

Substance- Related and Addictive Disorders

Class 8
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Think. Pair.
Share.

What is one thing you can do this week to
engage in intentional self-care?



Introduction to Substance-Related Disorders

- Substance-related disorders encompass a range of conditions involving 10 classes of drugs.
- These classes include alcohol, caffeine, cannabis, hallucinogens, opioids, sedatives, stimulants, tobacco, and others.
- All drugs that are taken in excess activate brain reward systems, impacting behaviors and memory formation (Koob and Volkow, 2016).

The background of the slide features a collage of chemical structures, including various rings and functional groups, rendered in a light blue, semi-transparent style. A prominent double-headed arrow is visible in the center-left area, pointing towards the right.

Mechanisms of Reward Activation

- Drugs vary in their pharmacological mechanisms but generally produce a "high" by activating reward systems.
- Neurobiological roots of substance use disorders can be observed in behaviors preceding actual substance use (Aliev et al., 2015; Moffitt et al., 2011).
- Substance use also affects brain inhibitory mechanisms, contributing to addictive behaviors (Lucantonio et al., 2012).



Substance Use Disorder vs. "Drug Addiction"

- The term "substance use disorder" replaces "drug addiction" in DSM-5 due to its neutral and defined diagnostic criteria.
- Severity ranges from mild to severe, describing a chronically relapsing, compulsive pattern of drug use.



Gambling Disorder and Behavioral Addictions

- Gambling disorder is included due to similarities in activating reward systems like substance use disorders.
- Other behavioral addictions (e.g., Internet gaming, sex addiction) lack sufficient evidence for diagnostic criteria.

Substance-Induced Disorders

- Divided into substance use disorders and substance-induced disorders.
- Includes substance intoxication, withdrawal, and substance/medication-induced mental disorders.
- Criteria vary across drug classes and include conditions like psychotic, depressive, and anxiety disorders.

Differential Diagnosis and Organization

- The chapter is organized by substance class to aid in differential diagnosis.
- Substance-induced mental disorders are aligned with their respective diagnostic chapters (e.g., depressive disorders, anxiety disorders).

<https://www.youtube.com/watch?v=BtG9basK1KY>





Article Presentation

Substance Use Disorders

- The equal opportunity class of mental disorders
- Effects millions of Americans and costs billions of dollars
 - These just direct costs
 - Costs to productivity, legal, etc.
- Public Health Frame; primary, secondary, and tertiary prevention
- Person in Environment
 - Individual, Relational, Cultural, and Societal Dynamics (Access and Legality)



Key Terms

Let's
Review



Etiology



Complex etiology



Learned



Object relations, attachment and symbolic nurturance



Affect regulation theory



Behavioral systems of
reward (positive and
negative reinforcement)

Operant conditioning

Alcohol Use Disorder



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1x



Small Group Reflection

- In the video with Buckels and Yalom, Buckels discusses that clients may be wary of fully reporting the extent of their use.
 - Have you seen this in practice?
 - What implications might there be for our work?
 - What does that mean to you in terms of diagnosing?



Screening

- Many screening tools exist to help assess for substance use (e.g., [SBIRT](#)).
- Let's take an opportunity to practice administering a substance abuse screener. Choose one of the questionnaires below to role-play with a partner.
 - [Alcohol screening questionnaire \(AUDIT\)](#)
 - [Drug Screening Questionnaire \(DAST\)](#)

A microscopic view of numerous red blood cells, which are biconcave discs, floating in a dark fluid. The cells are illuminated from the side, creating a bright rim and a darker center, giving them a three-dimensional appearance. They are scattered across the frame, with some in sharp focus and others blurred in the background.

Brief Review of Neurocognitive Disorders

Cognitive Symptoms of Dementia

- Impairs Functioning (Activities of Daily Living)
- Memory Loss and one other...
- Loss of Orientation
- Confusion=memory loss + loss of orientation
- Loss of Comprehension
- Lack of Concentration
- Impairment in Problem Solving
- Anxiety
- Delusions/hallucinations



Costs of Dementia

Excess disability

Increased hospitalization
and institutionalization

Premature
institutionalization

Suffering

Costly to person and society

Assessment Tools

Standardized
measures


Direct
interview/observation

Caregiver reports



How might we “see” dementia?

- Psychosis
- Depression (pseudo-dementia)
- Altered circadian rhythms
- Agitation (restlessness, repetitive mannerisms, pacing, hiding objects, inappropriate dressing/undressing, physical aggression, negativism, repetitive sentences, constant interruptions, requests for attention)
- Disinhibition
- Anxiety



all across America,



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1x



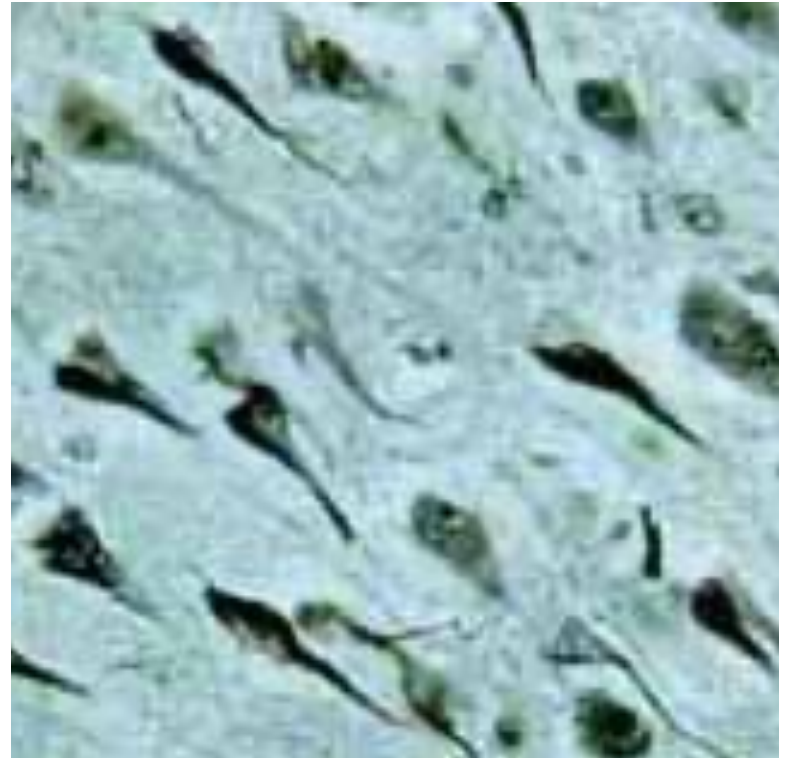
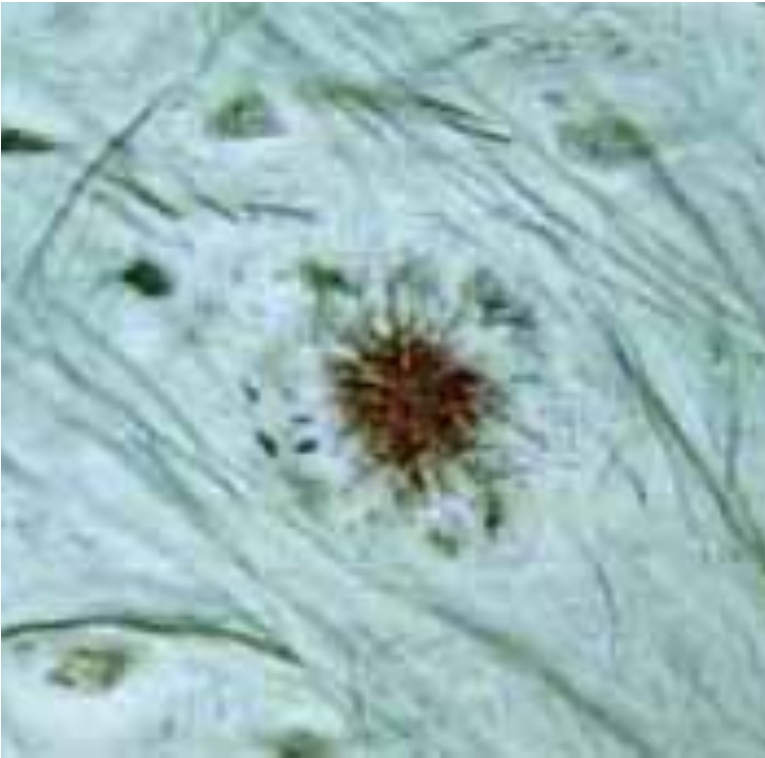
Alzheimer's: Every Minute Counts 

Alzheimer's Disease

- Most common type of dementia, affects 7% of those 65+ and 29% of those 85+

Normal Aging	Possible AD
Forget to turn off stove	Forget <i>how</i> to turn off stove
Having to retrace steps	Forgetting how you got some place
Forget someone's name	Forget name repeatedly

Changes in Brain Structure: Plaques and Tangles



Caring for Someone with Alzheimers'

- The vast majority of persons with Alzheimer's are cared for in the community
- One family member, usually a spouse or an adult child, take on caregiver role
 - Results in significant drain of resources
 - Results in caregiver burden
 - Objective (Time, Financial)
 - Subjective (Identity Loss, Grief Reactions)





Alzheimer's and Identity Loss

- “members of a dyad, come to know aspects of one another through countless daily interactions (Orona,1997)”...
 - over time, our identity in relationships becomes taken for granted
 - each member of the dyad reciprocally maintains the other's identity

Identity Loss Continued...

- Early Indicators of Alzheimer's
 - Strange and unexpected changes in identity
 - Explained away by each member of the dyad, situation normalized
- Next is Mobilization; identity shifts immediately to the role of caregiver
- The Taken-for-Granted activities of daily life become the primary chore
 - Dressing, Feeding may take hours
 - The meaning of time and space is completely altered

Identity Loss continued...

- Caregivers are losing a person that was able to validate their own identity
- Often attempt protect the identity of the patient by holding on to old habits
 - Coffee and ice cream
 - Patient not always aware of changes in identity that are occurring




Mini-Mental State Examination (MMSE)

nt's Name: _____

Date: _____

Instructions: Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day? Month?"
5		"Where are we now? State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

- Let's practice. In a dyad or triad, please take turns administering the MMSE.

Other Losses of Caregivers of AD

- Physical death the second death
 - Disenfranchised grief; grief that is not publicly shared or socially supported
 - Ambiguous grief; no clear beginning and end
- Loss of Social Support
 - Friends uncomfortable with person with AD
 - Lack of time available for socializing
- Loss of Health
- Loss due to institutionalization...loss of role may result in “who am I” and feelings of guilt



New Areas of Federally-Funded Research for Alzheimer's

- Delaying the onset of Alzheimer's for those with Mild Cognitive Impairment
 - Randomized Clinical Trials with Aricept, Vitamin E, Vitamin C, Gingko Biloba
 - Delayed for 7-18 months
- Neuro-imaging
 - PET scans and MRI to detect changes in hippocampus
- Brain Inflammation
 - NSAIDS
- Gene Studies
- Vaccination



Questions?

Comments?

