Training Toolkit
FOR
Overview of Adolescent Co-Occurring Disorders
(Substance Use Disorders and Mental Health Diagnoses)
Fall 2011

Self-Assessment

Module 1. History and Issues in Co-Occurring Disorders

1-1. Which is NOT true of the evolution of treatment for individuals with co-occurring disorders?

a. Traditionally, substance use disorders were treated in separate systems from other psychiatric disorders.
b. Data have shown that substance use disorders commonly occur with other mental illnesses.
c. Traditional treatment strategies, which focused only on mental health or substance use disorders, are effective for persons with co-occurring disorders.

1-2. Which is NOT true of traditional mental health services in the U.S.?

a. Psychiatrists take the initiative in treating patients.
b. Role of medications is substantial.
c. Role of behavior therapies is substantial.
d. Role of self-help is substantial.

1-3. Which is true of traditional substance abuse services in the U.S.?

a. Psychiatrists take the initiative in treating patients.
b. Role of medications is substantial.
c. Role of behavior therapies is substantial.
d. Role of self-help is substantial.

1-4. Which of the following CANNOT be regarded as a best-practice principle in treating adolescents with co-occurring disorders?

a. Use support systems to maintain effectiveness.
b. Adopt a single-modality viewpoint.
c. Address specific real-life problem.
d. Maintain a recovery perspective.

1-5. Which of the following is NOT recommended for the integrated treatment of co-occurring disorders?

a. Clients participate in one program that provides treatment for both mental health disorders and substance use disorders.
b. Staff offers substance use treatment for clients with mental health disorders.
c. The use of self-help groups should be kept to a minimum for both mental health disorders and substance use disorders.
d. Medications are used as needed for both mental health disorders and substance use disorders.

Module 2. Competency and Training in Co-Occurring Disorders and Introduction to Screening and Assessment

2-1. Which of the following is a key competency required for staff working in co-occurring treatment with adolescents?

a. Appreciation of complexity for those with co-occurring disorders
b. Openness to learning new information
c. Recognition of limitation and expertise
d. Flexibility in approach
e. Belief that clients do recover
f. All of the above

2-2. Which of the following strategies should mental health and substance abuse staff use for the integrated treatment of co-occurring disorders?

a. Involve the family in cooperative treatment plan.
b. Use DSM-IV, Axis I and Axis II, to assess substance-related disorders and mental disorders.
c. Apply knowledge that relapse is not a failure but may indicate a need for reassessment of the treatment plan or level of care.
d. All of the above

2-3. Which of the following is NOT true of the assessment of co-occurring disorders?

a. Staff needs to contact as many involved parties as possible — such as families, other providers, court systems, and other collaterals.
b. Co-occurring disorder is likely to be over-recognized.
c. Staff should not rely on tools alone for a comprehensive assessment.
d. Symptoms of drug use may mimic those of mental health disorders.

2-4. Which of the following might be especially useful as an assessment tool for courts?

a. CAFAS (Child and Adolescent Functional Assessment)
b. ASAM (American Society of Addiction Medicine)
c. GAF (Global Assessment of Functioning)
d. ASI (Adolescent Addition Severity Index)

Module 3. Assessment of Co-Occurring Disorders—Page 3.1

3-1. Fill in the blank.

_____is a family of instruments, training, quality assurance, certification, and monitoring protocols designed to

- Provide an infrastructure for implementing and monitoring evidenced-based practice.
- Support clinical decision making.
- Integrate outcome monitoring and research into clinical assessment.
- Pool data to support program evaluation and planning.

3-2. What follows is the list of steps in the assessment of co-occurring disorders. Fill in each blank with an appropriate step given below the box (A–G).

1. Engage the client
2. _____
3. _____
4. _____
5. _____
6. _____
7. Determine disability and function
8. Identify strengths and supports
9. Identify cultural needs and supports
10. Identify problem domains
11. _____
12. _____

A. Plan treatment
B. Screen for co-occurring disorders
C. Determine quadrant of responsibility
D. Determine ASAM level of care
E. Identification of collaterals
F. Determine diagnosis
G. Determine stages of change

Module 3. Assessment of Co-Occurring Disorders—Page 3.2

3-3. Which of the following is necessary during the "screen for co-occurring disorders" step in assessment of co-occurring disorders?

a. Screen for mental health issues
b. Screen for substance abuse issues
c. Screen for safety risks: suicide, violence, HIV, Hep C, and danger of physical or sexual victimization
d. Screen for cognitive deficits
e. All of the above

3-4. The ASAM (American Society of Addiction Medicine) PPC-2R provides guidelines for type and intensity of care. The PPC-2R is used to evaluate a patient's needs regarding addiction and co-existing mental, emotional, and medical diseases. Based on the evaluation, the proper type of care that is needed can be recommended. List the six dimensions of ASAM PPC-2R assessment.

Dimension 1: _____
Dimension 2: _____
Dimension 3: _____
Dimension 4: _____
Dimension 5: _____
Dimension 6: _____

3-5. Among the following statements, which one is NOT true of the four quadrant framework for co-occurring disorders?

a. Quadrant I: Individuals at this level can be accommodated in intermediate outpatient settings with consultation or collaboration.
b. Quadrant II: Individuals at this level normally receive treatment in mental health centers using integrated case management.
c. Quadrant III: Individuals at this level are usually treated in substance abuse programs with collaboration/integrated mental health services.
d. Quadrant IV: Individuals at this level are required to receive services for either a mental health disorder or a substance use disorder and must be residential.

Module 4. Evidence-Based Models in Co-Occurring Treatment

4-1. Which of the following is NOT a principle of motivational interviewing?

a. Express empathy
b. Support self-efficacy
c. Develop discrepancy
d. Use argumentation

4-2. Which of the following is NOT true of motivational interviewing?

a. It is the client's task, not the counselor's, to articulate and resolve the client's ambivalence.
b. Motivation to change is elicited from the client and not imposed from without.
c. Direct persuasion is an effective method for resolving ambivalence.
d. Readiness to change is not a client trait but a fluctuating product of interpersonal interaction.

4-3. Fill in the following blanks.

A. _____ is a type of treatment used in the mental health or substance abuse fields. Patients are rewarded (or, less often, punished) for their adherence to or failure to adhere to program rules and regulations or their treatment plan.

B. _____ is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do. It aims to solve problems concerning dysfunctional emotions, behaviors, and cognitions through a goal-oriented, systematic procedure.

4-4. Which of the following is a principle of cognitive behavioral therapy (CBT)?

a. Philosophy of personal responsibility—The belief that a person's feelings and behaviors result from one's own thoughts, not from external influences (such as people and events).
b. Collaboration—The role of CBT therapists is to learn what their patients want out of life and then help their clients achieve those goals.
c. A basis in the educational model; that is, the objective of CBT isn't to "just talk" but rather to help patients recognize unhealthy thought patterns and learn new and more productive means of reacting to life events.
d. Structure and direction—CBT therapists teach patients how to think and behave in more satisfactory and effective ways. CBT therapists do not tell their clients what to do; rather, they teach their clients how to make changes their clients choose to make.
e. All of the above

Module 5. Treatment Continued and Special Issues in Treatment of Teens—Page 5.1

5.1 What does the following description explain? Fill in the blanks.

_____ is an important component of addiction treatment. The _____ model proposed by Marlatt and Gordon suggests that both immediate determinants (e.g., high-risk situations, coping skills, outcome expectancies, and the abstinence violation effect) and covert antecedents (e.g., lifestyle factors and urges and cravings) can contribute to relapse.

5-2. Which of the following is NOT an appropriate intervention strategy for relapse prevention?

a. Identifying and coping with high-risk situations
b. Enhancing self-efficacy
c. Punishment
d. Eliminating myths and placebo effects
e. Lapse management
f. Cognitive restructuring

5-3. What do individuals note in the relapse analysis chart presented below?

Answer: _____

Relapse Analysis Chart

Name:_____ **Date of Relapse:**_____

CAREER EVENTS	PERSONAL EVENTS	TREATMENT EVENTS BEHAVIORS	DRUG/ALCOHOL RELATED	BEHAVIORAL PATTERNS	RELAPSE COGNITIONS	HEALTH HABITS STATUS

FEELINGS RELATIVE TO ABOVE EVENTS

Module 5. Treatment Continued and Special Issues in Treatment of Teens—Page 5.2

5-4. Which two of the following describe the uses of a relapse analysis chart?

a. To interrupt the relapse episode before the actual drug/alcohol use
b. To see when a relapse episode begins
c. To keep track of a series of relapse episodes
d. To make adjustments to avoid a full relapse

5-5. What could be a purpose of relapse prevention groups?

a. To allow clients to interact with other people in recovery
b. To allow co-leaders to share long-term sobriety experiences with group members
c. To generate group cohesion among clients
d. To allow clients to benefit from participating in a long-term group experience
e. All of the above

5-6. Which of the following is NOT true of the treatment of teens?

a. Some delay in normal cognitive and social-emotional development is often associated with substance use during adolescence.
b. Younger adolescents have similar needs to those of older adolescents. Programs for different age groups should be similar and consistent.
c. Treatment should identify delays in normal cognitive and social-emotional development and their connections to academic performance, self-esteem, and social considerations.
d. Treatment for adolescents must also take into account gender, race/ethnicity, culture, class (economic status), disability, and stages of change.

Module 6: Substance Use Disorders Symptoms and Issues

6-1. Fill in the following blanks.

A. DSM-IV stands for _____.
B. DSM-IV is a manual published by the _____ that includes all currently recognized mental health disorders.

6-2. According to DSM-IV, which of the following CANNOT be regarded as a manifestation of substance abuse?

a. Failure to fulfill major role obligations at work, school, or home.
b. Persistent desire or unsuccessful efforts to cut down (decrease) use.
c. Recurrent substance use in situations in which it is physically hazardous.
d. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

6-3. Which of the following CANNOT be regarded as a manifestation of substance dependence?

a. Using larger amounts or over a longer period than was intended.
b. Recurrent substance-related legal problems.
c. A great deal of time is spent in obtaining the substance, using, or recovering from the substance's effects.
d. Important social, occupational, or recreational activities are given up or reduced.
e. Continued use despite knowledge of having a persistent or recurrent physical or psychological problems caused by the substance.

6-4. What follows is a list of stages of drug abuse. Fill in each blank with an appropriate stage among the choices given below (A–D).

1. Potential for abuse
2. _____
3. _____
4. _____
5. _____

A. Addiction
B. Deterioration of self
C. Use to preoccupation with use
D. Experimentation

Module 7. Common Drugs of Choice in Teens

7-1. List five or more common physical symptoms of teens using drugs.

7-2. List five or more common behavioral symptoms of teens using drugs.

7-3. What follows is a definition of a "drinker." Fill in the blanks with an appropriate number.

Binge drinking: ____ or more drinks for a female and ____or more drinks for a male at one sitting
Chronic drinking: Daily or almost daily alcohol consumption. _____drinks per month.

(Additional note: A "drink" is defined as 2 oz. of pure alcohol, regardless of size of container or type of beverage – i.e., beer, liquor, wine.)

7-4. Fill in the blanks.

Marijuana often exacerbates symptoms of _____ and is often used to self-medicate _____disorders.

7-5. List three or more common withdrawal symptoms associated with marijuana.

Module 8. Drugs of Choice Continued

8-1. List five drugs that are commonly abused among teens.

8-2. What follows is a description of some of the commonly abused drugs. Fill in the blanks with an appropriate choice given below the box (A–E).

1. _____is the most abused prescription pain killer. OxyContin, which has heroin-like effects that last up to 12 hours, is the fastest-growing threat among _____ products.

2. _____is one of the stimulants most commonly abused by young people. It is an amphetamine-like central nervous system stimulant with properties that are similar to cocaine.

3. While _____will initially boost energy and confidence, their use over time leads to symptoms such as anxiety, aggression, sleep difficulties, hallucinations, and paranoid thinking. _____will often mimic numerous mental health symptoms such as depression, bipolar disorder, and schizophrenia.

4. Since the late 1990s, _____abuse has increased among adolescents, in part because the drug is easily accessible and is perceived to be safe. Severe side effects have been reported at high doses, including rapid heartbeat, high blood pressure, agitation, loss of muscle control, and psychosis (a loss of contact with reality).

5. Due to the damage inhalants can cause on the brain, symptoms similar to those of _____ may be noticed.

A. Ritalin (methylphenidate)
B. Schizophrenia
C. Oxycodone
D. Dextromethorphan (DXM)
E. Stimulants

Module 9. Teens and Mental Health Disorders

9-1. Which of the following is NOT true?

a. Girls tend to have more internalizing disorders while boys have more externalizing disorders
b. Disorders in infancy, childhood, and adolescence may have the same symptoms as in adulthood.
c. Mental health disorders emerge during ongoing development.
d. Mental health disorders at times may look like misbehavior, but they are not the same.

9-2. Which of the following is NOT appropriate in the blank below?

The most frequent disorders that are co-morbid with substance use in children/adolescents are _____.

a. Conduct disorder
b. ADHD
c. Misbehavior
d. Anxiety disorders
e. Depression

9-3. What are three significant keys (or "warning signs") for determining the severity of a child's emotional problem?

Answer: _____

9-4. Which of the following is a factor influencing children's mental health?

a. Genetics
b. Disruption in neurochemical transmission
c. Deprivation of basic needs
d. Stressful life events
e. Cultural norms
f. Personality traits
g. All of the above

9-5. List five or more key characteristics, or symptoms, of ADHD.

Module 10. Teens and Mental Health Disorders Continued

10-1. Fill in the following blanks.

A. _____ is caused by an exposure to a traumatic event in which the person experienced, witnessed, or was confronted by death or serious injury to self or others AND responded with intense fear, helplessness, or horror.

B. _____is characterized by episodes of major depression as well as episodes of mania—periods of abnormally and persistently elevated mood or irritability.

10-2. List five or more key symptoms of anxiety disorders in adolescents.

10-3. Among the medicines used for the treatment of anxiety that have low abuse potential, which one is recommended most for adolescents?

a. Vistaril
b. Luvox
c. Benadryl

10-4. Which of the following should NOT be prescribed for the treatment of bipolar disorder in teens?

a. Risperdal
b. Abilify
c. Ativan
d. Lithobid
e. Zyprexa

Module 11. Mental Health Disorders Continued and Family Therapy

11-1. The following two statements are descriptions of certain types of behavior disorder. Fill in the blanks.

A. _____ tends to manifest as resistance and negativity toward authority figures.

B. _____symptoms represent behaviors that oppose societal rules and/or may represent a violation of the basic rights of others.

11-2. List key warning signs of oppositional defiant disorder or, possibly, conduct disorder.

11-3. Fill in the blanks with an appropriate choice given below (A–C).

Research indicates that brain scans of adolescents diagnosed with conduct disorders or later with anti-social personality show lack of development in the _____ cortex.

Brain scans of teens with schizophrenia show brain lesions in the _____ and the _____ cortex.

A. Frontal
B. Thalamus
C. Prefrontal

11-4. What follows is a description of a type of therapy used in treating substance users. Fill in the blank.

In _____, the unit of treatment is the family and/or the individual within the context of the family system. The person abusing substances is regarded as a subsystem within the family unit. The relationships within this subsystem are the points of therapeutic interest and intervention.

Module 12. Adolescent Thinking and Brain Chemistry

What follows is a description of several regions of the brain. Fill in the blanks with an appropriate choice given below the box (A–F).

12-1. Adolescents tend to use the _____ (fight-or-flight response) region of the brain rather than the frontal cortex to read emotions.

12-2. The _____is the decision maker of the brain and is involved with judgment and impulse control. It is linked to issues with attention, planning, ADHD, conduct disorders, and depression.

12-3. The _____ helps us shift our attention from one task to another. It is usually linked to anxiety disorders, eating disorders, oppositional defiant disorders, and compulsions.

12-4. The _____ is involved in the emotional tone of teens. It is responsible for negativity and affects motivation and drive. It is also linked to mood control, sense of smell, low self-esteem, and social isolation.

12-5. The _____ sets the brain's idle or anxiety level. It determines sense of calm, anxiety levels, panic disorders, and conflict avoidance and is linked to Tourette's Disorder.

12-6. The _____ are involved in language, hearing and reading, social cues, short-term memory, processing music, processing tone of voice, and mood stability. This region of the brain is related to language problems, dyslexia, aggression, and depression.

A. Prefrontal cortex
B. Basal ganglia
C. Anterior cingulate
D. Temporal lobes
E. Amygdala
F. Deep limbic system

Module 13. Adolescent Brain Chemistry Continued, Substance Use and Legal Issues

13-1. What is the purpose of 42 CRF 2?

a. Direct or indirect identification of an alcohol and/or drug client requires consumer consent.
b. Protects the consumer from discrimination based on stigma.
c. Encourages consumer trust in addiction treatment.
d. Based on the logic that persons will seek and succeed in treatment if they have confidentiality.
e. All of the above

13-2. §O.C.G.A. 37-7-166 is concerned with maintenance, confidentiality, and release of clinical records and disclosure of confidential or privileged patient information. According to §O.C.G.A. 37-7-166, which of the following is NOT true?

a. A copy of the record may be released to any person or entity designated in writing by the patient or, if appropriate, the parent of a minor, the legal guardian of an adult or minor, or a person to whom legal custody of a minor patient has been given by order of a court.
b. When a patient is admitted to a facility, a copy of the record or information contained in the record from another facility, community mental health center, or private practitioner may be released to the admitting facility.
c. A copy of the record or any part thereof cannot be disclosed to any employee or staff member of the facility.
d. A copy of the record shall be released to the patient's attorney if the attorney so requests and the patient or the patient's legal guardian consents to the release.
e. In a *bona fide* medical emergency, as determined by a physician treating the patient, the chief medical officer may release a copy of the record to the treating physician or to the patient's psychologist.

ANSWERS—Page A.1

Module 1: History and Issues in Co-Occurring Disorders

1-1: c – "Traditional treatment strategies, which focused only on mental health or substance use disorders, are effective for persons with co-occurring disorders" is not true.
1-2: d – "Role of self-help is substantial" is not true.
1-3: d – "Role of self-help is substantial" is true.
1-4: b – "Adopt a single-modality viewpoint" cannot be regarded as a best-practice principle.
1-5: c – "The use of self-help groups should be kept to a minimum for both mental health disorders and substance use disorders" is not recommended.

Module 2: Competency and Training in Co-Occurring Disorders and Introduction to Screening and Assessment

2-1: f – All of the above
2-2: d – All of the above
2-3: b – "Co-occurring disorder is likely to be over-recognized" is not true.
2-4: d – ASI (Adolescent Addition Severity Index)

Module 3: Assessment of Co-Occurring Disorders

3-1: Global Appraisal of Individual Needs (GAIN)
3-2:
2 – E: Identification of collaterals
3 – B: Screen for co-occurring disorders
4 – C: Determine quadrant of responsibility
5 – D: Determine ASAM level of care
6 – F: Determine diagnosis
11 – G: Determine stages of change
12 – A: Plan treatment
3-3: e – All of the above
3-4:
Dimension 1: Acute intoxication/withdrawal potential
Dimension 2: Biomedical conditions
Dimension 3: Emotional and cognitive complications
Dimension 4: Readiness to change
Dimension 5: Relapse potential
Dimension 6: Recovery environment
3-5: d – "Quadrant IV: Individuals at this level are required to receive services for either a mental health disorder or a substance use disorder and must be residential" is not true.

Module 4: Evidence-Based Models in Co-Occurring Treatment

4-1: d – "Use argumentation" is not a principle of motivational interviewing.
4-2: c – "Direct persuasion is an effective method for resolving ambivalence" is not true.
4-3: A: Contingency management
B: Cognitive behavioral therapy
4-4: e – All of the above

ANSWERS—Page A.2

Module 5: Treatment Continued and Special Issues in Treatment of Teens

5-1: Relapse prevention
5-2: c – "Lapse management" is not an appropriate intervention for relapse prevention.
5-3: Events occurring during the week immediately preceding the relapse, including pre-use events and patterns, which may be indicative of the beginning of a relapse episode.
5-4: a – "To interrupt the relapse episode before the actual drug/alcohol use" and
d – "To make adjustments to avoid a full relapse."
5-5: e – All of the above
5-6: b – "Younger adolescents have similar needs to those of older adolescents. Programs for different age groups should be similar and consistent" is not true.

Module 6: Substance Use Disorders Symptoms and Issues

6-1: A: *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition
B: American Psychiatric Association (APA)
6-2: b – Persistent desire or unsuccessful efforts to cut down (decrease) use.
6-3: b – Recurrent substance-related legal problems.
6-4: 2 – D
3 – C
4 – A
5 – B

Module 7: Common Drugs of Choice in Teens

7-1: Five or more of the following:
Bloodshot eyes, Dull-looking, Glazed eyes, Watering eyes, Drowsiness, Manic, Hyper behavior, Runny nose, Coughing, Needle marks, Weight loss, Constant desire for junk food, Malnutrition, Some form of acute acne, Tremors, Hallucinations, Delusions
7-2: Five or more of the following:
Irresponsible behavior, Argumentative, Lack of motivation, Solitary behavior, Doesn't want to be home, Non-participation, New friends, Forgetfulness, Lying, Changes in speech (rapid, slowed, slurred), Legal problems
7-3: 4, 5, 60
7-4: Depression, anxiety
7-5: Three or more of the following:
Craving, Decreased appetite, Sleep difficulty, Weight Loss, Aggression, Anger, Irritability, Restlessness, Strange Dreams

Module 8: Drugs of Choice Continued

8-1: Pain killers, uppers, downers, inhalants, dextromethorphan (DXM)
8-2: 1 – C: Oxycodone
2 – A: Ritalin (methylphenidate)
3 – E: Stimulants
4 – D: Dextromethorphan (DXM)
5 – B: Schizophrenia

ANSWERS—Page A.3

Module 9: Teens and Mental Health Disorders

9-1: b – "Disorders in infancy, childhood, and adolescence may have the same symptoms as in adulthood" is not true.
9-2: c – Misbehavior
9-3: Frequency (How often does the child exhibit the symptoms?)
Duration (How long do they last?)
Intensity (How severe are the symptoms?)
9-4: g – All of the above
9-5: Five or more of the following:

- Difficulty following directions
- Asking another what was just said
- Poor short-term memory
- Poor time management (weak time orientation)
- Knowing what and how but not knowing when and where to do it
- Hyperactivity
- Impulsivity
- Poorly organized, e.g., desk is a mess
- Forgetting about promises made
- Spacey/poor concentration
- Unable to plan ahead
- Poor at reflecting on past
- Making the same mistakes over and over

Module 10: Teens and Mental Health Disorders Continued

10-1: A: Post-traumatic stress disorder
B: Bipolar disorder
10-2: Five or more of the following:

- Excessive and irrational fears
- Feels worthless or guilty a lot
- Low self-esteem
- Frequent absences
- Refusal to join in social activities
- Isolating behavior
- Many physical (somatic) complaints
- Excessive worry about homework or grades
- Falling grades
- Frequent bouts of tears
- Frustration
- Fear of a new situation
- Separation anxiety

10-3: b – Luvox
10-4: c – Ativan

ANSWERS—Page A.4

Module 11: Mental Health Disorders Continued and Family Therapy

11-1: A: Oppositional Defiant Disorder (ODD)
B: Conduct Disorder (CD)
11-2: Three or more of the following:
- Rage/anger
- Impatience
- Irritability
- Easily annoyed
- Negative thinking
- Perceives slights
- Lacks empathy for others

11-3: 1 – C: Frontal
2 – B: Thalamus
3 – A: Frontal
11-4: Family therapy

Module 12: Adolescent Thinking and Brain Chemistry

12-1: E – Amygdala
12-2: A – Prefrontal cortex
12-3: C – Anterior cingulate
12-4: F – Deep limbic system
12-5: B – Basal ganglia
12-6: D – Temporal lobes

Module 13: Adolescent Brain Chemistry Continued, Substance Use and Legal Issues

13-1: e – All of the above
13-2: c – "A copy of the record or any part thereof cannot be disclosed to any employee or staff member of the facility" is not true. (A record may be disclosed *when it is necessary for the proper treatment of the patient*.)