Ethics and Diagnosis

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The goal of this presentation is to provide a discussion about the diagnostic process and ethical considerations in diagnosis for AOD. A tool will be provided that can be used to assess use and increase clients motivation to change.
First a multiple choice quiz.

1) You go to a Doctor with severe chest pains, shortness of breath and a pain in your big toe. You would want the Doctor to:

a) Begin to treat both simultaneously with equal importance.

b) Treat the stubbed toe first because it preceded the other symptoms.

c) Assess for Myocardial infarction.

d) If positive for Myocardial infarction treat if an leave the pain in the toe for latter.
Second question. You find a lump on your body. You go to the Doctor you would want your Doctor to:

- a) Begin treatment immediately a tumor is a tumor and I just want it out.
- b) Ignore it and wait to see if it continues to grow.
- c) Do a differential diagnosis to determine whether the tumor is malignant or benign.
- d) Formulate a treatment plan based on the results of the diagnosis.
Three Questions

- Why Diagnosis is an ethical concern?
- How and Why do we diagnose?
- What terminology do we use?
Evidence Based Practice

Plus

Sloppy diagnosis

Equals

Evidence Based Malpractice
NAADAC Code of Ethics

- Evaluation, Assessment and Interpretation of Client Data
- The addiction professional uses assessment instruments as one component of the counseling/treatment process taking into account the client’s personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.
Understanding the continuum

- Use
- Abuse
- Addiction
- Dependence
- Addiction with Dependence
Use of Substances

- Use is the legal consumption of a psycho-active chemical for either:
- A legitimate prescribed therapeutic reason or
- Socially accepted pleasure
Use is NOT

- Illegal
- Off Label consumption
- Consequence filled
Abuse is a Behavior

- A clinically significant maladaptive pattern of substance use.
- Harmful use of a specific psychoactive substance.
Addiction is a Disease

- Addiction is a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. Characterized by continuous or periodic:
  - Impaired control over use, preoccupation with the drug and use despite adverse consequences.
Substance Dependence

1) Tolerance as defined by one of the following:
   A) A need for markedly increased amounts of the substance to achieve intoxication of the desired effect.
   B) Markedly diminished effect with continued use of the same amount of the substance.

2) Withdrawal, as manifested by either of the following:
   A) The characteristic withdrawal syndrome for the substance.
   B) The same or closely related substance is taken.
Addiction with Dependence
Ethical Practice

- How does the breakdown of Diagnosis relate to the examples.
- Review the NAADAC Code of Ethics as it pertains to Evaluation, Assessment and Interpretation of Client Data.
- How can we use DSM 5 to provide ethical treatment.
Clinical Assessment

- Clinical Information Gathered
- Criteria Sets in DSM or more appropriate universal measure consulted
- Clinical Judgment Applied
- Assessment of Functioning
- Yields Diagnosis and Level of Care
- First step in treatment planning
DSM 5

- A step forward or
- A step back
Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–5

In May 2013, the American Psychiatric Association issued the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5). Although there is considerable overlap between DSM–5 and DSM–IV, the prior edition, there are several important differences:

Changes Disorder Terminology

- DSM–IV described two distinct disorders, alcohol abuse and alcohol dependence, with specific criteria for each.
- DSM–5 integrates the two DSM–IV disorders, alcohol abuse and alcohol dependence, into a single disorder called alcohol use disorder (AUD) with mild, moderate, and severe sub-classifications.

Changes Diagnostic Thresholds

- Under DSM–IV, the diagnostic criteria for abuse and dependence were distinct: anyone meeting one or more of the “abuse” criteria (see items 1 through 4) within a 12-month period would receive the “abuse” diagnosis. Anyone with three or more of the “dependence” criteria (see items 5 through 11) during the same 12-month period would receive a “dependence” diagnosis.
- Under DSM–5, anyone meeting any two of the 11 criteria during the same 12-month period would receive a diagnosis of AUD. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.

Removes Criterion

- DSM–5 eliminates legal problems as a criterion.

Adds Criterion

- DSM–5 adds craving as a criterion for an AUD diagnosis. It was not included in DSM–IV.
# A Comparison Between DSM-IV and DSM-5

## DSM-IV

<table>
<thead>
<tr>
<th>Any 1 = ALCOHOL ABUSE</th>
</tr>
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<tbody>
<tr>
<td>Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household).</td>
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<td>Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol abuse).</td>
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<tr>
<td>Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct).</td>
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<td><strong>This is not included in DSM-5</strong></td>
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<tr>
<td>Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol (e.g., arguments with spouse about the consequences of intoxication, physical fights).</td>
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<tr>
<td>Tolerance, as defined by either of the following:</td>
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<tr>
<td>a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect</td>
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<tr>
<td>b) Markedly diminished effect with continued use of the same amount of alcohol</td>
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<tr>
<td>Withdrawal, as manifested by either of the following:</td>
</tr>
<tr>
<td>a) The characteristic withdrawal syndrome for alcohol</td>
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<tr>
<td>b) Alcohol is taken to relieve or avoid withdrawal symptoms</td>
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## DSM-5

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<table>
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<tbody>
<tr>
<td><strong>This is new to DSM-5</strong></td>
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<tr>
<td>1</td>
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<tr>
<td>Alcohol is often taken in larger amounts or over a longer period than was intended. (See DSM-IV, criterion 7.)</td>
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<tr>
<td>2</td>
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<tr>
<td>There is a persistent desire or unsuccessful efforts to cut down or control alcohol use. (See DSM-IV, criterion 8.)</td>
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<td>3</td>
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<tr>
<td>A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects. (See DSM-IV, criterion 9.)</td>
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<td>4</td>
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<tr>
<td>Craving, or a strong desire or urge to use alcohol.</td>
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<td>5</td>
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<tr>
<td>Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home. (See DSM-IV, criterion 1.)</td>
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<tr>
<td>6</td>
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<tr>
<td>Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol. (See DSM-IV, criterion 4.)</td>
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</tbody>
</table>

The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder (AUD). The severity of the AUD is defined as: **
<table>
<thead>
<tr>
<th>Any 3 = ALCOHOL DEPENDENCE</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
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<tbody>
<tr>
<td>Alcohol is often taken in larger amounts or over a longer period than was intended.</td>
<td>Important social, occupational, or recreational activities are given up or reduced because of alcohol use. (See DSM-IV, criterion 10.)</td>
<td>Recurrent alcohol use in situations in which it is physically hazardous. (See DSM-IV, criterion 2.)</td>
<td>Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol. (See DSM-IV, criterion 11.)</td>
<td>Tolerance, as defined by either of the following:</td>
<td>Withdrawal, as manifested by either of the following:</td>
</tr>
<tr>
<td>There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.</td>
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<td></td>
<td>a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect</td>
<td>a) The characteristic withdrawal syndrome for alcohol (refer to criteria A and B of the criteria set for alcohol withdrawal)</td>
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<tr>
<td>A great deal of time is spent in activities necessary to obtain alcohol (e.g., driving long distances), use alcohol, or recover from its effects.</td>
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<td>b) A markedly diminished effect with continued use of the same amount of alcohol (See DSM-IV, criterion 5.)</td>
<td>b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms. (See DSM-IV, criterion 6.)</td>
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<tr>
<td>Important social, occupational, or recreational activities are given up or reduced because of alcohol use.</td>
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<td>Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption).</td>
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**Moderate:**
The presence of 4 to 5 symptoms

**Severe:**
The presence of 6 or more symptoms
DSM 5

- What it does right
  - Inclusion of Craving
  - Not segregating criteria for abuse
  - Inclusion of Gambling
DSM 5

Where it misses the mark – the minor issues

- Elimination of legal problems criterion
- Need to have two criterion to meet the definition of abuse
- Dependence and withdrawal from prescription medications
- Loose definition of cannabis withdrawal.
DSM 5

- Where it misses the mark and becomes to me an issue of ethics.

The removal of the distinction between abuse, dependence and addiction.
Taking the substance in larger amounts or for longer than the you meant to

a. Using more than planned:
   1. Have not experienced using more than planned.
   2. Have experienced using more than planned.
   3. Have had 2-5 of the above experiences in last year.
   4. Have had 6-10 of the above experiences in last year.
   5. Have had over 10 of the above experiences in last year.

b. Using a longer period of time than intended:
   1. Have not experienced using for a longer period of time than intended.
   2. Have experienced using for a longer period of time than intended.
   3. Have had 2-5 of the above experiences in last year.
   4. Have had 6-10 of the above experiences in last year.
   5. Have had over 10 of the above experiences in last year.

c. Staying high/intoxicated:
   1. Have had no prolonged highs or intoxications.
   2. Have stayed high or intoxicated from 6 hours to a whole day.
   3. Have stayed high or intoxicated for over one whole day.
   4. Have stayed high or intoxicated for 2-5 whole days or more.
2. Wanting to cut down or stop using the substance but not managing to
a. Worry or guilt about use:
   1. Have not questioned or felt guilty about use.
   2. Have questioned or felt guilty about use.
   3. As a result of the above, have had the desire to cut down or control the use.
   4. Have the desire to cut down or control use monthly.
   5. Have the desire to cut down or control use weekly.

b. Attempts to regulate use:
   1. Have never attempted to regulate use.
   2. Have attempted to regulate use 2-10 times.
   3. Have attempted to regulate use monthly.
   4. Have attempted to regulate use weekly.
   5. Have attempted to regulate use daily.

c. Attempts to quit use:
   1. Have never attempted to quit using.
   2. Have attempted to quit once.
   3. Have attempted to quit 2-5 times.
   4. Have attempted to quit 6-10 times.
   5. Have attempted to quit over 10 times.
3. Spending a lot of time getting, using, or recovering from use of the substance
   a. Dealing:
      1. Have not engaged in selling or trading joints, pills, cocaine, or alcohol.
      2. Have engaged in selling or trading joints, pills, cocaine, or alcohol to friends.
      3. Have done the above 2-5 times/begin to sell to others.
      4. Deal on a monthly basis to get money for chemicals.
      5. Deal on a weekly basis to get money for chemicals.
   b. Money:
      1. Do not spend money on drugs or alcohol.
      2. Have spent money on drugs or alcohol.
      3. Have borrowed money to buy drugs or alcohol.
      4. Most of my money goes for drugs or alcohol.
      5. Have done illegal things to obtain my chemicals, or money for chemicals (stealing, burglaries, or go to bed with people to get high or drunk).
   c. Hidden Supply:
      1. Have never hidden bottles or supply from anyone.
      2. Have saved a joint, pill, coke or alcohol for self when partying with friends.
      3. Hides bottles or supply from parents.
      4. Have kept a supply that no one, including friends, knows about.
      5. Regularly keeps a supply that no one, including friends knows about.
d. Begins occasional use on weeknights:
   1. Have used 0-11 times per year on weeknights.
   2. Use 12-24 times per year on weeknights.
   3. Use more than 1 time per week on weeknights.
   4. Use more than 2 times per week on weeknights.
   5. Use more than 3 times per week on weeknights.

e. I get drunk/stoned:
   1. 0-6 Times per year (1 time every 1 month).
   2. 7-12 Times per year (1 time per month).
   3. 13-24 Times per year (1-2 times every month; or 1 time every 3 weeks).
   4. 25-52 Times per year (1 time every 2 weeks).
   5. Over 52 Times per year (1 time per week).

f. I have gotten sick (physically ill and/or thrown up) from use:
   1. Have never gotten sick from using in the last year.
   2. Have gotten sick once from using in the last year.
   3. Have gotten sick 2-5 times from using in the last year.
   4. Have gotten sick 6-10 times from using in the last year.
   5. Have gotten sick over 10 times from using in the last year.

g. Hangovers/lethargy, low energy level:
   1. Have not experienced hangovers or low energy level.
   2. Have experienced hangovers or low energy level one time per year.
   3. Have experienced hangovers or low energy level 2-5 times per year.
   4. Have experienced hangovers or low energy level 6-10 times per year.
   5. Have experienced hangovers or low energy level over 11 times per year.
4. Cravings and urges to use the substance
   a. Preoccupation with chemical of choice:

1. Do not think about chemicals when away from them.
2. Look forward to and plan weekend use.
3. Have established contacts to purchase or develop a routine around use of chemicals.
4. Plan social events that revolve around use (i.e., go to parties where you know alcohol will be available).
5. Thoughts and actions center around chemical use.
5. Not managing to do what you should at work, home or school, because of substance use

a. Late for, or missing days of school:
   1. Have missed no time from school because of chemical use.
   2. Have been late 1-4 days or skipped a whole day of school because of use in the last year.
   3. Have been late 5-10 days or skipped 2 days of school to get high in the last year.
   4. Have been late over 20 days or skipped over 5 days of school because of use in the last year.

b. School Consequences:
   1. Have had no consequences at school due to chemical use.
   2. Have received detentions because of behavior related to/for chemical use.
   3. Have received a suspension because of behavior related to/for chemical use.
   4. Have received multiple suspensions because of behavior related to/for chemical use.
   5. Have been expelled because of behavior related to/for chemical use.

c. School grades dropped:
   1. Have experienced no drop in grades due to chemical use.
   2. Experienced some grades dropping.
   3. Grades on the whole have dropped a whole grade level.
   4. Have failed a class due to chemical use.
   5. Have failed a grade level due to use.
d. Use before or during school:

1. Have never used before or during school.
2. Have used 1-3 times in the last 6 months before or during school.
3. Have used 4-5 times in the last 6 months before or during school.
4. Have used 6-10 times in the last 6 months before or during school.
5. Used on the average of 1 or more times per week during the school year.

e. Jobs:

1. Have lost no jobs related to drinking/other drug use.
2. Have lost or quit under pressure, 1 job.
3. Have lost or quit under pressure, 2 jobs.
4. Have lost or quit under pressure, 3 jobs.
5. Have lost or quit under pressure, 4 jobs or more.
6. Continuing to use, even when it causes problems in relationships 
   a. Family and Friends:

   1. No change in interaction with family and friends.
   2. Increase in verbal arguments with either family or friends.
   3. Consistent verbal arguments with family and friends.
   4. Have had a physical confrontation with family and friends that is connected to use.
   5. Have had a number of physical confrontations with family and friends that is connected to use.

   b. Avoidance of Family

   1. No change in the interaction with the family.
   2. Spends one less day with family than did before use began.
   3. Spends 2-3 less days with family than did before use began.
   4. Spends 4-5 less days with family than did before use began.
   5. Spends 5 or more less days with family than did before use began.
7. Giving up important social, occupational or recreational activities because of substance use

a. Solitary Use:
   1. Have never used alone.
   2. Have used alone.
   3. Have gotten stoned or drunk alone.
   4. Have gotten stoned or drunk alone 2-7 times.
   5. Have gotten stoned or drunk alone 8 or more times.

b. Unable to stop when friends:
   1. Use less than my long-time friends with whom I grew up.
   2. Use the same or more than my long-time friends with whom I grew up.
   3. My new friends use more than my long-time friends with whom I grew up.
   4. I no longer associate with friends who have expressed concern about my chemical use.

c. Have given up hobbies, social or recreational activities because of substance use:
   1. Continue to fully participate in hobbies, social or recreational activities.
   2. Have begun to pull back from hobbies, social or recreational activities.
   3. Have pulled back from hobbies, social or recreational activities.
   4. Have cut out most hobbies, social or recreational activities.
   5. Stopped all hobbies, social or recreational activities.
8. Using substances again and again, even when it puts you in danger

a. Participates in hazardous or life threatening activities when using (i.e., driving a car when intoxicated or operating machinery when impaired):

1. Have had none of the above experiences.
2. Have had experiences that were hazardous or life threatening when intoxicated.
3. Have had the above experiences 2-5 times.
4. Have had the above experiences 6-10 times.
5. Have had the above experiences 11 or more times.

b. Trouble with Law (DWI, disorderly conduct, possession, curfew, theft, etc.):

1. Have never been stopped or charged.
2. Have been stopped 1-2 times or charged one time.
3. Have been stopped 2-4 times or charged 2 times.
4. Have been stopped over 4 times or charged 3 times.
5. Have been incarcerated because of legal problems.
9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance

a. Blackouts (Alcohol):
   1. Have never experienced a blackout.
   2. Experienced one blackout.
   3. Experienced 2-5 blackouts.
   4. Experienced 6-10 blackouts.
   5. Experienced over 10 blackouts.

b. Memory loss/difficulty with short-term memory (Marijuana).
   1. Have not experienced memory or concentration problems.
   2. Experience occasional memory or concentration problems.
   3. Occasionally experience memory and concentration problem that interferes with work.
   4. Often experience memory and concentration problems that interferes with work.
   5. It is very difficult to concentrate on anything.

C. Hospitalized or treated in emergency room for overdose or suicide attempt.
   1. Never O.D. or hurt myself.
   2. Engages in self-hurting behavior.
   3. Attempts suicide or overdose.
   4. Treated in an emergency ward for overdose or suicide attempt.
   5. Admitted to a hospital for overdose or suicide attempt.
10. Needing more of the substance to get the effect you want (tolerance)

a. When first began use:

1. Drank 0-2 beers or smoked 0-1 joints or rocks per use to get high/drunken.
2. Drank 3-6 beers or smoked 1-2 joints or rocks per use to get high/drunken.
3. Drank 7-12 beers or smoked 3-4 joints or rocks per use to get high/drunken.
4. Drank 13-18 beers or smoked 5-6 joints or rocks per use to get high/drunken.
5. Drank over 18 beers or smoked 6 joints or rocks per use to get high/drunken.

b. Now takes:

1. 0-2 Drinks of beer or smokes 0-1 joints or rocks per use to get high/drunken.
2. 3-6 Drinks of beer or smokes 1-2 joints or rocks per use to get high/drunken.
3. 7-12 Drinks of beer or smokes 3-4 joints or rocks per use to get high/drunken.
4. 13-18 Drinks of beer or smokes 5-6 joints or rocks per use to get high/drunken.
5. 18 or over Drinks of beer or smokes over 6 joints or rocks per use to get high/drunken.

c. When I drink/take/smoke the same amount as it took to get me high/drunken when first began to use, I:

1. Get higher/drunken.
2. Feel a slight buzz.
3. Feel normal.
4. Feel cheated.
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

a. The characteristic withdrawal syndrome for the substance (Alcohol).
   1. Autonomic hyperactivity (e.g. sweats or racing pulse greater than 100).
   2. Increased hand tremor
   3. Difficulty Sleeping
   4. Nausea or vomiting
   5. Temporary hallucinations
   6. Feeling physical agitation
   7. Anxiety
   8. Seizures

b. The same or closely related substance is taken to relieve or avoid withdrawal symptoms:

   1. Begin drinking as soon as I wake up.
   2. Drink to avoid the shakes.
   3. Drink to feel better in the morning.

Sources: DSM 5, Who Me and 40 Questions
Diagnosis a closer look

- Break into dyads
- Take turns interviewing each other using the instrument.
- You are both trying to get a full picture of the persons involvement and helping them to see the extent of their relationship with their drug of choice.
Ethical Responsibility

- Follow the Code of Ethics
- Think – Evaluate – Discuss
- Advocate