

CSAT's
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 33
*Treatment for Stimulant
Use Disorders*



KAP Keys Based on TIP 33 Treatment for Stimulant Use Disorders

Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 33 and are designed to meet the needs of the busy clinician for concise, easily accessed “how-to” information.

For more information on the topics in these KAP Keys, see TIP 33.

Other Treatment Improvement Protocols that are relevant to these KAP Keys:

TIP 9, *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse* (1994, Reprinted 1999) **BKD134**

TIP 10, *Assessment and Treatment of Cocaine-Abusing Methadone-Maintained Patients* (1994) **BKD157**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment* (1998) **BKD251**

TIP 29, *Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities* (1998) **BKD288**



Ways To Reduce the Risk of Violence by Stimulant Users

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Stimulant users can become violent. Reduce the risk of violence by:

- Helping the client stay in touch with reality by identifying yourself, using the client's name, and anticipating concerns.
- Placing the client in a quiet, subdued environment with little stimulus.
- Ensuring sufficient space so that the client does not feel confined.
- Having the door readily accessible to both the client and the interviewer, but not letting the client get between the interviewer and the door.
- Acknowledging the client's agitation and the potential for an escalation to violence by reassuring the client that you are aware of his or her distress.
- Asking clear, simple questions; tolerating repetitive replies; and remaining nonconfrontational.
- Listening carefully, remaining nonjudgmental, and reinforcing any progress made.
- Reducing risk by removing objects from the room that could be used as weapons and discreetly ensuring that the client has no weapons.
- Being prepared to show force if necessary by having a back-up plan for help and having chemical and physical restraints immediately available.
- Training all medical or emergency staff to work as a team in managing an aggressive, paranoid, and potentially violent client.

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CSAT

Center for Substance Abuse Treatment

SAMHSA

Substance Abuse and Mental Health
Services Administration

CLOSING THE TREATMENT GAP

CSAT's
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Maximizing Treatment Engagement

- Make treatment accessible.
- Provide support for treatment participation.
- Respond quickly and positively to initial telephone inquiries.

Assessing and Orienting

- Keep initial assessment brief.
- Provide clear orientations.
- Offer clients treatment options.
- Involve significant others.
- Convey empathetic concern.

Initiating Treatment

- Establish treatment schedule.
- Discontinue use of psychoactive substances, and initiate a urinalysis schedule.
- Assess psychiatric comorbidity.
- Assess stimulant-associated compulsive sexual behavior.
- Remediate stimulant “withdrawal” symptoms.
- Resolve any immediate crisis.

Initiating Abstinence

- Establish structure and support.
- Address secondary drug use.
- Initiate substance avoidance strategies.
- Provide client education.
- Respond to early slips.

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Maintaining Abstinence

- Teach functional analysis of stimulant use.
- Teach relapse prevention techniques.
- Enhance self-efficacy regarding high-risk situations.
- Counteract euphoric recall and the desire to test control.

Preventing Relapse

- Teach clients the following:
 - How to cope with substance craving
 - Substance refusal assertiveness skills
 - General coping and problemsolving skills
 - How to apply strategies to prevent a full-blown relapse if an episode of substance use occurs.



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Remember most people experience problems when they stop using stimulants. However, many people's symptoms return a few months after last using stimulants. These symptoms are a type of *delayed stimulant withdrawal* and

- Are a normal part of recovery
- Are part of the brain's healing process
- Are temporary
- Can be endured
- Can be lessened by participation in recovery efforts.

Delayed Withdrawal Checklist

The items below can be part of delayed stimulant withdrawal.

Ask the client if he or she

- | | |
|---|---|
| <input type="checkbox"/> Is sad | <input type="checkbox"/> Experiences fuzzy thinking |
| <input type="checkbox"/> Has no energy | <input type="checkbox"/> Magnifies feelings |
| <input type="checkbox"/> Craves alcohol | <input type="checkbox"/> Is irritable |
| <input type="checkbox"/> Has problems remembering | <input type="checkbox"/> Has cravings and urges |
| <input type="checkbox"/> Has stopped exercising | <input type="checkbox"/> Is not interested in treatment |
| <input type="checkbox"/> Spends a lot of time alone | <input type="checkbox"/> Is not participating in meetings |
| <input type="checkbox"/> Feels lonely | <input type="checkbox"/> Is canceling appointments |
| <input type="checkbox"/> Is anxious | <input type="checkbox"/> Has relationship problems |
| <input type="checkbox"/> Experiences mood swings | <input type="checkbox"/> Expresses or experiences other negative thoughts/feelings/actions. |
| <input type="checkbox"/> Uses alcohol | |
| <input type="checkbox"/> Feels hopeless | |
| <input type="checkbox"/> Feels uneasy | |

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Ordering Information

TIP 33

Treatment for Stimulant Use Disorders

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site at **www.csat.samhsa.gov**

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