Module Eight: Understanding the DSM-IV

This module is designed to provide a basic overview of the DSM-IV Diagnostic and Statistical Manual of Mental Disorders, with particular focus on the section of the manual that identifies substance abuse and dependence as mental illnesses. This module includes sample questions to use during interviewing and discussion about the DSM-IV Drug Classification System, corresponding Diagnostic Codes, and DSM-IV Course Specifiers.

Learning Objectives of this Module

Upon completion of this training module, participants will be able to:

- Understand the purpose, history and design of the DSM-IV Manual
- Understand the criteria that identify substance dependence and substance abuse
- Understand the difference between substance dependence and substance abuse
- Identify types of questions to use to elicit information and form diagnostic impressions
- Apply the DSM-IV Drug Classification System and Numeric Coding
- Understand the purpose of DSM-IV Course Specifiers and their applicability

Overview

Time: 240 minutes (4 hours)

Module Topics:
1. Historical Background of DSM - IV
2. DSM – IV System Assessment
3. Diagnosis of Substance Abuse
4. Definition of Dependence
5. Criteria – sample questions
6. Definition of Substance Abuse
7. Drug Classification and Diagnostic Codes
8. DSM – IV Course Specifiers

Equipment
Overhead projector and screen for transparencies
Laptop, LCD projector and screen for PowerPoint
Flipchart with newsprint
Colored markers
Masking tape
Notes
This module is intended to serve as an introduction to the DSM-IV Manual. It is recommended to hold this training on a monthly basis if there are enough new hires to constitute facilitating the training. It is recommended to have at least 6 participants in the training. The trainer may also want to provide a handout that will allow the participants to follow along with the trainer. This module includes lecture and group participation exercises, but is more lecture oriented. Any facilitator statements can be changed into questions to increase participation from training attendees.

This training should be held in conjunction with the modules of ASAM and Assessment training. It is recommended to facilitate all three modules relatively close together as the topics are closely related.

During the introduction, feedback should be requested from the participants regarding general characteristics of substance abuse and dependence. This may help the participants view DSM-IV as less technical in nature and easy to understand. Participants should be encouraged to ask questions when clarification is needed. Personal examples from participants can also be useful.

The training is most effective if the participants are sitting in a semi-circle so that they can each see all other participants, the trainer and the audiovisual equipment.

Historical Background of the DSM - IV

30 minutes

Welcome the participants to the DSM-IV Training and introduce yourself. Inform the participants of basic housekeeping information (i.e. restrooms, telephones, anticipated breaks).

The trainer can ask the participants how many of them have worked with DSM-IV in current or previous jobs and get a feel for the participant’s prior knowledge of the topic. Explain the importance of DSM-IV and the implications of assigning a diagnosis to a client. Discuss general characteristics about mental health and substance abuse and their relationship to TASC:

- Where does a participant’s knowledge of DSM-IV apply to their job at TASC?
- What are good methods of gathering information related to substance abuse (treatment records, criminal history, self-report, urinalysis results, collateral contacts with family or significant others, and verification with current and past probation and parole officers)?
- Substances that produce a “quick high” tend to result in higher rates of dependence
- Substance abuse is often a sign of other co-occurring mental illnesses
- The presence of mental health problems may complicate a client’s ability to complete TASC services and treatment and may result in a higher rate of relapse
Notes
There are many options for icebreakers, including the following examples:
- Ask staff to state one thing you wouldn't know about them by looking at them.
- Ask staff to state their dream vacation.

Icebreakers should last no more than the first 15 minutes of the training session.

The introduction to this topic is intended to inform participants why knowing and understanding the importance of the DSM-IV Manual is important in the assessment process.

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- Usually the course of a client’s abuse or dependence of drugs is variable in nature and is driven by stressful events, such as relationship difficulties, the death of a loved one, or employment problems.
- During the first twelve months of a client’s sobriety, they have the highest risk of a relapse.
- Substance Abuse and Dependence leads to deterioration of a client’s health and personal hygiene—which can be visual indicators for TASC staff.

DSM stands for the Diagnostic and Statistical Manual: Mental Disorders of the American Psychiatric Association. The IV stands for the fourth edition of the DSM.

The DSM-IV is a manual that provides information on the identification or diagnostic impression of mental and/or substance related disorders. Several jurisdictions recognize the DSM-IV as the official source for the criteria to make a diagnosis of a mental or substance related disorder.

The DSM-IV classifies substance dependence and abuse as a mental disorder and provides information on how to identify substance dependence and substance abuse. The DSM-IV contains several types of substance related disorders including dependence, abuse, intoxication and withdrawal.

The American Psychiatrist Association or APA initially developed a plan for gathering uniform statistics from mental hospitals in 1917. They eventually modified this system to develop a common nomenclature for psychiatric illnesses.
In 1952, the first Diagnostic Statistic’s Manual (DSM) was published, including diagnostic categories with clinical utility. In 1980, the DSM-III was published. This manual included the introduction of the multi-axial system of diagnosis.

Finally, in 1994 the DSM-IV Manual was published, clarifying some criteria for certain diagnoses.

The DSM-IV Multi-axial System of Assessment

The DSM-IV is divided into five different Axes. Each Axis is a different category of mental disorders, such as clinical disorders, personality disorders, etc. This system of classification exists to make it easier to find diagnoses as there are thousands of mental disorders in existence.

This organizational approach facilitates comprehensive assessment and care planning. It allows the clinician to organize and communicate the interdependent and complex aspects of an individual’s situation.

Listed below are the Axis and an explanation of the disorders:

**Axis I:** Clinical disorders, including substance-related disorders, except personality disorders and mental retardation.
<table>
<thead>
<tr>
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<tr>
<td>- Problems related to interaction with criminal justice</td>
</tr>
<tr>
<td>Axis V: Global Assessment of Functioning (GAF)</td>
</tr>
</tbody>
</table>

TASC's primary focus, as far as the DSM-IV, is on Axis I. The Drug and Alcohol use section of the TASC Assessment provides several questions directly related to substance abuse and substance dependence, allowing staff to talk with a client and make an Axis I diagnosis/diagnostic impression.

You can often get this information from a client by merely asking the question, “Tell me what your experiences with drugs have been since the first time you used.” When you ask that, the client will often tell you their entire story without you having to ask each individual question.

The trainer needs to emphasize that TASC’s primary focus is on Axis I of the DSM-IV. Further, the trainer needs to emphasize the importance of careful listening skills and the use of probing questions to gain enough information to make the appropriate diagnosis/diagnostic impression.
The TASC assessment process can best be described as a process that requires participation from and interaction between the client and the TASC staff member. Effective listening skills are paramount when conducting the assessment, to allow the staff member to gather as much information as possible. It is also very important to remember that making a diagnosis/diagnostic impression is a serious matter. Applying the DSM-IV criteria should be done carefully and this is a process that should not be hurried due to time constraints. The “label” that TASC applies to a client is likely to remain with them forever.

**DSM-IV Diagnosis of Substance Abuse**

15 minutes

**Information in 3 areas must be collected in order to make a diagnosis of substance abuse:**

- A determination of substance dependence or abuse based on DSM-IV definitions
- A determination of the presence or absence of physiological dependence as indicated by withdrawal or tolerance
- The present course (past year) of the dependence

The trainer can use an overhead to describe and differentiate between the three broad areas of information needed to make a DSM-IV diagnosis of substance abuse/dependence. After discussing these three areas, the trainer can move on to a thorough discussion of substance dependence. The trainer may want to allow a brief break prior to starting the discussion of substance dependence.

As a reminder, this module includes lecture and group participation exercises, but is more lecture oriented. Any facilitator statements can be changed into questions to increase participation from training attendees.

The trainer may want to use an overhead to provide the participants with an opportunity to see the definition of substance dependence. The trainer can then break down the definition into subparts and explain the importance of each.
DSM-IV Definition of Substance Dependence

Substance dependence is a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that usually results in tolerance, withdrawal, and compulsive drug-taking behavior. Though not specifically listed as a criterion item, “craving” (a strong subjective drive to use a substance) is likely to be experienced by most (if not all) individuals with substance dependence.

Criteria for Dependence

A maladaptive pattern of substance use, leading to **clinically significant impairment or distress**, as manifested by three or more of the following within the same twelve month period:

**TOLERANCE**

Identified by either:

1) A need for markedly increased amounts of the substance to achieve intoxication or desired effect.

2) Markedly diminished effect with continued use of the same amount of the substance.

Notes

The trainer should spend a thorough amount of time explaining each of the seven criteria of substance dependence. Again, an overhead can be used to help clarify. The trainer should also use the included example questions as methods on how to gather enough information from the client to rule in or out the various criteria. The trainer should also use their personal experience as a clinician and provide examples on how they have gathered information from clients in the past. Remember that you can make this module less lecture oriented by asking the participants questions rather than merely stating the information.
WITHDRAWAL

Identified by either:

1) The characteristic withdrawal syndrome for the substance is present.

2) The same (or closely related) substance is taken to relieve/avoid withdrawal symptoms.

INCREASING AMOUNTS

The substance is often taken in larger amounts or over a longer period than intended.

CRAVING/DESIRE TO CUT DOWN

There is/has been a persistent desire or unsuccessful efforts to cut down or control use.

TIME DEVOTED TO USING/SEEKING SUBSTANCES

A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.

SALIENCE OF DRUG USE

Important social, occupational or recreational activities are given up or reduced because of substance use.

USE DESPITE HARM/CONSEQUENCES

The substance 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.

Now that we all have a good idea of what the different criteria are for substance dependence, we will next discuss some...
sample questions that can be used to elicit information from the client during the TASC assessment process. These questions are just examples and are by no means the only questions a TASC staff member can ask to obtain enough information to use to apply the DSM-IV dependence criteria.

Remember that neither dependence or tolerance need to be present to establish substance dependence, as there are still five other criteria that are available. However, the presence of either tolerance or withdrawal may strongly indicate the client’s dependence on a certain drug.

**DSM-IV Criteria: Sample Questions**

30 minutes

**Tolerance**

What effects have you received from the substance?
Do you usually get intoxicated and how intoxicated?
Has this occurrence changed in the last year or two?
What do these drugs cost you per week?
How much do you think you spend on drugs per week?

**Increasing Amounts/Time Devoted**

How many days per week do you use drugs?
What time of day do you usually begin to use?
Has your pattern of use changed over the last year or two?
How often do you use more drugs than “average”?

**Notes**

It is beneficial in training to include a variety of training styles, as all participants will learn differently. Including lecture, audiovisual aids, group discussions, and group exercises will enhance the learning of all participants.

Exercises that ask questions to the group are intended to generate involvement of all training participants through class discussion. This type of exercise serves to:

- Tap the creative resources of all participants
- Explore applications of theoretical course content
- Obtain feedback on the degree of understanding of a topic
- Help participants present and defend their ideas before the group
- Break up a long training session
**Salience**

When and why do you think that you tend to use drugs or alcohol?
What situations make you use drugs?
Who do you usually use drugs with? (Not the names of the people but rather are these people friends or acquaintances?)
Have things changed in your life due to your use of drugs or alcohol?

**Withdrawal/Craving – Desire to Cut Down**

Have you ever overdosed or experienced a blackout due to using drugs?
Have you ever had the shakes or the DTs?
Have you ever had to seek medical treatment in these situations?
How has your drug use changed in the past year?
Why do you think this happened?
Have you ever tried to quit or cut down on using?
Have you ever experienced physical or emotional problems?
How long did these problems last? How hard was it dealing with these problems?
Why do you think you began using again?

**Use Despite Harm or Consequences**

Have you ever used drugs despite knowing that your drug use was causing you physical or psychological problems?
Has anyone complained to you about your drug/alcohol use?
Has use caused problems with relationships?
You use despite failure to fulfill obligations?
You use despite recurrent legal problems?
You use despite recurrent employment, social or interpersonal problems?
As you can see, this is only a brief list of the endless possible questions that can be asked during the assessment. Now, we will switch gears and discuss the DSM-IV definition of Substance Abuse.

**DSM-IV Definition of Substance Abuse**

30 minutes

The essential feature of Substance Abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. There may be repeated failure to fulfill major role obligations, repeated use in situations in which it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems...Unlike the criteria for substance dependence, the criteria for substance abuse do not include tolerance, withdrawal, or a pattern of compulsive use and instead include only the harmful consequences or repeated use.

Notes

The trainer should allow the participants to have a break before starting the discussion on the Definition of Substance Abuse. After the break, the trainer should spend time explaining that a client can only meet criteria for either abuse or dependence for any particular drug/drug class. Use of an overhead by the trainer will allow the participants to see the various “criteria”. The trainer should be sure to mention that tolerance and withdrawal are not criteria for Substance Abuse.
A maladaptive pattern of substance use, leading to **clinically significant impairment or distress**, as manifested by one or more of the following within the same twelve month period:

- Recurrent use resulting in failure to fulfill major role obligations at work, school or home.
- Recurrent use in situations in which it is physically hazardous.
- Recurrent substance related legal problems.
- Continued use despite persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.

And…

- The symptoms have never met the criteria for Substance Dependence for this class of substance.

As you can see the same questions that can be asked to determine substance dependence can be very useful to determine substance abuse. At the conclusion of the lecture part of this training we will break into some groups and practice our DSM-IV skills via some practice scenarios. However, now we will discuss how to accurately classify a client’s diagnosis/diagnostic impression using the Diagnostic Codes assigned to different substances or drugs.
The DSM-IV manual recognizes 11 different classes of drugs:

- Alcohol
- Caffeine
- Cocaine
- Inhalants
- Opioids
- Sedatives
- Amphetamines
- Cannabis
- Hallucinogens
- Nicotine
- Phencyclidine

The DSM-IV manual has a numerical system for providing a diagnostic impression. The diagnostic impression is based on the drug class of dependence or abuse and the course specifier. The numbers are 5 digits long. The first four digits are based upon the drug classes and the last digit is based on the course specifier.

<table>
<thead>
<tr>
<th>Drug Classes</th>
<th>Dependence Diagnostic Impression</th>
<th>Abuse Diagnostic Impression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>303.90</td>
<td>305.00</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>304.40</td>
<td>305.70</td>
</tr>
<tr>
<td>Cannabis</td>
<td>304.30</td>
<td>305.20</td>
</tr>
<tr>
<td>Cocaine</td>
<td>304.20</td>
<td>305.60</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>304.50</td>
<td>305.30</td>
</tr>
<tr>
<td>Inhalants</td>
<td>304.60</td>
<td>305.90</td>
</tr>
<tr>
<td>Opioids</td>
<td>304.00</td>
<td>305.50</td>
</tr>
<tr>
<td>Phencyclidine (PCP)</td>
<td>304.90</td>
<td>305.90</td>
</tr>
<tr>
<td>Sedative, hypnotic or anxiolytic</td>
<td>304.10</td>
<td>305.40</td>
</tr>
</tbody>
</table>

Notes

In this section, the trainer should use an overhead to describe the different drug classes and to give examples of each drug class. Use of a Physicians Desk Reference (PDR) can be useful to find drug examples if the trainer is not familiar with all of these drug classes.

When describing the numeric section, another overhead may be useful for the trainer to show the participants the breakdown of the codes, etc.
If a person repeatedly uses at least three groups of substance (excluding caffeine & nicotine), but no single substance predominated, the diagnosis/diagnostic impression would be Polysubstance Dependence, with a diagnostic impression of 304.89

If a person does not meet the DSM-IV Diagnostic criteria, their Diagnostic impression is V71.09

Note: Caffeine & Nicotine are not listed with Diagnostic impressions

Above, the phrase "course specifier" was mentioned. We will now review what this phrase means and how TASC staff will apply this knowledge when completing an assessment.

**DSM-IV Course Specifiers**

45 minutes

Course Specifiers describe the current state of the diagnosis. For example, someone who is dependent upon heroin may be in early partial remission. The key point to remember when applying the remission specifiers listed below, is to know the interval of time that has elapsed between the onset of the client’s substance abuse or dependence and date of the TASC assessment.

Notes

This portion of training can be confusing due to the number of specifiers that are discussed. Having a DSM-IV experienced trainer is necessary to help explain the intricacies of the various specifiers. Use of an overhead by the trainer is a good idea. The trainer should stress the importance of how much time has elapsed when discussing the course specifiers. Also, the first year of client’s “recovery” should be discussed and how important this period is as far as high risk of relapse.

The trainer may want to mention that often TASC clients use multiple drugs simultaneously and thus might meet the criteria for Polysubstance Dependence.
The first twelve months of a client’s substance abuse or dependence represents the period of time with the highest likelihood of relapse. This is the time that we will find most challenging when working with TASC clients.

The following remission course specifiers apply if the full criteria for either dependence or abuse have not been met for at least one month, and the client is not in a controlled environment or on some type of agonist therapy. “Early Remission” applies if the onset of the client’s abuse or dependence occurred less than twelve months ago. “Sustained Remission” applies if more than twelve months has elapsed since the onset of abuse/dependence.

For both “Early” and “Sustained”, the designation of “Full” is applied if no abuse or dependence criteria have been met during the entire time period of remission. If at least one abuse or dependence criteria is met during the period of remission, the designation of “Partial” is applied. Next we will discuss a breakdown of the various remission criteria.

**EARLY FULL REMISSION**
- No criteria have been met for dependence or abuse for at least one month but less than 12 months.

**EARLY PARTIAL REMISSION**
- One or more criteria for either dependence or for abuse have been met, but not full criteria for at least one month but less than 12 months.

**SUSTAINED FULL REMISSION**
- No criteria have been met at any time during a period of 12 months or longer.
Notes

Before moving to the quiz or scenarios the participants should be allowed a short break.

You can use this “Quiz” to test how much your participants have learned from this training module. Along with the scenarios, this quiz is a useful tool to gauge how well the trainer was able to explain the different topics. The participants should be allowed to use their notes/handouts when completing the quiz. If they need to “look up” the answers this is OK as they will still be re-reviewing the materials and learning from their own notes/handouts.

SUSTAINED PARTIAL REMISSION
- Full criteria for dependence have not been met during a period of 12 months or longer, however, one or more criteria for dependence or abuse have been met.
The last four specifiers are applied under the stated conditions:

ON AGONIST THERAPY
- The client is on prescribed agonist medication and no criteria for dependence or abuse have been met for at least the past month.

IN A CONTROLLED ENVIRONMENT
The client is in an environment where access to alcohol or drugs is restricted and no criteria for dependence or abuse have been met for at least the past month. In order to move from “In a Controlled Environment” to a remission specifier, remember that at least one month must elapse between a client’s release from a controlled environment such as a jail or prison and the application of the specifier. Controlled environments are places where access to drugs is restricted and also include hospitals and treatment centers.

ACTIVELY USING
- The individual currently meets the criteria for Dependence or Abuse.

NEVER MET CRITERIA
- Full criteria for Dependence or Abuse were never met.

Activity

Refer participants to the quiz in their manual.
DSM-IV Quiz

1. List three of the five DSM-IV axes:

2. An individual who reports he has continued to drink alcohol despite frequent arguments with his wife that are related to this use is describing a symptom of Alcohol Dependence.
   True    False

3. A client reports she has continued using methamphetamine even though she experiences chest pains and a racing heartbeat when she does. She is afraid to see her doctor. This client is describing a symptom of Amphetamine Dependence.
   True    False

4. DSM-IV allows the clinician to focus only upon a specific area of client functioning.
   True    False

5. The clinician is not required to identify the presence or either tolerance or withdrawal in order for a diagnosis of substance dependence under DSM-IV.
   True    False

6. A family history of alcoholism is a symptom of Alcohol Abuse.
   True    False

7. The GAF Axis is an assessment of a client’s attitude during the interview.
   True    False

8. The DSM-IV is intended for use by a trained clinician.
   True    False

9. A client reports he used cannabis last week for the second time in three months after receiving treatment for Cannabis Dependence about a year ago. According to DSM-IV, which state of remission applies?
   a) Sustained full remission
   b) Early partial remission
   c) Sustained partial remission
   d) None of the above
Case Scenario #1

The client is a 26 year old African-American male referred to TASC by his probation officer for an assessment to determine chemical dependency. He is on probation for Violation of the Controlled Substances Act.

Family Background:

He was born into an intact family and raised in Western North Carolina. He reports his parents were strict and very religious and never used alcohol or drugs. He has had little contact with them for the past nine years. He has two younger sisters who are married and live in other states and, to his knowledge, do not use drugs or alcohol. He has had no contact with them for several years. He admits to a lot of conflicts with his parents about his substance use. He has never married, but has been living with his girlfriend for the last 18 months. She does not use substances and she is seven months pregnant with their first child.

Education:

He reports he had been a good student (As and Bs) until his second year of high school. He began hanging around with students who used substances, started drinking alcohol and smoking cannabis. Grades fell due to skipping school, and he ran away four times for more than a week each time. He dropped out of school at age 16. During this past year he has been working on his GED and passed all but his last test, which he takes next month. He plans to go to college and study drafting.

Vocational:

He reports he was first employed at age 16 and since then he had numerous jobs. The longest before his present job was three months and the shortest was two days. He worked in low pay -- low skill jobs. For the last 18 months he has maintained employment as a forklift operator in a warehouse.

Social:

He reports he used to be involved in his church youth group (until age 14), several sports, a chess club, camping, fishing, and drawing. He presently fishes one to three times per year and occasionally draws. He has not been involved in the other activities since his mid-teens. He has maintained contact with one childhood friend who is clean and sober, but does not consider others he knows as friends. He is not involved in any clubs, organizations, or gangs.

Medical:

He reports that three years ago he got Hepatitis from using non-sterilized needles. Two years ago he was diagnosed with Bronchial Asthma which, he admits, is aggravated when he smokes cocaine. He denies any other medical problems.
Legal:

From age 15 to present he has been arrested nine times: twice for running away (mid-teens), three times for Minor Drinking, once for DUI, twice for non-payment of services (intoxicated each time), and the present Viol. of CSA. He is presently on probation for 18 months

Drug History:
He reports that he began using alcohol and cannabis at age 14, but regularly at age 15. He drank three to six beers and smoked four to five joints per week. His drinking reached its peak by age 21, when he would drink about a six-pack three to five times per week. For the last year, he drank four to six beers on weekends. His cannabis use remained steady until age 25, when he reduced his use to one to two times per week, having one joint per occasion. He began using cocaine at age 19 and would smoke $10 worth every other week. His cocaine use reached its peak from age 21-24, when he smoked $50 worth every other day and twice per month used cocaine via IV. During the last two years, he has reduced his cocaine use to smoking $10-$20 worth every other week and once every two to three months will use cocaine via IV. He states he has to work hard to keep some control on his use because he has urges to use much more. He has entered treatment twice, once in 1993 and again in 1997, but left ASA each time.

What is the correct DSM-IV diagnosis or diagnostic impression for this client?

Explain your decision.
Case Scenario #2

Julie Smith is a 35 year-old, divorced, single, Caucasian female who was assessed by TASC in January of 2002. She was found to meet the criteria for Cocaine Dependence at the time of her assessment. Julie was incarcerated at the time of her assessment and due to delays with the legal system, did not get mandated to TASC until May of 2002.

TASC attempts to locate residential treatment for Julie and is finally able to obtain a slot for her for on June 23, 2002 (the delay was due to the end of the fiscal year lack of funds). TASC transports Julie to the treatment facility on June 23 for an intake. Following the intake, the treatment facility finds that Julie does not meet the criteria for Cocaine Dependence. Here is the information Julie supplied the treatment center:

AT AGE 16 SHE FIRST USED COCAINE VIA SNORTING. AGES 16-19 USED COCAINE 1-2 TIMES PER MONTH. AGES 20-24 USED ONCE PER WEEK, USING UP TO $10-20 PER USE. AGES 25-30 USED ONCE EVERY OTHER MONTH, USING UP TO $20-30 PER USE. AGES 30-35, USED COCAINE VIA SMOKING, 4-7 TIMES PER WEEK. IN THE LAST YEAR SHE REPORTS USING COCAINE DAILY UNTIL SHE WAS INCARCERATED IN JAN 97. SHE CLAIMS SHE HAS NOT USED SINCE BEING IN JAIL.

SHE ALSO REPORTED THAT AT AGE 14 SHE FIRST USED ALCOHOL. AGES 14-20 DRANK 1-2 TIMES EVERY 1-2 MONTHS. AGES 21-25 DRANK ONCE PER MONTH, HAVING 1-2 DRINKS, USUALLY WINE, PER OCCASION. AGES 25-35 DRANK ALCOHOL 1-2 TIMES PER WEEK, HAVING 1-2 GLASSES OF WINE, USUALLY ON THE WEEKENDS. SHE CLAIMS THAT IN THE PAST 12 MONTHS SHE WOULD DRINK ONCE OR TWICE ON THE WEEKENDS, UNTIL SHE WAS PUT IN JAIL.

JULIE REPORTED THAT SHE WAS TRYING TO GET MONEY FOR COCAINE WHEN SHE GOT ARRESTED FOR FORGING CHECKS. SHE CLAIMS THAT HER PARENTS BASICALLY AVOID HER BECAUSE OF HER COCAINE USE. SHE CLAIMS THAT SHE HAS STOLEN FROM THEM AND MOST OF HER OTHER FAMILY MEMBERS. SHE WAS LIVING WITH HER DAUGHTER WHEN SHE WAS ARRESTED. SHE CLAIMS THAT SHE WAS TRYING TO STOP ON HER OWN AND WITH HER DAUGHTER’S HELP. SHE REPORTED THAT WHEN SHE WAS GONE FOR A LONG PERIOD OF TIME, HER DAUGHTER ACTUALLY WOULD GO LOOKING IN CRACK HOUSES FOR HER AND WOULD BRING HER BACK HOME TO HELP HER STOP USING.

What is the correct DSM-IV diagnosis or diagnostic impression for this client?

Explain your decision.
DSM-IV Quiz Answer sheet

1. List three of the five DSM-IV axes:
   The five axes are:
   
   **Axis I:** Clinical disorders, including substance-related disorders, except personality disorders and mental retardation.
   
   **Axis II:** Personality disorders and mental retardation
   
   **Axis III:** General medical conditions potentially relevant to the understanding or management of the mental disorder
   
   **Axis IV:** Psychosocial and environmental problems that may affect diagnosis and treatment, including:
   - Problems with primary support group
   - Problems within social environment
   - Education problems
   - Occupational problems
   - Housing problems
   - Economic problems
   - Problems with access to health care
   - Problems related to interaction with criminal justice
   
   **Axis V:** Global Assessment of Functioning (GAF)

2. An individual who reports he has continued to drink alcohol despite frequent arguments with his wife that are related to this use is describing a symptom of Alcohol Dependence.

   **False**

3. A client reports she has continued using methamphetamine even though she experiences chest pains and a racing heartbeat when she does. She is afraid to see her doctor. This client is describing a symptom of Amphetamine Dependence.

   **True**

4. DSM-IV allows the clinician to focus only upon a specific area of client functioning.

   **False**

5. The clinician is not required to identify the presence or either tolerance or withdrawal in order for a diagnosis of substance dependence under DSM-IV.

   **True**
6. A family history of alcoholism is a symptom of Alcohol Abuse.
   
   **False**

7. The GAF Axis is an assessment of a client’s attitude during the interview.
   
   **False**

8. The DSM-IV is intended for use by a trained clinician.
   
   **True**

9. A client reports he used cannabis last week for the second time in three months after receiving treatment for Cannabis Dependence about a year ago. According to DSM-IV, which state of remission applies?

   a) Sustained full remission  
   b) Early partial remission  
   c) Sustained partial remission  
   d) **None of the above, as the client used drugs last week and a 30 day period is needed before any of the remission specifiers can be attached.**
Case Scenario #1 Answer Sheet

The client is a 26 year old African-American male referred to TASC by his probation officer for an assessment to determine chemical dependency. He is on probation for Violation of the Controlled Substances Act.

Family Background:

He was born into an intact family and raised in Western North Carolina. He reports his parents were strict and very religious and never used alcohol or drugs. He has had little contact with them for the past nine years. He has two younger sisters who are married and live in other states and, to his knowledge, do not use drugs or alcohol. He has had no contact with them for several years. He admits to a lot of conflicts with his parents about his substance use. He has never married, but has been living with his girlfriend for the last 18 months. She does not use substances and she is seven months pregnant with their first child.

Education:

He reports he had been a good student (A's and B's) until his second year of high school. He began hanging around with students who used substances, started drinking alcohol and smoking cannabis, grades fell due to skipping school, and he ran away four times for more than a week each time. He dropped out of school at age 16. During this past year he has been working on his GED and passed all but his last test, which he takes next month. He plans to go to college and study drafting.

Vocational:

He reports he was first employed at age 16 and since then he had numerous jobs. The longest before his present job was three months and the shortest was two days. He worked in low pay -- low skill jobs. For the last 18 months he has maintained employment as a forklift operator in a warehouse.

Social:

He reports he used to be involved in his church youth group (until age 14), several sports, a chess club, camping, fishing, and drawing. He presently fishes one to three times per year and occasionally draws. He has not been involved in the other activities since his mid-teens. He has maintained contact with one childhood friend who is clean and sober, but does not consider others he knows as friends. He is not involved in any clubs, organizations, or gangs.

Medical:

He reports that three years ago he got Hepatitis from using non-sterilized needles. Two years ago he was diagnosed with Bronchial Asthma which, he admits, is aggravated when he smokes cocaine. He denies any other medical problems.
Legal:

From age 15 to present he has been arrested nine times: twice for running away (mid-teens), three times for Minor Drinking, once for DUI, twice for non-payment of services (intoxicated each time), and the present Viol. of CSA. He is presently on probation for 18 months.

Drug History:

He reports that he began using alcohol and cannabis at age 14, but regularly at age 15. He drank three to six beers and smoked four to five joints per week. His drinking reached its peak by age 21, when he would drink about a six-pack three to five times per week. For the last year, he drank four to six beers on weekends. His cannabis use remained steady until age 25, when he reduced his use to one to two times per week, having one joint per occasion. He began using cocaine at age 19 and would smoke $10 worth every other week. His cocaine use reached its peak from age 21-24, when he smoked $50 worth every other day and twice per month used cocaine via IV. During the last two years, he has reduced his cocaine use to smoking $10-$20 worth every other week and once every two to three months will use cocaine via IV. He states he has to work hard to keep some control on his use because he has urges to use much more. He has entered treatment twice, once in 1993 and again in 1997, but left ASA each time.

What is the correct DSM-IV diagnosis or diagnostic impression for this client?

Explain your decision.

Based on the limited information provided in the scenario, the most appropriate DSM-IV Diagnostic Impression would be:

Cocaine Dependence, 304.20—based on the clients continued use despite harm/Consequences (bronchial asthma), craving/desire to cut down (continued use despite treatment and current probation order and “urges to use much more”), and salience (problems with family, vocational, and social areas).

Cannabis Abuse, 305.20--based on clients continued use despite being on probation for a drug related crime and despite problems his drug use has caused with his family, etc.

More questions would need to be asked to the client to clarify his drinking patterns. Based on his past drinking patterns and related legal problems, he very well could meet the criteria for Alcohol Abuse, 303.90. Further probing by the interviewer would allow a better diagnostic impression to be made.

Because the client is still actively using all three of the above mentioned drugs, he would not meet any of the remission specifiers.
Case Scenario #2 Answer Sheet

Julie Smith is a 35 year-old, divorced, single, Caucasian female who was assessed by TASC in January of 2002. She was found to meet the criteria for Cocaine Dependence at the time of her assessment. Julie was incarcerated at the time of her assessment and due to delays with the legal system, did not get mandated to TASC until May of 2002.

TASC attempts to locate residential treatment for Julie and is finally able to obtain a slot for her for on June 23, 2002 (the delay was due to the end of the fiscal year lack of funds). TASC transports Julie to the treatment facility on June 23 for an intake. Following the intake, the treatment facility finds that Julie does not meet the criteria for Cocaine Dependence. Here is the information Julie supplied the treatment center:

AT AGE 16 SHE FIRST USED COCAINE VIA SNORTING. AGES 16-19 USED COCAINE 1-2 TIMES PER MONTH. AGES 20-24 USED ONCE PER WEEK, USING UP TO $10-20 PER USE. AGES 25-30 USED ONCE EVERY OTHER MONTH, USING UP TO $20-30 PER USE. AGES 30-35, USED COCAINE VIA SMOKING, 4-7 TIMES PER WEEK. IN THE LAST YEAR SHE REPORTS USING COCAINE DAILY UNTIL SHE WAS INCARCERATED IN JAN 97. SHE CLAIMS SHE HAS NOT USED SINCE BEING IN JAIL.

SHE ALSO REPORTED THAT AT AGE 14 SHE FIRST USED ALCOHOL. AGES 14-20 DRANK 1-2 TIMES EVERY 1-2 MONTHS. AGES 21-25 DRANK ONCE PER MONTH, HAVING 1-2 DRINKS, USUALLY WINE, PER OCCASION. AGES 25-35 DRANK ALCOHOL 1-2 TIMES PER WEEK, HAVING 1-2 GLASSES OF WINE, USUALLY ON THE WEEKENDS. SHE CLAIMS THAT IN THE PAST 12 MONTHS SHE WOULD DRINK ONCE OR TWICE ON THE WEEKENDS, UNTIL SHE WAS PUT IN JAIL.

JULIE REPORTED THAT SHE WAS TRYING TO GET MONEY FOR COCAINE WHEN SHE GOT ARRESTED FOR FORGING CHECKS. SHE CLAIMS THAT HER PARENTS BASICALLY AVOID HER BECAUSE OF HER COCAINE USE. SHE CLAIMS THAT SHE HAS STOLEN FROM THEM AND MOST OF HER OTHER FAMILY MEMBERS. SHE WAS LIVING WITH HER DAUGHTER WHEN SHE WAS ARRESTED. SHE CLAIMS THAT SHE WAS TRYING TO STOP ON HER OWN AND WITH HER DAUGHTER’S HELP. SHE REPORTED THAT WHEN SHE WAS GONE FOR A LONG PERIOD OF TIME, HER DAUGHTER ACTUALLY WOULD GO LOOKING IN CRACK HOUSES FOR HER AND WOULD BRING HER BACK HOME TO HELP HER STOP USING.
What is the correct DSM-IV diagnosis or diagnostic impression for this client?

Explain your decision.

Based on the limited information provided in the scenario, the most appropriate DSM-IV Diagnostic Impression would be:

Cocaine Dependence, 304.20—based upon Julie’s use of cocaine in increasing amounts (her pattern of use escalated in the year prior to her incarceration), craving/desire to cut down (Julie was trying to stop on her own before she went to jail), time devoted to using (Julie was using daily before jail and was going to crack houses), and salience (Julie’s family was avoiding her, she was not working or supporting her daughter and she had no recreational activities—except her drug use).

Again more questions could have been asked regarding her alcohol use prior to her incarceration to clarify the degree of her use and related problems. Based on the additional information a diagnostic impression could then be applied.

The interesting thing about this scenario is really Julie’s attempt to get into residential treatment after she had been in jail for such a long period of time. She had been incarcerated for about four years and this time would be considered “in a controlled environment” as far as DSM-IV Course Specifiers are concerned. So, this time would not “count” as sobriety or time in “recovery”. As a result, Julie should still be eligible for residential treatment based on ASAM criteria. ASAM criteria will be discussed in another training module.