

Changing the Culture of Construction



Training Manual

Presented by:

The Allied Trades Assistance Program

Phone: (215) 677-8820

Toll free: (800) 258-6376

Website: www.alliedtrades-online.com

Main Office:
4170 Woodhaven Rd
Philadelphia, PA 19154



Grant Office:
2190 Hornig Rd
Philadelphia, PA 19116

Introduction

Welcome to the Allied Trades Assistance Program's Training "Changing the Culture of Construction"

Substance abuse and mental health issues are nothing new to society. However, today they are more prevalent than ever. Statistics show that the percentage of people affected directly or indirectly by these issues is growing at an unprecedented rate. Sadly, they affect all people regardless of age, race, religion, or social status. It shows no discrimination. It touches all levels of employees from factory workers to top CEO's and the construction industry is certainly not immune to it.

Unfortunately, there are several factors and philosophies that have contributed to this growth. These range from the entertainment industry that somehow cultivates an almost glamorous aspect - to people having been taught by their families and society to ignore or minimize these issues. "Do not air out our dirty laundry."

What ATAP has come to realize through their many years of experience is that this philosophy has fostered a vast drug epidemic and allowed substance abuse and mental health issues to flourish. We need a change in the mindset of our industry to realize that substance abuse is more than an addiction; it is an illness, and needs to be treated as such.

This training is designed to inform and empower the construction industry by separating fact from fiction, and encourage our workforce to choose proactivity when it comes to behavioral health issues and addictions. Our goal is to educate our workers to promote a healthy, safe and substance free working environment throughout the building trades.

Additionally, this training will provide information about what kind of treatment is available and how to access it; for you, your family, your friends, and your coworkers.

Together let's develop the tools to "Change the Culture"!



Acknowledgements

The Allied Trades Assistance Program would like to acknowledge the Pennsylvania Commission on Crime and Delinquency (PCCD) for making this training possible.

We gratefully acknowledge all the individuals who have contributed to the development of this project.



How to Access the Online Training

Step 1:

Go to www.alliedtrades-online.com

Step 2:

Scroll down towards the bottom of the page -or- Click ATAP Training on the toolbar (if you click this, go to step 5).

Step 3:

You will see “ATAP Training” and the “Changing the Culture of Construction” logo.

Step 4:

Click “More info” to access the login page of the training.

Step 5:

If you have not already, click register to create an account to get started!

Please note:

****Please use your FULL NAME (first and last) for your Username. This will be the name shown on your certificate. ****

- If you are asked for a Tax ID #, you are in the wrong place. Please go back to step 1.
- You can access this training from any smart phone, computer, iPad or tablet.
- You will be able to log in and out of the training at any time.
- If you do not receive any emails from ATAP, please check your junk/spam mail. The emails will be sent from WordPress.
- Please reach out to Maria Cesarone with any questions and concerns:

Email: mariac@alliedtrades-online.com -or- call: (267) 351-4098

What to Expect

This page will provide you with a step by step explanation of what to expect while taking this training.

The training is presented in a Prezi software format. If you have never used Prezi software before it is recommended that you familiarize yourself with how Prezi works before you begin. You can visit www.Prezi.com to view a tutorial on how to use the software. (Hint: Prezi is very interactive; just hit the next arrow, and the small writing will zoom in eventually, so do not hurt your eyes squinting).

Before you begin the actual training, which consists of fourteen (14) modules you will be asked to answer a short survey. This survey will be followed by a twenty (20) question, multiple choice quiz. The purpose of this quiz is for us to better understand your knowledge base of substance abuse prior to participating in the training. Do not worry about wrong answers because once you have completed the modules you will be given the opportunity to retake this quiz. This is meant to help us gauge the knowledge you have gained from the program.

[What to expect in the Modules:](#)

During the training, there will be two quizzes for each module. This includes a quiz at the beginning of each module (to test your existing knowledge) and the same quiz at the end (to test your knowledge after completing the training). However, to gain access to the next module all questions on the 2nd quiz need to be correct.

The modules will consist of the following topics:

- Module 1. What is an EAP?
- Module 2. Ethics and Confidentiality
- Module 3. Alcohol
- Module 4. Marijuana
- Module 5. Prescription Drugs
- Module 6. Cocaine
- Module 7. Methamphetamine
- Module 8. Heroin
- Module 9. Designer Drugs

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- Module 10. Co-occurring Disorders
- Module 11. Other Addictions
- Module 12. Samples in Drug Testing
- Module 13. Treatment
- Module 14. Medications for Treatment

NOTE: Upon completion of the training you will be presented with a satisfaction survey. Please complete this survey so that the Allied Trades Assistance Program can obtain feedback to improve the program for future participants.

***If you do not receive any emails from us, please check your junk/spam mail. ***

**If you have questions before beginning the training, please contact:
mariac@alliedtrades-online.com -or- call (267) 351-4098.**

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Module 1: What is an EAP?

EAP stands for Employee Assistance Program.

An Employee Assistance Program is a free and confidential worksite-based program available to members as well as any family members covered under the benefits.

HOW CAN AN EAP HELP?

There are many ways EAPs can provide assistance to members and their families, including but not limited to the following:

- Mental health
- Substance abuse
- Marital and family
- Emotional
- Financial and legal
- Stress

EAPs have clinical consultants for providing short term counseling. If the presenting problem requires a different type of counseling, the counselors will provide community resource referrals.

MYTHS ABOUT COUNSELING AND EAPS

Taking the first step and reaching out for help is often the hardest part of the treatment process. This section of the training addresses some of the myths that prevent people from accessing services through their EAP provider.

Some myths include:

1. Asking for help is a sign of weakness
2. The counselor cannot understand me unless he/she has had similar experiences or is of the same background.
3. If I use my company's EAP my boss will find out and I fear there might be consequences.
4. I do not have time for counseling.

BENEFITS

This section outlines the benefits EAPs provide to both employers and employees.

EAP's often assist with:

- Attracting and retaining employees
- Boosting morale
- Increasing productivity
- Decreasing medical cost

THE ALLIED TRADES ASSISTANCE PROGRAM

ATAP was created to address the needs of union members and their families, with regard to substance abuse and mental health issues.

INSTRUCTOR DISCUSSION

Instructors can encourage students to share any myths they have heard about counseling for substance abuse and mental health problems. Ask students to identify what barriers contribute to people not reaching out for help.

[Message from The Allied Trades Assistance Program](#)

YOU can help be the Change in the Culture of Construction. If you or someone you know is suffering from substance abuse or mental health issues, reach out to someone for assistance. Your EAP can help! Visit ATAP's website at www.alliedtrades-online.com or call 267-351-4098 for more information.

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Module 2: Ethics and Confidentiality

Confidentiality is defined as “spoken, written or acted on, etc., in strict privacy or secrecy.”

Ethics and confidentiality are essential aspects of understanding the treatment process. Prior to starting the process of finding treatment resources for yourself or a family member, it is extremely important to be aware of how the treatment process works and the limits that are involved.

HIPAA

1. Health Insurance Portability and Accountability Act: a brief description of the HIPAA law is provided.
2. Why HIPAA was created and how it protects healthcare consumers is described in the Ethics and Confidentiality module.

EXCEPTIONS

Exceptions to confidentiality are identified. While most aspects of interactions between therapist and client are kept strictly confidential, there are some exceptions. Some examples of exceptions are:

- Court orders
- Client consent
- Internal communications
- Disclosures without identification of the client
- Medical emergencies
- Research and audits
- Child and elder abuse
- Duty to warn

THE FEDERAL CONFIDENTIALITY LAW

The Federal Confidentiality Law applies to all programs providing diagnosis, treatment, or referral services. Under 42 Code of Federal Regulations, information relating to substance use and alcohol treatment must be handled with a higher degree of confidentiality than other medical information.

INSTRUCTOR DISCUSSION

Instructors can review HIPAA regulations with the students. Discuss what confidentiality means as well as identify the exceptions. Encourage students to identify what they already knew about confidentiality and what surprised them. How does this topic change the way they feel about treatment?

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Module 3: The Disease of Alcoholism

It was not until 1956 that alcoholism was considered an illness by the American Medical Association (AMA).

Since the beginning of recorded history, alcoholism has been present. Attitudes toward persons who have suffered from this illness have generally been harmful and derogatory. Alcoholism has been thought of as a lack of willpower, a mental problem, and/or a moral issue. Individuals dealing with this disease were often shunned and stigmatized.

HISTORY

A brief history of alcoholism is provided.

DENIAL

Denial is a trick that people use to help them cope with difficult situations. Denial defends the unconscious process in which the person or persons refuse to acknowledge painful realities, thoughts or feelings. Denial is often an integral part of the disease of alcoholism; it affects not only the individual abusing alcohol but the entire family system as well.

SYMPTOMS

Symptoms of alcoholism are identified including: physical, active, and emotional.

1. Physical – motor control, hand-eye coordination, staggering, speech, blackouts
2. Active – irresponsibility, tardiness, absenteeism, dishonesty, broken promises
3. Emotional – compulsion, low self-esteem, grandiosity, shame, remorse, depression, anxiety, self-pity, rage, paranoia

WITHDRAWAL

The four stages of withdrawal are identified:

Stage 1: Tremors, excessively rapid heartbeat, hypertension, heavy sweating, loss of appetite, and insomnia

Stage 2: Hallucinations- auditory, visual, and tactile (or a combination of these)

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Stage 3: Delusions, disorientation, and delirium- sometimes intermittent in nature followed by amnesia

Stage 4: Seizure activity

ACTIVITY

A case study is provided to show the importance of the EAP when dealing with alcoholism in the family.

INSTRUCTOR DISCUSSION

Instructors can review the case study with students. Discuss stigma and attitudes toward alcoholism and the impact it has had on people who access treatment. Define denial and have students identify examples of denial they have seen, in relation to substance abuse, mental health or any other kind of issue. Alcoholism is a family illness. It affects the dynamics within the entire family not just the individual abusing alcohol. Encourage students to identify examples of the impact of alcoholism on all people involved.

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Module 4: Marijuana

“Pot, grass, weed”, Marijuana has many different names (but whatever you call it), it is the nation’s most commonly used illicit drug.

While there may be a great deal of controversy surrounding marijuana and its use, the fact is that there are many consequences to marijuana use, both short term and long term.

WHAT IS MARIJUANA?

Marijuana is a greenish-gray mixture of dried and shredded leaves, stems, seeds and flowers of cannabis sativa. THC (Tetrahydrocannabinol) causes the-altering effects of marijuana intoxication.

WHAT ARE THE EFFECTS OF MARIJUANA?

The effects of marijuana are both short and long term. Short term acute affects (present during intoxication) are:

1. Impaired short term memory
2. Impaired attention, judgement, and cognitive functions
3. Increased heart rate
4. Anxiety and paranoia
5. Psychosis (uncommon)

There are also long term health consequences of marijuana use, including:

1. Can lead to use or addiction of other substances i.e. “gateway drug”
2. Increased risk of chronic cough, bronchitis, and emphysema
3. Cognitive impairment
4. Potential reduction in IQ
5. Difficulty making decisions
6. Potential for increased risk of anxiety and depression

FACTS ABOUT MARIJUANA

Workers that smoke marijuana are more likely to have problems on the job, including:

- Increased absences

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- Tardiness
- Accidents
- Workers compensation claims

MEDICAL MARIJUANA

A total of 28 states, the District of Columbia, Guam and Puerto Rico now allow for comprehensive public medical marijuana and cannabis programs as of 2016. There are both pros and cons to its legalization of medical marijuana.

ACTIVITY

A case study is provided illustrating the dangers of marijuana use and its progression from casual to more chronic use. Some effects of marijuana use, such as cognitive difficulties, tardiness, and workplace errors, are highlighted.

INSTRUCTOR DISCUSSION

Instructors can review the case study with students. Encourage students to identify some of the warning signs of addiction in the case study. Discuss pros and cons of medical marijuana legalization. Lastly, discuss the gateway drug concept.

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Module 5: Prescription Drugs

Prescription drug abuse is on the rise in the United States. These drugs are easier to get and harder to get caught using.

The abuse of prescription drugs is a problem that often begins innocently by taking medications prescribed by a doctor. However, if not taken per the doctor's prescription or if used to self-medicate, prescription drug use can quickly lead to an addiction. It is important for people to understand the most commonly abused prescription drugs, their effects, and how to avoid developing a tolerance and/or an addiction to them.

ON THE RISE

About 52 million people in the United States over the age of 12 have used prescription drugs, non-medically, in their lifetime. About 6.1 million people have used prescription drugs, non-medically, in the past month. The abuse of a wide variety of prescription drugs will soon surpass smoking as the number one health problem in America.

MOST COMMONLY ABUSED PRESCRIPTION DRUGS

1. Opioids – prescribed for pain
2. Central Nervous System Depressants – prescribed for anxiety and sleep disorders
3. Stimulants – prescribed for ADHD, narcolepsy, and obesity

WHAT IS PRESCRIPTION DRUG ABUSE?

- Multiple doctor shopping
- Forged prescriptions
- Use of illegal online pharmacies
- Theft (hospitals, residences, pharmacies)
- Obtaining from family and friends

ACTIVITY

A case study is presented about prescription drug abuse. It depicts the problem which, can evolve from being prescribed medication for legitimate purposes to self-medicating, building a tolerance, doctor shopping and addiction is described.

INSTRUCTOR DISCUSSION

Instructors can review the case study with students. Encourage students to identify some of the warning signs of addiction in the case study. Discuss some of the difficulties in addressing this issue including denial. What are some of the factors that lead to the medication being abused (ex: stress, unemployment, and chronic pain issues etc.)

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Module 6: Cocaine

Although statistics show a decrease in cocaine use, without proper education and the availability of proper treatment, heroin and methamphetamine may end up sitting on the sidelines while cocaine resurges to the top.

Cocaine has had a long history of use in this country. The use of coca leaves for a sense of well-being can be traced back to 500 AD. Despite known dangers of the drug, more than 400,000 infants are born addicted to cocaine in the United States. There are .7 million new male users each year and .5 million new female users each year, demonstrating that cocaine use is still a major problem.

HISTORY

By 1000 AD the coca shrub was extensively cultivated in Peru. Inca surgeons used coca leaves as a local anesthesia. It was even used by Sigmund Freud in 1884, who experimented with the leaves to find a therapeutic use. He was also one of the first to recognize its effects. Cocaine was even used in Coca Cola in 1903. By 1914, 46 U.S. states passed laws to regulate its use and distribution, as they became aware of the negative psychological effects of the drug.

HOW COCAINE IS USED

There are various forms of cocaine, including:

- Crack or rock
- Coca paste
- Freebase
- Cocaine Hydrochloride
- Chewing and sucking coca leaves
- Snorting or sniffing powder
- Intravenous
- Smoking

DANGERS OF COCAINE USE

Acute Toxicity:

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- Acute cocaine poisoning leads to profound central nervous system stimulation, progressing to conclusions that may lead to cardiac arrest.

Chronic Toxicity:

- Chronically inflamed, runny nose
- Malnutrition
- Irritability and restlessness
- Paranoia that could lead to a full-blown paranoid psychosis, in which the individual loses touch with reality.

ACTIVITY

A case study is presented describing cocaine abuse. It shows the progression from using the drug occasionally when “partying” to the drug interfering with daily functioning and responsibility.

INSTRUCTOR DISCUSSION

Instructors can review the case study with students. Encourage students to identify some of the warning signs of addiction in the case study. Discuss some of the difficulties in addressing this issue, including: family dynamics and tendency toward denial and minimization.

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Module 7: Methamphetamine

Methamphetamine is a strongly addictive stimulant, particularly when injected or smoked.

Methamphetamine, or “Meth” as it is commonly called, is a potent central nervous system stimulant which affects neurochemical mechanisms responsible for regulating heart rate, body temperature, blood pressure, appetite, attention, mood, and responses associated with alertness or alarm conditions. It also has a long history of use from medicinal purposes to keeping soldiers alert. It is now made and distributed by various groups, including: motorcycle gangs, prison gangs, organized crime, etc.

HISTORY

- First synthesized from ephedrine in Japan in 1893
- One of the early uses of amphetamine occurred in World War II where it was dispensed to troops under the name Pervitin.
- In the 1950’s methamphetamine was prescribed to the American public for narcolepsy, post-encephalitic, Parkinsonism, alcoholism, certain depressive states, and treatment of obesity.

SIDE EFFECTS

Methamphetamine has serious side effects, including:

1. Acute Use: twitching, jitters, agitation, repetitive behavior, jaw clenching or teeth grinding, diarrhea, nausea, etc.
2. Chronic Use: drug craving, weight loss, withdrawal related depression, erectile dysfunction, tooth decay, etc.

ACTIVITY

A case study is presented describing meth use. The ways in which the drug interferes with daily functioning and can lead to criminal behavior such as theft is depicted.

INSTRUCTOR DISCUSSION

Instructors can review the case study with students. Encourage students to identify some of the warning signs of drug abuse. Discuss the videos and students’ reaction to the signs.

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Module 8: Heroin

Heroin is a concentrated form of opium, that has determined the history of nations, been the cause of major wars, and today has become the newest epidemic.

Today heroin is one of the most utilized illegal substance. Occurrences of overdose and addiction, due to heroin use, are at an all-time high and seem to be on the rise. One use of heroin can lead to an addiction.

HISTORY

Heroin was first placed on the market in 1898 by Bayer Laboratories. It was originally marketed as a non-addicting substitute to codeine.

- The use of heroin began to increase after the Civil War due to being given to wounded veterans.
- By 1906, the Food and Drug Act was passed, due to the concern of the number of people becoming addicted.
- In 1915, the Supreme Court ruled that possession of smuggled opiates was a crime, but physicians continued to support their use.
- By 1922, the only source for opiates was through illegal drug dealers.
- In 1970 heroin was sold openly in South Vietnam leaving many veterans returning home from the Vietnam War addicted to heroin.
- In the 1980's and 1990's new, high potency heroin, that can be mixed with crack and inhaled through a pipe, increased its appeal to the younger generations.
- Today heroin appears to be on a parallel path with the previous cocaine epidemic. Heroin purity is very high and the drug is being snorted or injected by all socioeconomic classes.

DEPENDENCE

Physical – as each dose begins to wear off, withdrawal symptoms appear – the body needs the drug

Psychological – once withdrawal symptoms begin to appear, the mind demands the drug

ADDICTION

Heroin is a short-acting drug and must be taken every few hours to avoid painful withdrawal symptoms. Tolerance develops rapidly and with continued use, dependence and addiction are a virtual certainty.

Individuals who suffer from addiction still crave the drug after years of abstinence and relapse rates are high.

ACTIVITY

A case study is presented describing heroin addiction. Themes addressed are the common progression from pain medication to heroin. The drugs impact on mood, behavior, and daily functioning are highlighted.

INSTRUCTOR DISCUSSION

Instructors can review the case study with students. Encourage students to identify some of the warning signs of drug abuse. Discuss the videos and students' reaction to them. Have students share personal examples of friends or family members who have been affected by this epidemic.

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Module 9: Designer Drugs

Designer drugs are drugs that are created to be only slightly different from an illegal drug, so that it will not be considered illegal.

Today there are many popular synthetic drugs, known as designer drugs. This training explores several of them, including: molly, K2, bath salts, and flakka. Although marketed as “natural”, these drugs have serious side effects and negative health consequences.

MOLLY/ECSTASY

What is it? Ecstasy is often called the “love pill” because it heightens perceptions of color and sound and it amplifies sensations when one touches or caresses another, particularly during sex.

History – Ecstasy was originally developed by Merck pharmaceutical company in 1912 as “MDMA.” It was not until 1970 that MDMA started being used as a party drug. Still legal in 1984, it was being sold under the name Ecstasy. By 1985 it was banned due to safety concerns. It has now been renamed molly.

Health Consequences – There are numerous negative health effects that can come from using ecstasy/molly, such as:

- Emotional damage: depression, confusion, severe anxiety, paranoia, psychotic behavior
- Smothering of the natural alarm systems of the body, often leading to becoming overheated (which can lead to heatstroke).

Some of the long-term effects include:

- Depression
- Concentration problems
- Sleep problems
- Mood disturbances
- Tremors
- Memory problems

K2

What is it? K2 is synthetic marijuana or “fake weed.” It is a synthetic cannabinoid that is sprayed on dried shredded plant material that can be smoked. Although marketed as a safe alternative to marijuana, it may affect the brain much more powerfully than marijuana. K2 is an addictive substance.

Health Effects – Frequently, other chemical compounds are added to this substance making its effects unpredictable. Some known effects have been reported:

- Extreme anxiety
- Confusion
- Paranoia
- Hallucinations
- Rapid heart rate
- Violent behavior
- Suicidal thoughts

BATH SALTS

What is it? “Bath salts” are the name given to a family of drugs that include one or more chemicals related to cathinone. Cathinone is an amphetamine-like stimulant. Bath salts are an addictive substance.

Health Effects – The health consequences of this substance are numerous and severe. It can cause:

- Severe intoxication
- Violent behavior
- Paranoia
- Hallucinations
- Chest pain
- Panic attacks

FLAKKA

What is it? It is a drug that produces powerful hallucinogenic effects. It is inexpensive and intense, often making it more appealing to young people and/or people with low incomes.

Health Effects – It often leads to a state of “excited delirium.” The individual becomes psychotic, often rips their clothes and runs into the street violently; they may have an adrenaline like strength. They can die if they do not receive immediate medical attention.

ACTIVITY

A case study is presented describing designer drug addiction. The drugs’ impact on mood, behavior, and daily functioning are highlighted.

INSTRUCTOR DISCUSSION

Encourage students to identify their own experiences with these drugs. What have they learned now?

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Module 10: Co-occurring Disorders

A co-occurring disorder is the existence of both a substance abuse disorder and a mental health disorder at the same time.

People with mental health disorders are more likely to experience an alcohol or substance abuse disorder, compared to those who have not been diagnosed with a mental health disorder. In 2014, 45% of Americans seeking substance abuse treatment have been diagnosed as having a co-occurring mental health diagnosis.

RISK AND PROTECTIVE FACTORS

There are both genetic and environmental factors that contribute to the likelihood of developing either a mental health or substance abuse disorder. Individual protective factors include: positive self-image, self-control, and social competence.

SYMPTOMS TO LOOK FOR

The warning signs of substance abuse and mental health disorders often overlap and it can be difficult to differentiate one from the other, and if they are in fact, co-occurring. It requires the intervention of trained professionals to treat these disorders. Many people with co-occurring disorders struggle with:

- An inability to maintain employment
- An inability to maintain functional relationships
- Legal problems
- Financial issues
- Extreme mood swings and an inability to control their emotions

CONTINUUM OF CARE

Promotion, prevention, treatment and recovery are the keys to treating the complexities of co-occurring disorders.

Promotion – Strategies are designed to create environments that support individual’s behavioral health and the resiliency or ability to withstand these challenges.

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Prevention – Interventions are designed to stop these disorders before they start. Reduction and prevention education is a mandatory resource in reducing the risk of underage alcohol and substance abuse.

Treatment – Professional treatment includes: 12-step programs, outpatient care, inpatient treatment and is designed for people diagnosed with co-occurring disorders.

Recovery – Support individuals' abilities to live productive lives in the community.

ACTIVITY

A case study is provided to illustrate some of the challenges faced by individuals with co-occurring disorders and some of the barriers to treatment.

INSTRUCTOR DISCUSSION

Encourage students to identify some of the issues specific to co-occurring disorders. Identify some warning signs. Finally, discuss some of the myths that create barriers to people accessing treatment for co-occurring disorders.

11

Module 11: Behavioral/ Process Addictions

A behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding, non-drug related, behavior despite any negative consequences to the person's physical, mental, or financial well-being.

Behavioral addictions, sometimes called process addictions, continue to be a source of controversy. Controversy exists over these issues being a legitimate disease, like alcoholism or prescription drug abuse. Research on the neurological components of addiction show that behavioral addictions are very similar to chemical addictions in their process, effect on the brain's reward system, and the necessity of professional treatment to maintain recovery from them.

GAMBLING ADDICTION

What is it? Gambling addiction is also known as pathological gambling; it is a type of impulse control disorder. Compulsive gamblers cannot control the impulse to gamble even when they know their gambling is hurting themselves or loved ones.

Symptoms –

- When a person feels the need to be secretive about their gambling
- When a person has trouble having control over gambling
- When a person gambles even though they do not have money
- When family and or friends are worried about a person gambling

FOOD ADDICTION

What is it? A food addiction is a “behavioral addiction that is characterized by compulsive consumption of high fat and high sugar foods – the types of foods which markedly activate the reward system in humans and other animals – despite adverse consequences.”

Symptoms – Throughout this training the many symptoms of food addiction are defined. Here are a few:

- End up eating more than planned when eating certain foods
- Keep eating certain foods even if you are no longer hungry
- Eat to the point of feeling ill

SEX ADDICTION

What is it? “Sexual addiction is best described as a progressive intimacy disorder characterized by compulsive sexual thoughts and acts.”

Symptoms

- A person might become easily involved with people, sexually or emotionally.
- A person may stay in unhealthy relationships or jump too quickly from relationship to relationship (because most sex addicts fear abandonment).
- A person might suffer from feelings of guilt, loneliness, or fear.
- A person might feel empty or incomplete when they are alone.
- A person might feel immobilized due to sexual or emotional obsessions.

INTERNET ADDICTION

What is it? “Internet addiction is defined as any online-related behavior which interferes with normal living and causes severe stress on family, friends, loved ones, and one’s work environment.

Some common warning signs

- Preoccupation with the internet
- Use of internet in increasing amounts of time, to receive the same satisfaction
- Repeated, unsuccessful attempts to control, cut back, or stop internet use
- Feelings of restlessness, moodiness, depression, or irritability when trying to cut back on internet use

ACTIVITY

A case study is provided to illustrate the effects of behavioral addiction. Gambling and its effect on relationships and finances are highlighted. Intergenerational issues and their impact on the development of these issues are also explored.

INSTRUCTOR DISCUSSION

Encourage students to identify some of the issues specific to behavioral addictions. Identify some warning signs.

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Module 12: Samples in Drug Testing

The Drug Free Workplace Act is a policy that was adopted in the 1990's, in response to the growing number of employees abusing substances in the workplace.

The Omnibus Transportation Employees Testing Act was established to reduce incidences of substance abuse in the workplace. Employees are mandated to participate in drug testing and employers may require this testing if they have probable cause or suspicion that an employee is abusing substances in the workplace.

PROFESSIONS WITH HIGH RATES OF SUBSTANCE ABUSE

Statistically, the profession types with the highest recorded rate of substance abuse are:

- 1) Construction
- 2) Food Preparation
- 3) Waiters/Waitresses

TYPES OF TESTING

There are several different types of testing utilized to detect alcohol or substance abuse. Urinalysis (81 percent) is by far the most popular means of drug testing. Blood testing (15 percent) and hair testing (2 percent) are the next most common types of testing.

REASONABLE CAUSE/PROBABLE SUSPICION TESTING PROCEDURES

Step 1: Identify the individual to be tested

Step 2: Prepare for notification of testing the "impaired" individual

Step 3: Notify and escort the individual to testing

Step 4: Ask employee to sign permission form

Step 5: Conduct test- breath alcohol and urine sample

Step 6: After testing and collection, the individual should be transported back to their residence

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Step 7: Results – breath alcohol results are provided immediately and urine tests are available within five days

Step 8: Action – the individual suspected must be taken out of service until all results are returned to the company

Step 9: Notify the individual of test results

INSTRUCTOR DISCUSSION

Encourage students to discuss the drug free workplace concept. Have students identify ways in which these policies protect both employer and employee. What are some of the ways substance abuse can negatively impact a work environment?

13

Module 13: Treatment Levels of Care

The best treatment outcomes stem from individualized treatment plans.

Treatment for mental health and substance abuse disorders are covered in this module. Levels of care are explored. It is important that individuals diagnosed with a mental health and/or substance abuse disorder and their family members are empowered to understand the treatment process. This way they achieve the best results from the treatment experience.

WHAT ARE YOUR OPTIONS

This section:

- Identifies 6 steps to access treatment
- Summarizes basic information about insurance
- Talks about words to recognize when going through the treatment process

OUTPATIENT CARE

Treatment begins with a full evaluation of the client's current mental/emotional state as well as a detailed history of current and past substance abuse. After the evaluation is complete, a mental health and/or substance abuse professional will recommend a level of care, which means what type of treatment will be most helpful in helping the individual return to their previous level of functioning.

Outpatient care includes 12 step programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

INTENSIVE OUTPATIENT CARE (IOP)

IOP is a treatment that teaches how to better manage stress and cope more effectively with emotional and behavioral issues. IOP for substance abuse teaches about concepts of addiction and recovery. It is structured and consists of frequent visits, usually 3-4 days a week and an average of 3-4 hours of treatment per day. IOP often includes an evaluation by a psychiatrist.

PARTIAL HOSPITALIZATION

Partial hospitalization is an intensely structured program. It typically consists of 5-7 days per week and about 6 hours of treatment each day. It is often recommended for those who have actively participated in higher levels of care such as inpatient. It often includes an evaluation by a psychiatrist.

AMBULATORY DETOX

Ambulatory detox is provided on an outpatient basis for people who are highly motivated for recovery but require medical treatment for complicated withdrawal symptoms because of substance abuse.

INPATIENT TREATMENT

Inpatient treatment is intended for people who need 24-hour care and daily doctor visits in a hospital setting to help stabilize presenting issues. Treatment can last for a few days or more. Family involvement is a very important aspect of this process. For substance abuse treatment, this is recommended when individuals require 24-hour intensive medical care to ensure safety. Substance abuse treatment is intended for people whose situations are medically complicated or who are plagued with serious withdrawal symptoms.

RESIDENTIAL TREATMENT

Residential treatment is intended for people who do not need medical attention. It is not intended for individuals who are not motivated for change and recovery. For substance abuse treatment, it may last 28 days or more.

HOW TO HELP A FAMILY MEMBER OR A FRIEND

- This section gives suggestions if you are concerned about yourself, a friend, family member, employee, or a coworker.
- It discusses some things you do not want to do if you know your friend has a problem.
- It gives tips and guidelines to intervene:
 - Where do you begin?
 - How does it work?
 - Can it be successful?

INSTRUCTOR DISCUSSION

Encourage students to discuss the many misconceptions they may have had about treatment for substance abuse and mental health disorders.

14

Module 14: Medication for Treatment

Recovery from a drug addiction can be very difficult. Many people require additional help getting back to normal, healthy living. One important form of help is called medication-assisted treatment.

Medication assisted treatment (MAT) is designed for treatment of opiate/opioid addiction. It involves the administration of US Food and Drug Administration (FDA) approved medications, such as Methadone, Naltrexone, and Buprenorphine. For sustained recovery, it is suggested that counseling, support from family and friends, and self-help are done in conjunction with the medications as a part of the individual's treatment plan.

METHADONE

It reduces withdrawal symptoms in individuals addicted to heroin or other narcotic drugs without causing the "high" associated with drug addiction. It improves functioning, lessens symptoms and discomfort, and lowers the mortality associated with addiction.

NALTREXONE

It blocks opioids from acting on the brain, so it takes away the reward of getting high on the problem drug. This feature makes naltrexone a good choice for preventing relapse.

BUPRENORPHINE

It is used to help people reduce or refrain their use of heroin or other opiates, such as pain relievers like morphine. Other names include Suboxone and Subutex.

ACTIVITY

A match up activity is included to assess students' knowledge of the different types of MATs.

INSTRUCTOR DISCUSSION

Encourage students to discuss any misconceptions they may have had about medication assisted treatment. Do they believe it is a valid treatment method?

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