental Assessment

Environmental Cueing
immediate, high intensity craving caused by exposure to people, places, things, and events the user associates with getting and using alcohol or other drugs.

People: Can you stay away from people you drank or used with?
Places: Can you stay away from places where you drank or used?
Things: Is your home a safe place? No alcohol? No drugs?
No drug paraphernalia?
Events: Do you have any upcoming events where people will be drinking or using?
C I M Model Treatment

Avoidance Strategies

Measures to Protect the Client From Exposure to Environmental Cues

- Identification of environmental cues
- Development of avoidance strategies-specific plan to avoid each cue
- Rehearsal of avoidance strategies
- Implementation of avoidance strategies
  - changing phone numbers
  - seeking safe housing
  - avoiding old using haunts
  - separating from old using partners/situations
  - plan for handling money
- Enforced isolation-strict avoidance of conditioned cues and total isolation from the using environment during the first four to six weeks of recovery.

C I M Model Treatment

Cessation: Environmental Control

Goal: to prepare home, school, and social environment to protect from exposure to environmental cues

- Cleaning out environments of ashtrays, paraphernalia, the drug, smell
- Rehearsing asking friends and family to discontinue use around client.

C I M Model Treatment

Structure

Detailed hour-to-hour planning of each day in which the client makes a consistent effort to make the same things happen at the same time each day.

H ungry
- Three regularly spaced, scheduled meals daily

A ngry
- Separate feelings of anger from losing control

L onely
- At least ONE positive social contact daily

T ired
- Daily practice of sleep hygiene-establishing the same bedtime and wake-up time.
  - Initially the judicious use of non-habit forming medication for sleep may be needed.
CIM Model Treatment

Mental Health Assessment

Goal: to monitor whether mental health symptoms are exacerbated by abstinence.

1. Monitor sleep, boredom, depression, anxiety, irritability
2. Use test instruments to formally assess symptoms
3. Develop access to medical assessment and treatment
4. Monitor impact of treatment on symptoms and abstinence

CIM Model Treatment

Dual Diagnosis

- Mental Illness symptoms interact with drug effects.
- Intoxication: relieves symptoms of mental illness
- Tolerance: exacerbates symptoms of mental illness
- Withdrawal: exacerbates symptoms of mental illness

How to decide if there is a dual diagnosis

- Onset of addictive disease in early or mid-adolescence
- Indiscriminate polysubstance use
- Frequent relapse despite engagement in treatment
- Client dislikes sobriety
- Mental health symptoms worsen over time.
C I M Model Treatment

**Assessment for Stressors**

**STRESS EQUALS CRAVING**

<table>
<thead>
<tr>
<th>Personal stressors</th>
<th>Lifestyle stressors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship conflict</td>
<td>Hunger</td>
</tr>
<tr>
<td>Financial problems</td>
<td>Anger</td>
</tr>
<tr>
<td>Work school issues</td>
<td>Loneliness</td>
</tr>
<tr>
<td>Parenting conflicts</td>
<td>Tired</td>
</tr>
<tr>
<td>Legal issues</td>
<td></td>
</tr>
</tbody>
</table>

**Stress Management**

Goal: to develop alternatives to drug use that are pleasureable and reduce boredom and stress

1. Practice effect of exercise, music, sports, social contact, fun activities on craving scores
2. Experiment with scheduling day as stress response technique
3. Practice fun alternative to use

**Enabling Environments**

Enabling:
Protecting the user from the consequences of his or her use of alcohol and other drugs.

Goal: Change school and home policies enabling use
- Identify local stores that sell cigarettes to youth
- Assess difficulty in accessing drugs
- Identify areas around school where tobacco/drugs are used
- Assess attitudes and use at home, among friends, and in places to hang out.
C I M Model Treatment
Recovery Tools

Behaviors that dissipate craving

• Exercise: Two 20-minute exercise periods daily
• Spiritual practices: Meditation, Prayer
• Talk: Treatment groups, Journal writing
• Peer support groups, Narcotics Anonymous
• Individual counseling, Alcoholics Anonymous
• Counseling: Cognitive Behavioral Therapy (CBT), Motivational Enhancement Therapy (MET)
• Contingency Contracting
• Baths/Shower: Hot or cold
• Orgasms: Safe sex/self sex
• Relaxation exercises: Using audio tapes or learned behavioral techniques
• Having Fun

Community Response to Methamphetamine Pregnant and Parenting Families

Drug Treatment
• Outpatient 1:1 and group
• Dependency Court

Educational Interventions
• Parenting Class
• Anger Management Class
• Battered Women’s Support

Community Support
• 12-Step Programs
• Church/Pastoral Counseling

Mental Health Treatment
• Medication Management
• Therapy

Use Episode

• In the community setting the client is constantly buffeted by environmental cues.

• Drugs are readily available, and often the client has frequent, early use episodes.
Relapse

- In Relapse the client disappears from treatment and returns to using drugs.
- Losing control is not shameful
- Returning to treatment is an act of courage and is praise worthy.

---

Nicotine Management in Pregnancy

<table>
<thead>
<tr>
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</thead>
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<tr>
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<td>Nicotine Management in Pregnancy</td>
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## Sedative Hypnotic Withdrawal Symptom Assessment Key

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
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<tbody>
<tr>
<td>Sleeplessness</td>
<td>0</td>
</tr>
<tr>
<td>Difficulty falling asleep</td>
<td>1</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>2</td>
</tr>
<tr>
<td>Feeling tired</td>
<td>3</td>
</tr>
<tr>
<td>Napping during day</td>
<td>4</td>
</tr>
<tr>
<td>Excessive daytime sleep</td>
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<td>Craving sleep</td>
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<td>Nightmares</td>
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<td>Agitation</td>
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<td>Waking early</td>
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### New Leaf Treatment Center Assessment Key 2012

The above symptoms are a guide and may not fully cover all symptoms. Please consult a healthcare professional for a comprehensive assessment. The symptoms listed above are common but not exhaustive. The assessment should be used in conjunction with other assessment tools.