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Psychosocial assessment example substance abuse

Substance abuse can be a co-occurring issue among those diagnosed with schizophrenia. Roughly 50 percent of individuals suffering from schizophrenia struggle with drug and alcohol abuse. Some people who abuse drugs may display symptoms similar to those of schizophrenia, which may lead people to think that those with schizophrenia may be "high on drugs." This can, at times, make it difficult to diagnose schizophrenia or co-occurring disorders. While substance abuse does not cause schizophrenia, it can act as an environmental trigger. Using drugs such as cocaine, amphetamines, and marijuana can also increase schizophrenic symptoms and worsen their severity. Also, people who have schizophrenia often abuse alcohol or drugs, and may experience particularly bad reactions to certain drugs. Research is mixed as to the cause and correlation between schizophrenia and substance abuse. Some researches believe that people use drugs or alcohol to self-medicate when experiencing unpleasant symptoms or the side effects of antipsychotic medication. Others believe that people predisposed to develop schizophrenia are also at risk for substance use. There is also evidence that environmental factors can play a role, as a majority of people with schizophrenia and substance abuse experienced a significant trauma earlier in life. Schizophrenic people commonly abuse substances including nicotine, alcohol, cocaine, and cannabis, and they experience more cognitive impairment, more intense psychosis, and, thus, an increased need of emergency services. They are also more prone to legal troubles and incarceration. The most common form of substance use disorder in people with schizophrenia is nicotine dependence due to smoking. While the prevalence of smoking in the U.S. population is about 25 percent to 30 percent, the prevalence among people with schizophrenia is approximately three times as high. People with schizophrenia who smoke are at increased risk of experiencing delusions, hallucinations, and disjointed speech. They also, as a result, would require higher dosages of antipsychotic medications. Since smoking can interfere with the response to antipsychotic drugs, studies have found that schizophrenia patients who smoke need higher doses of antipsychotic medication. It is vital that both disorders are treated simultaneously. If a person stops substance use without being connected to proper medication and treatment for mental health, they are likely to relapse. Likewise, if a person is given mental health treatment without addressing substance abuse, they may stop treatment. This is why it's important to treat both disorders at concurrently. Expected teen behavior and signs of substance use disorder may look similar. Learn about the symptoms of teen substance use disorder and what to do next. Have you noticed your teen behaving differently for a period of time? Are they no longer hanging out with or talking with their friends? Have they made new friends you've never met? Do they seem more secretive? Are they arguing with you more? Or, if you're a teen who regularly uses drugs or alcohol, have your friends or family told you that you seem different? Even if you don't think your drug use is a problem, have they said some things that may have upset you, but now you're wondering whether they may be true? Research shows that the younger a child is when they first try a substance, the more likely they are to continue to use that substance and develop a substance use disorder. Early drug use can affect some important brain developments, too. But there is good news: Getting help for a substance use disorder during the teen years often means they'll recover successfully. Even though alcohol and many drugs are illegal for teens, many young people still experiment for various reasons. The most common substances teens may misuse are alcohol, cannabis, tobacco inhalants, including breathing the fumes of glues, household cleaners, or pen-synthetic cannabinoids like K2 or Spice. Prescription medication, including opioids, cough medicine, and MDMA (ecstasy). When someone uses these or other substances on a regular basis, a healthcare professional may diagnose a substance use disorder. The professional will follow a set of 11 criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Based on the DSM-5, your teen may have a substance use disorder if they: take more of the substance than they intended, or take it for longer than they intended; cannot decrease or stop using the substance; spend a lot of time doing things to get, use, or recover from the substance; have cravings for the substance; are using the substance so much that they're unable to do things like go to school or work, or handle their responsibilities at home; continue to use the substance even though they're having problems with friends or family because of their substance use; decrease the amount of time they spend with friends or doing activities they once enjoyed, or stop doing them entirely; use the substance under circumstances that may not be safe; continue to use the substance even though they know that it's causing them problems; have built up a tolerance to the substance; experience withdrawal symptoms if they stop taking the substance, or take it to prevent those withdrawal symptoms. Depending on how many of the above symptoms a person experiences, the substance use disorder may be described as: Mild: two to three symptoms Moderate: four to five symptoms Severe: six or more symptoms It can be difficult to determine whether your teen is acting differently because they're simply going through adolescence or if they have developed a substance use disorder. Still, there are some common signs to look for that may indicate a substance use disorder. Changes in appearance Most teens care about how they look. They may prefer a certain brand or style of clothing, or a specific haircut based on the latest trends. But teens with a substance use disorder may not seem to care as much about their looks, and choose to focus their attention more on the substance. Changes in eating and sleeping habits If your teen has developed a substance use disorder, you may notice that they eat or sleep too much or too little. Some substances, like amphetamines, may make your teen feel as though they don't need a lot of food or sleep. Others, like cannabis, may cause them to eat and sleep more than they did before. Changes in their social group Making new friends obviously doesn't always mean something negative. But if your teen suddenly seems to surround themselves with a whole new group of people who greatly seem to differ in personality from their previous group of friends, it may be something to pay attention to. If their old friends weren't using drugs or alcohol, they may not fit in with your teen's new lifestyle. So, your teen may begin to hang out with people who have the same interests and enjoy the same substances. Lack of social activities If your teen is no longer interested in playing the sports or participating in the clubs they once enjoyed, a substance use disorder could be getting in the way. Sometimes they're no longer interested because substance use has become more important. Other times, it's because they may feel embarrassed or wish to hide their substance use. Other changes in behaviors Everyone goes through changes in mood and behaviors from time to time. Teens are no exception. They can be moody and distant one day and warm and cordial the next. But when your teen has developed a substance use disorder, changes in mood and behavior may be more severe, to the point where it seems to you that their entire personality has changed. You may notice they: appear depressed or angry all of the time; ignore their chores or responsibilities; get annoyed more easily; get in trouble at school or with the police; have an overall negative attitude; have low self-esteem; lie, steal, or break curfew; show poor judgment; skip school or work; start arguments or physical fights; no longer study and their grades have dropped. Anyone can develop a substance use disorder, but certain situations or conditions can make someone more likely to try or misuse drugs or alcohol. Risk factors based on early life A person may be more likely to develop a substance use disorder if they: Risk factors based on co-occurring conditions Your teen's risk of substance use disorder increases if they have one or more mental health conditions, such as anxiety, depression, or ADHD. Use drugs or alcohol to manage their emotions Risk factors based on family surroundings Children may be more likely to develop a substance use disorder if: their biological mother misused substances during pregnancy; one or both parents, or other close relatives, have a substance use disorder; the parents or other caregivers don't actively discourage drug or alcohol use; they lack parental supervision; the parents or family don't accept the teen's sexual or gender identity Risk factors based on school and peers Social factors may also influence whether someone develops a substance use disorder. For example, a teen may start misusing substances if they: don't feel connected or motivated at school; don't make good grades at school; have become friends with other teens who use substances; don't have a lot of friends at school; are being bullied; it can be very hard and even scary to notice signs of a substance use disorder in your child — and it can be even harder for your teen. But being honest about what you're seeing or experiencing is important. If you believe your teen is experiencing more than one of the signs or symptoms of a substance use disorder, it's best to make an appointment to speak with a doctor you and your teen trust. This doctor could be a pediatrician or a mental health professional, such as a psychologist or a psychiatrist. They will ask a series of questions that can help determine the level of the substance use disorder. They may also ask for your teen to give urine and blood samples. Try to remind yourself and your teen that most healthcare professionals only want to help, not judge. Substance use disorder is a serious and challenging condition, not a sign of weakness. Treatment for substance use disorder If your teen needs treatment for their substance use disorder, their doctor or treatment team will create a customized program. It will be based on: what substances they use; any other medical or mental health conditions they may have; any social problems they may have encountered; Both inpatient and outpatient programs are available. Some teens do better in an inpatient program where they stay at the treatment facility for some time. Research has shown that the best treatment for teens is one that involves therapy with the entire family, as well as cognitive behavioral therapy (CBT) or a combination of therapeutic methods. There are several new approaches that are now being used in addition to the traditional therapeutic model. Treatment may also include: medications to help your teen taper off the substance; exercise programs; learning mindfulness techniques; learning about the harm of substance use. While a lot of hard work may lie ahead for both of you, you can help your teen recover from a substance use disorder. Once you have acknowledged that your teen may have a substance use disorder, you've taken the first step. The next step is to approach your teen. Before you do, make sure you're prepared. Here are some things you can do. Talk it over with your partner or anyone who parents your teen. Make sure you both agree on what you'll say and that you support each other during the conversation. Agree not to yell. Discuss how you can approach your teen and best express your love and concern. Be prepared for your teen to fight back. They may call you a hypocrite because they know you drink alcohol or have tried drugs before. You should be honest and explain that your use hasn't harmed your life — or that it has, if that's the case. Overall, keep the focus on your teen and your concerns. If your teen becomes angry, try to stay calm. Fighting back with anger won't help. Help them understand that you're coming from a place of love. Bring proof of your concerns. Gather anything you find that can support your concerns. It could be substances, devices like pipes, empty bottles or wrappers, etc. Still, be calm and factual when presenting your proof. Do not be accusatory or angry. Plan the next steps before you talk. Determine what should happen next. Are you setting out rules for them to follow? Do you want to take them to a doctor? Let them know what will happen next, but also listen to and address their concerns. Educate yourself. With this article, you've already made a first step toward educating yourself about teen substance use disorder and how to help your teen recover. Still, many additional resources are out there, so consider learning more. Some options include: If you're a teen and you feel like you can no longer control your substance use, consider finding someone to talk to. If you're not yet comfortable talking with your parents, reach out to a teacher, school counselor, or other adult you trust. You — or your parent — can also call the Substance Abuse and Mental Health Services Administration (SAMHSA) helpline at 800-662-4357. This is a free, confidential treatment referral and information service. If you're the parent, the first step is to review the signs and symptoms above. Then, make a plan to talk with your teen. If your teen has a substance use disorder, remember that help is available. Once you've visited a doctor and received a diagnosis, a personalized treatment program can help you overcome your substance use disorder. Substance abuse counselors provide treatment and advice for patients with alcoholism, drug addiction or other behavioral issues. States require a license to practice as a substance abuse counselor in a private facility, which can require as many as six years of college education and 3,000 hours of supervised work experience. Counselors working in a government substance abuse program may qualify for the position with a high school diploma, addiction counseling courses and as many as three years of supervised work experience. Requirements for education vary by state. According to the Bureau of Labor Statistics, substance abuse counselors working in a private practice setting must obtain a license to practice, which usually requires a master's degree. Students must complete a four-year undergraduate degree to qualify for entry to the two-year master's degree program. Master's degree programs in substance abuse counseling or human services meet the education requirements. Coursework may include counseling theories, group counseling, psychophysiology, pharmacology of addictions and treatment planning. Graduate degrees in substance abuse counseling or human services may also include an internship. Counselors may also qualify for a license with a master's degree in psychology, counseling, social work or mental health. Substance abuse counselors working for some state programs may require only a high school education and counseling training courses. For example, the Hawaii Department of Health requires a high school diploma, a minimum of 400 hours in practical training and 270 hours of substance abuse education. States require applicants for a private practice substance abuse counselor license to complete clinical experience under the supervision of a licensed counselor. The work experience must take place after the completion of the master's degree. State boards may require 3,000 hours of clinical experience to qualify for a private practice substance abuse counselor license. Counselors working in government substance abuse programs must complete up to three years of supervised work experience to qualify for the position. For example, the New York State Office of Alcoholism and Substance Abuse Services requires a minimum of 6,000 hours of full time work experience as a direct patient provider, which may take up to three years to complete. State licensing boards may require applicants who meet the education requirements to take and pass an examination offered by a national credentialing organization. The National Board for Certified Counselors offers the National Counselor Examination for licensing substance abuse and mental health counselors. States may also require counselors to pass examinations on state laws and regulations for mental health counseling. Government substance abuse programs may also require counselors pass a credentialing examination to qualify for the credential. The Hawaii Department of Health requires counselors pass a written and oral certification examination. The National Board for Certified Counselors offers a credentialing process for mental health counselors that may enhance employment opportunities and meet state licensing requirements. The credentialing organization offers the Master Addictions Counselor certification for professional substance abuse counselors who meet the requirements. To qualify for the certification, applicants must hold the National Certified Counselor credential, which requires a master's degree education, 3,000 hours of supervised experience over a two-year period and a passing score on the National Counselor Examination. To earn the Master Addictions Counselor credential, applicants must also complete a minimum of 12 semester hours in addiction coursework in a graduate program, three years experience in addictions counseling and a successful score on the Examination for Master Addictions Counselor test. Substance abuse and behavioral disorder counselors earned a median annual salary of \$41,070 in 2016, according to the U.S. Bureau of Labor Statistics. On the low end, substance abuse and behavioral disorder counselors earned a 25th percentile salary of \$32,470, meaning 75 percent earned more than this amount. The 75th percentile salary is \$52,690, meaning 25 percent earn more. In 2016, 102,400 people were employed in the U.S. as substance abuse and behavioral disorder counselors.

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