DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

VA/DoD Clinical Practice Guideline (CPG) for the Management of Substance Use Disorder and Clinical Support Toolkit (SUD Tool Kit)

Clinical Training Manual

[Version #1]

July 27, 2012

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Relevant Clinical Practice Guidelines (CPGs)

CPGs used in the toolkit:

- VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder (SUD), Ver. 2.0, 2009
- Deployment Health
  - Medically Unexplained Symptoms: Chronic Pain and Fatigue (MUS), Ver. 1.0, Jul 01
  - Post-Deployment Health Evaluation & Management (PDH), Ver. 1.2, Sep 00/Update Dec 01
- Traumatic Brain Injury
  - Indications and Conditions for In-Theater Post-Injury Neurocognitive Assessment Tool (NCAT) Testing
  - Case Management of Concussion/Mild TBI (mTBI)
  - Clinical Guidance for Evaluation and Management of Concussion/mTBI-Acute/Subacute (CONUS)

Feedback

Feedback is vital for improving the quality of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Education Directorate training manuals. Instructor feedback (written or verbal) on the course and course materials is greatly appreciated. Completed feedback should be directed to:

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Table of Contents

1 Introduction

This training manual is designed primarily for instructors, but may also be beneficial to course sponsors, training leads or other individuals responsible for measuring performance related to training and/or education. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) clinical training manuals are designed to enhance consistent delivery of training while also providing instructors the flexibility to tailor materials to the needs of the audience. Training is most effective when delivered by local instructors who can use examples relevant to the audience and reinforce education after the initial course is delivered. This manual:

- Incorporates adult learning principles
- Equips instructors with tools to motivate learners to actively participate in the learning process
- Consists of interchangeable modules, allowing instructors to customize the course based on audience needs
- Includes tools that allow instructors and organizations to assess the impact of instruction on learner knowledge and behavior

DoD Documents Supporting DCoE Instruction Manual Effort

This manual is one of a series DCoE developed in support of:

- National Defense Authorization Act 110-181, TITLE XVI Sec 1621(c)(6) and 1622(c)(6): Coordinate best practices for training mental health professionals, with respect to psychological health, traumatic brain injury and other mental health conditions
- Mental Health Task Force (MHTF) 5.1.3.1, 5.1.3.3 and 5.1.3.4: Develop and implement core curricula on psychological health and traumatic brain injury for DoD health care providers and leaders
- Public Law 110-181 Sec. 1615(a) Uniform training standard among military departments for training and skills of medical and non-medical providers of care

2 VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder Toolkit Training

The VA/DoD Clinical Practice Guideline (CPG) for the Management of Substance Use Disorder (SUD) Toolkit (hereinafter referred to as the SUD tool kit) Training was developed to familiarize primary care providers with the information and resources presented in the SUD tool kit. The SUD tool kit training provides a brief overview of the VA/DoD CPG for management of SUD and reviews the assessment tools and resources included in the SUD tool kit. These tools and resources provide evidence-based information on the assessment, diagnosis and treatment for substance use disorders that can be incorporated into primary care providers' regular clinical practice. It also provides tools to assist family members.

The training manual was developed to be used as a resource by those facilitating the training on the tool kit. This manual contains frequently asked questions and a glossary of key terms to assist the instructor in providing comprehensive training and a list of resources to primary care providers participating in the training.

The SUD tool kit course was developed so that instructors may further customize these training materials based on audience/organizational needs, time/resource constraints and desired level of interactivity. Instructors may deliver this course in its entirety or combine individual modules

to meet learner needs. Experiential exercises are recommended to maximize learning, but may be omitted. All materials are current per the date noted on the cover page.

The VA/DoD CPG for Management of SUD (VA/DoD CPG for SUD) was not created to be a standard of care or an exclusive course of management of patients with SUD. It does not replace clinical judgment or specialty consultation. The SUD tool kit is designed to provide information and assist decision-making. Every health care professional making use of the SUD tool kit is responsible for evaluating the appropriateness of applying the recommendations in the clinical setting. The tool kit does include pathways for real world consultation and resources are also located within the last appendix of the tool kit under provider resources. Icons are included throughout the manual to highlight key learning points or linkage to additional training materials (e.g., video vignette, role play scenario). The icons are represented in the appendix.

The training manual is designed to facilitate effective training and encourage the use of customizable content to meet the needs of the instructor's particular audience. Each instructor's note page includes a picture of a slide, the instructor dialogue for content pertaining to that slide and a customizable area that allows the instructor to add reminders, additional content and notes. Any content within the training manual that exists in a customizable content area is a suggestion.

This course of instruction on how to use the SUD tool kit is intended for primary care providers who work in ambulatory and inpatient settings. However, other health care professionals may also benefit from this course. It may be used in a variety of clinical settings to include but not be limited to graduate medical education training, grand rounds and pre-deployment training. The majority of the content includes instructions on assessment, clinical decision-making and treatment while encouraging familiarity with a variety of VA/DoD guidelines.

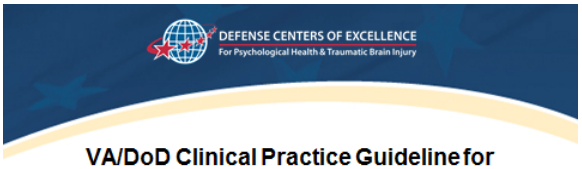
3 Slide Presentation

The slide section includes the PowerPoint presentation and accompanying instructor notes. Where applicable, the speaker notes include a directive to **"[Press Click/Enter]"** and indicate what will appear when done**.**

This section includes the PowerPoint presentation and accompanying instructor notes. An overview of the content and associated SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) objectives is included in the following table.

SMART Learning Objective(s)	Instructional Activity
▪ Self-assess knowledge of VA/DoD CPG for SUD.	▪ Engage primary care providers in sharing their familiarity with the VA/DoD CPG for SUD and their experience with using it in practice.
▪ Describe the purpose of the VA/DoD CPG for SUD and the SUD tool kit.	▪ Elicit group response of circumstances where they would use the VA/DoD CPG for SUD as a resource.
▪ Demonstrate knowledge of the tools contained in the SUD tool kit.	▪ Review and discuss the four recommended assessment tools (AUDIT-C, SASQ, CIWA-AR, COWS).
▪ Identify the most common assessments and screening tools for SUD.	▪ Locate the criteria in Tab 1 and list the symptoms.
▪ Explain the process for follow-up monitoring and relapse prevention.	▪ Discuss the after-care and recovery plan including re-evaluating the treatment plan.

VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder Toolkit Training: Key Concepts for Providers



VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder Toolkit Training

Key Concepts for Providers

MAY 10, 2012

Audience: Providers in Defense Department and Veterans Administration Medical Treatment Facilities

Say:

Welcome to VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder Toolkit Training. The VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder will be referred to as "VA/DoD CPG for SUD," for the purposes of this training. The accompanying tool kit and pocket guide will be referred to as the SUD tool kit and SUD pocket guide, respectively. This course is intended for providers in medical treatment facilities as well as for families of SUD patients.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

Key Training Objectives

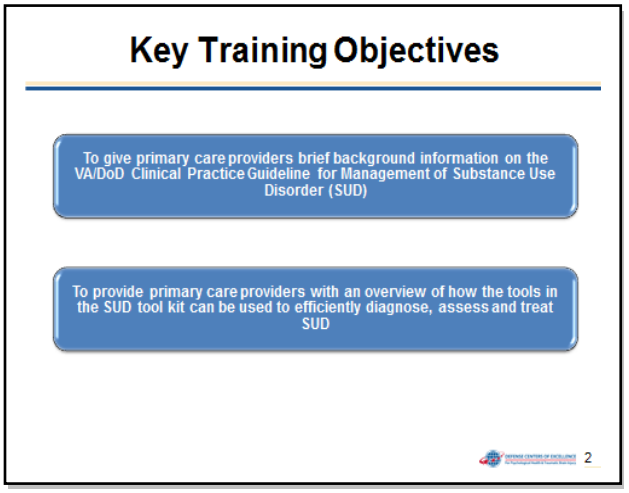
Say:
The training will provide brief background information on SUD for primary care providers and will provide an overview of how the tools in the SUD tool kit can be efficiently used to diagnose, assess and treat SUD.

Do:

- No activities

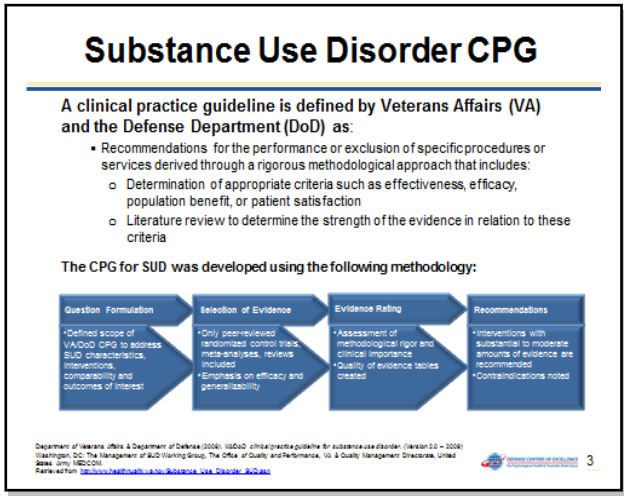
Additional Points (if any):

- None



Customizable Content (if any):

Substance Use Disorder CPG



Say:

As defined by the VA and DoD, a guideline provides recommendations for the performance or exclusion of specific procedures or services derived through a rigorous methodological approach which includes:

- A determination of appropriate criteria which includes effectiveness, efficacy, population benefit or patient satisfaction.
- A review of literature to determine the strength of the evidence in relation to these criteria.

The VA/DoD CPG for SUD was developed using the illustrated methodology and is explained in more detail on the next slide.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

VA/DoD Clinical Practice Guidelines

Say:
Reduce current practice variation and provide structured framework to help improved outcomes.

Provide evidence-based recommendations to assist providers and patients in decision-making.

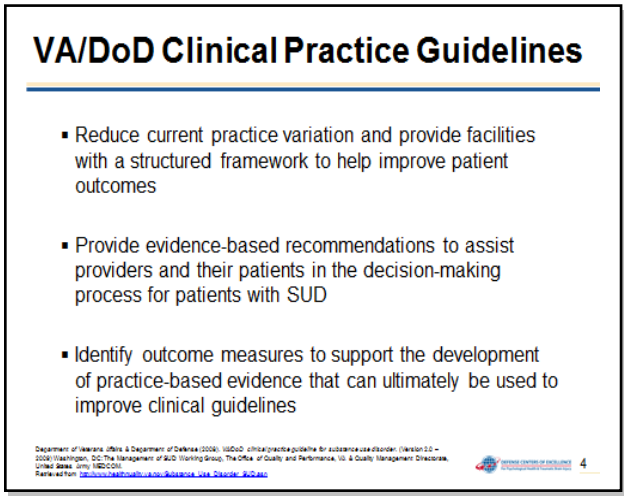
Identity outcome measures to support the development of practice-based evidence that can eventually improve clinical practice guidelines.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

VA/DoD CPG for SUD

Say:
There are three primary goals of the VA/DoD CPG for SUD:

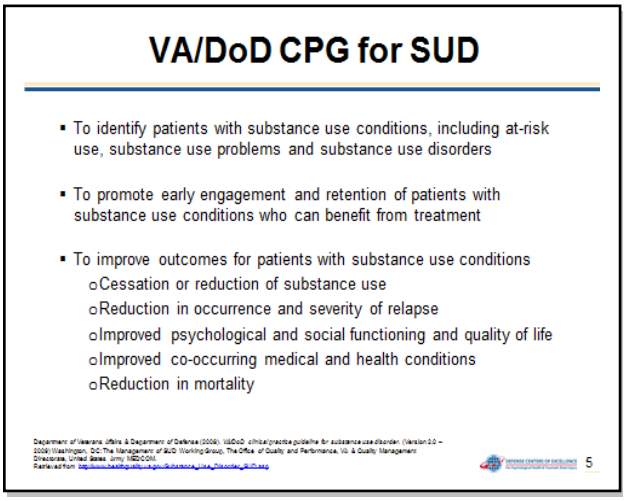
- Identify patients with substance use conditions.
- Promote early engagement and retention of patients with substance use conditions who can benefit from treatment.
- Improve outcomes for patients with substance use conditions.

Do:

- Go over each of the five possible outcomes for improvement.

Additional Points (if any):

- None



Customizable Content (if any):

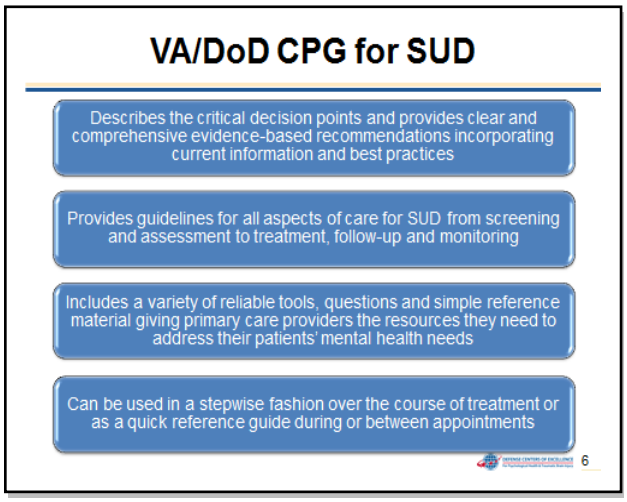
The VA/DOD CPG for SUD

Say:
The SUD tool kit describes critical decision points and provides clear and comprehensive recommendations:

- Provides guidelines for all aspects of SUD Care including screening, assessment, diagnosis, treatment, follow-up and monitoring.
- Provides primary care providers with reliable tools, questions and simple reference materials.
- Use in a step-by-step approach or as a quick reference guide.

Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

Substance Use Disorders

Say:
SUD affects a significant number of military personnel. Last year, a survey by the Centers for Disease Control and Prevention (CDC) showed that 20 percent of active-duty service members have a diagnosed substance use disorder.

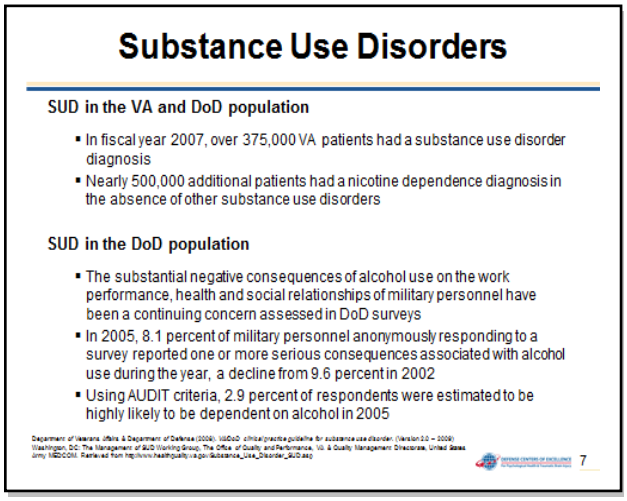
The substantial negative consequences of alcohol use on work performance, health and social relationships of military personnel continues to be of great concern to the Defense Department.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

SUD Tool Kit

Say:

To maximize treatment efforts:

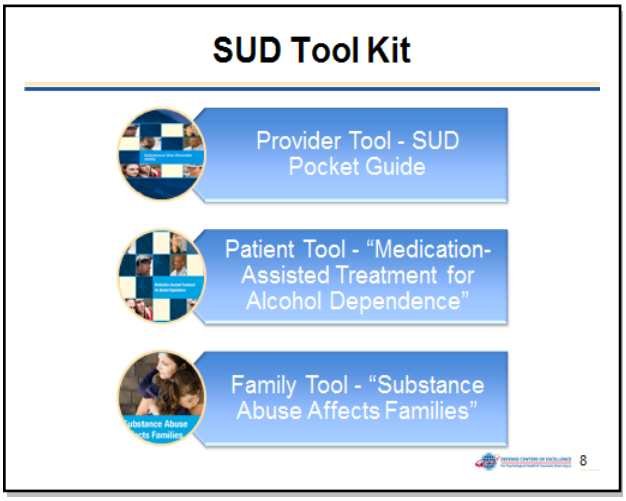
- Provider tool – SUD pocket guide.
- Patient tool – "Medication-Assisted Treatment For Alcohol Dependence."
- Family tool – "Substance Abuse Affects Families"
- The tools were developed for subject matter experts in psychology, psychiatry, addiction medicine, social work, internal medicine and family practice, among other primary care providers.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

SUD Pocket Guide

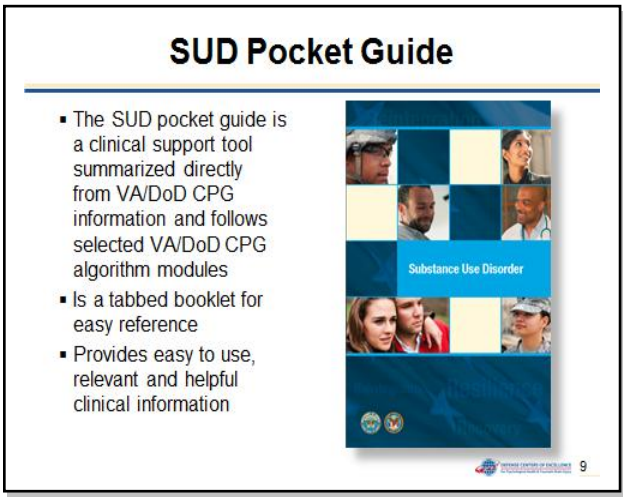
Say:
The SUD pocket guide serves as a clinical support tool and summarizes VA/DoD CPG information.It can be used for easy reference.

It provides easy-to-use, relevant clinical information. The tabs for the SUD pocket guide screening, intervention and referral; management of substance use disorder in specialty care; and stabilization and withdrawal management are all easy to use.

Do:
Show a sample “SUD pocket guide” and point out how easy it is for the user. The tabbed sections of the pocket guide are convenient and include the following topics: screening, intervention and referral; management of substance use in specialty care; and stabilization and withdrawal management among others.

Additional Points (if any):

- None



Customizable Content (if any):

SUD Pocket Guide

Say:

Today, we will review the nine main topics of the SUD pocket guide which are divided into individual tabs. They include:

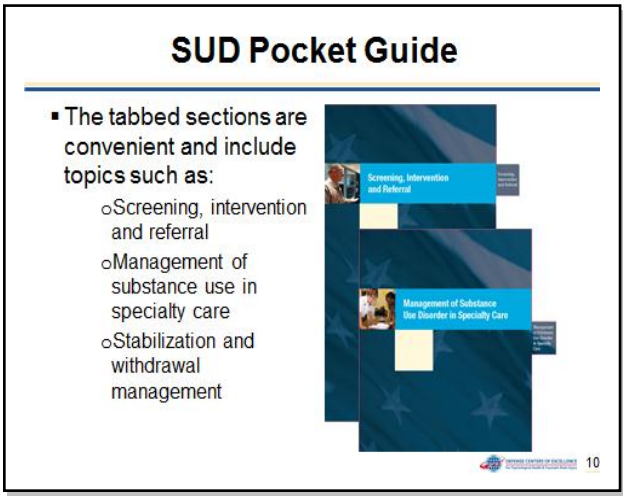
- Tab 1. Pocket Guide Overview
- Tab 2. Screening, Intervention and Referral
- Tab 3. Management of SUD in Specialty Care
- Tab 4. Stabilization and Withdrawal Management
- Tab 5. Symptoms of Intoxication and Withdrawal
- Tab 6. Medication Tables
- Tab 7. Patient and Family Education
- Tab 8. ICD-9-CM Coding
- Tab 9. Tools and Resources

Do:

Show the nine tabs of the SUD pocket guide so the audience will see exactly what will be covered.

Additional Points (if any):

- None



Customizable Content (if any):

SUD Pocket Guide Topics

Say:
Tab one of the SUD pocket guide provides an overview of the guide and basic information regarding substance abuse.

Also covered is the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR) criteria which include:

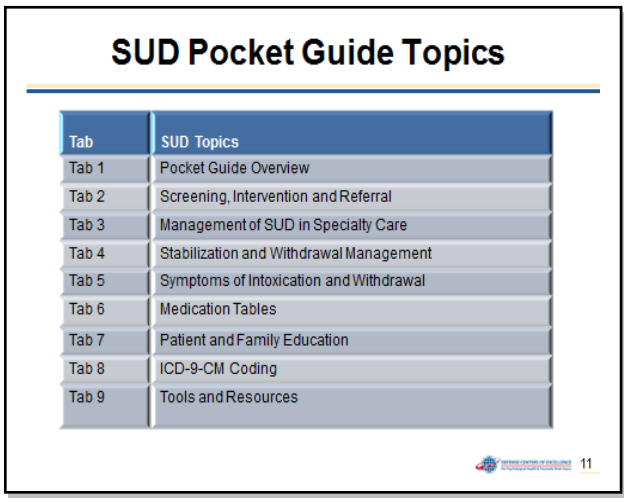
- Substance Abuse
- Dependence
- Specifiers

Do:

- No activities

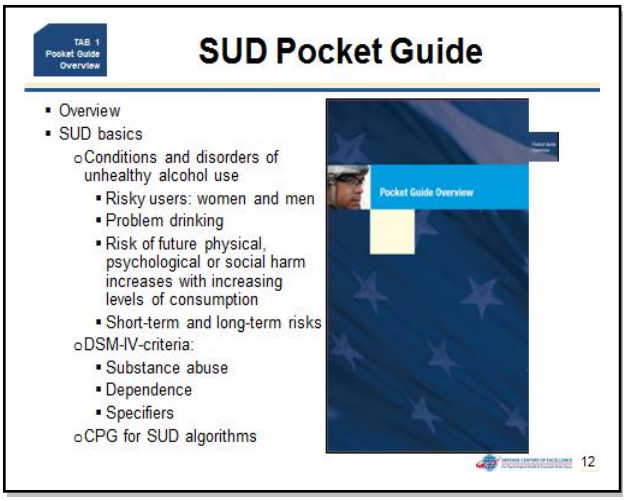
Additional Points (if any):

- None



Customizable Content (if any):

SUD Pocket Guide



Say:
Tab 1 also includes the DSM-IV-TR Criteria and the Treatment Algorithm (labeled A, B, C, and S) from the VA/DoD CPG for SUD and helps determine substance abuse or substance dependence:

- Algorithm A – Screening and Initial Assessment for SUD.
- Algorithm B – Management of SUD in Specialty SUD Care.
- Algorithm C – Management of SUD in (Primary) General Health Care.
- Algorithm S – Stabilization and Withdrawal Management.

The VA/DoD CPG also includes an algorithm designed to guide primary care providers in the assessment, treatment and referral decisions related to SUD. This algorithm guides providers through all major decision points in treatment.
A well-presented clinical vignette has the following characteristics:

- Demonstrates a concise and unique presentation of a challenging patient encounter.
- Highlights unique aspects of the patient interaction.
- Reveals an unusual complication and symptom presentation.
- Increases awareness of the condition. Incorporates diagnostic strategies.
- Demonstrates assessment skills.
- Stimulates an interesting learning issue.

Do:
[PRESS CLICK/ENTER] to enlarge the card.

The best way to explain the algorithm might be to walk through a vignette, which will demonstrate how the algorithm might be used with a patient in the primary care setting.

Additional Points (if any):

- None

Customizable Content (if any):

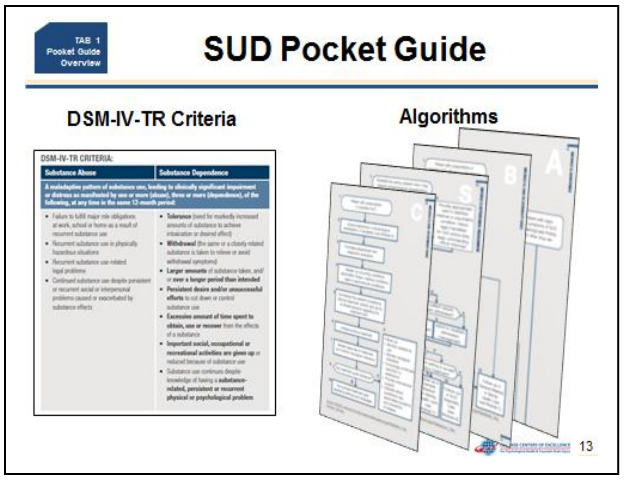
SUD Pocket Guide

Say:
Tab 2 provides easy-to-use reference material, as well as tools for screening, assessment and intervention. This tab also provides "Relapse Prevention."

- Care Management and referral
- Relapse/ongoing use
- Emergency referrals
- Non-emergency specialty care

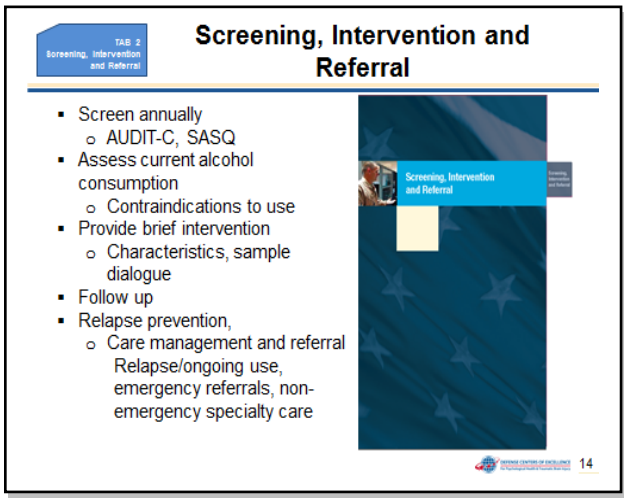
Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

Screening, Intervention and Referral



Say:
Tab 2 also provides tools for the identification of SUD:

- Consumption questions (AUDIT-C)
- Single-item alcohol screening questionnaire (SASQ)

Substance Use Disorder (SUD) is a condition that is often co-morbid with MDD (Major Depressive Disorder), so it is important to screen for alcohol use and dependence in patients with symptoms of depression. The CPG tool kit recommends using the AUDIT-C to measure alcohol consumption and to identify people who are excessive drinkers:

- The AUDIT-C is particularly effective in identifying unhealthy alcohol use.
- Research has shown it has a 93 percent accuracy rate.
- It has been shown to be effective in accurately identifying alcohol abuse **in both genders and across ethnic groups** (unlike other available alcoholism tests).
- AUDIT-C consists of three questions that can be either administered by interview or self-report. Each question has five possible responses, with the responses varying by question:
    - How often did you have a drink containing alcohol in the past year? (Responses range from “never” to “4 or more times per week”).
    - On days in the past year when you drank alcohol, how many drinks did you typically drink? (Responses range from “1 or 2” to “10 or more”).
    - How often did you have 6 or more drinks on an occasion in the past year? (Responses range from “Never” to “Daily or almost daily”).

Do:
Go over the questions with the participants.

Customizable Content (if any):

Additional Points (if any):

- None

Screening, Intervention and Referral

Say:

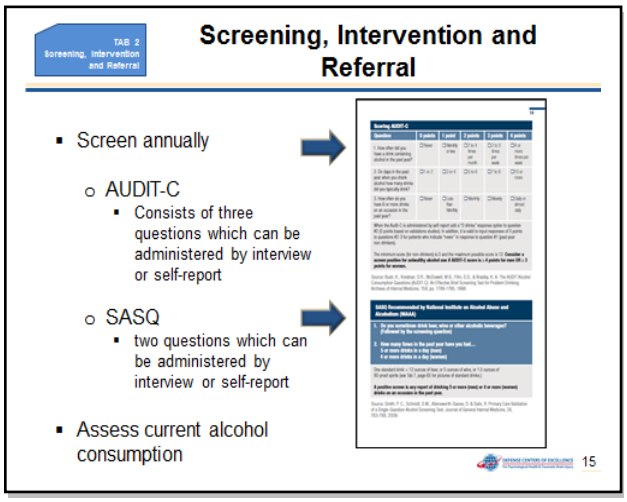
As mentioned previously, Tab 2 also provides easy-to-use brief intervention guidelines which include advising the primary care provider to briefly counsel in an empathetic manner and be sure to center on the patient. At this time the provider can also determine if there is a need for a higher level of care by referring to the algorithms and decision trees in the SUD pocket guide starting on page 12.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

Screening, Intervention and Referral

Say:

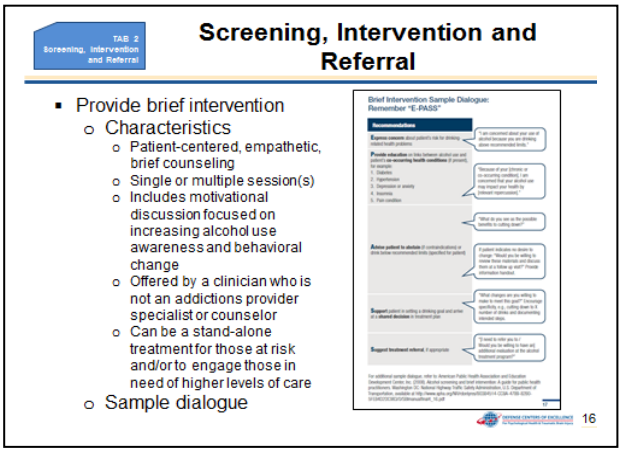
Information referenced on this slide is in SUD pocket guide Tab 2.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

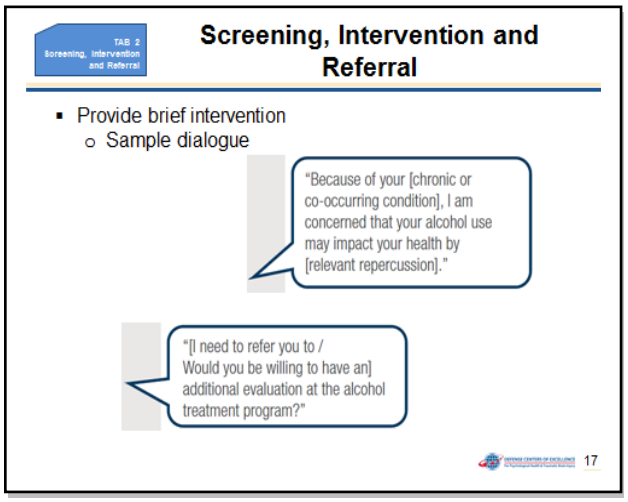
Screening, Intervention and Referral

Say:
Easy-to-use reference material is included in the pocket guide. This material guides ongoing treatment such as follow-up, relapse prevention, emergency referrals, etc.

Do:
Point out the reference material and advise the audience to review it thoroughly.

Additional Points (if any):

- None



Customizable Content (if any):

Screening, Brief Intervention and Referral Treatment (SBIRT) - An Additional Screening Tool

Say:

There is a secondary prevention method that is used in non-specialty settings to engage service members at an early stage of risk for alcohol misuse. Screening, brief intervention and referral to treatment (SBIRT) is a system-level approach to identify and treat people with drinking problems. Substance use screening, brief intervention, referral and treatment is a systems change initiative requiring us to re-conceptualize how we understand substance use problems, re-define how we identify substance use problems and re-design how we treat substance use problems. Research demonstrates that SBIRT is effective in identifying persons at risk of developing serious alcohol problems, reducing the frequency or severity of alcohol use and increasing the percentage of patients who enter specialized alcohol treatment. The primary goal of SBIRT is to identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices. The SBIRT model is consistent with the "VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders" from 2009 and will aid you as a health care provider in integrating a step-by-step process for clinical decision-making:

- SBIRT requires us to think differently about how we provide substance use services.
- SBIRT uses a public health approach to broaden the base of those who receive substance use services.
- SBIRT focuses on identifying and intervening with individuals prior to the onset of dependence.
- SBIRT is evidence-based, time and cost sensitive and can be implemented in diverse environments

Customizable Content (if any):

Do:

- No activities

Additional Points (if any):

- None

Screeing, Intervention and Referral

Say:

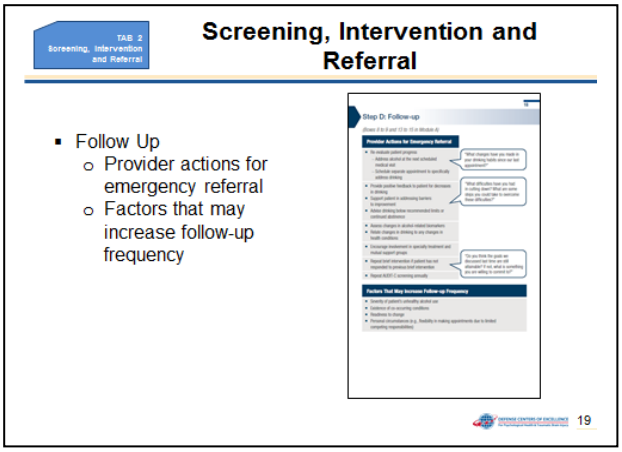
The information referenced on this slide is in the SUD pocket guide on page 18.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

Screening, Intervention and Referral

Say:

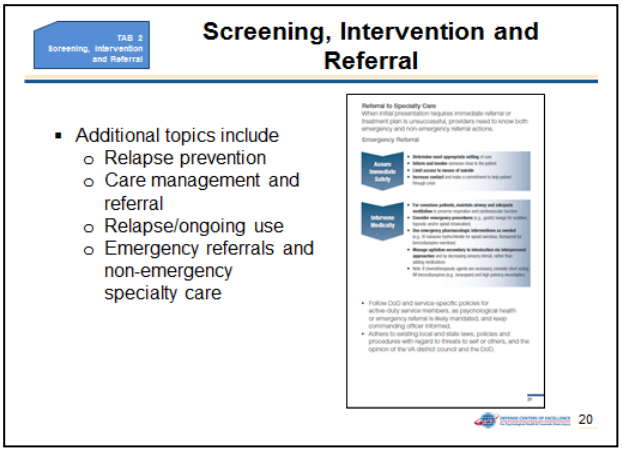
The information referenced on this slide is in the pocket guide on page 21.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

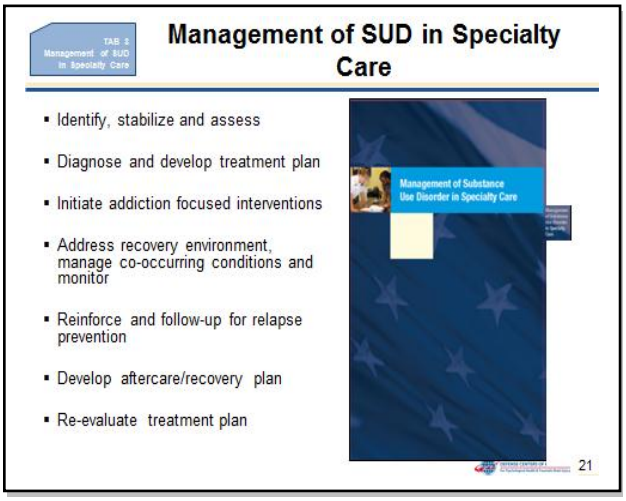
Management of SUD in Specialty Care

Say:
Tab 3 of the SUD pocket guide offers a step-by-step guide for managing SUD in specialty care:

- Identify, stabilize and assess.
- Diagnose and develop treatment plan.
- Initiate addiction-focused interventions.
- Address recovery environment and manage any co-occurring conditions.
- Concentrate on relapse prevention.
- Re-evaluate treatment plan.

Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

Management of SUD in Specialty Care

Say:

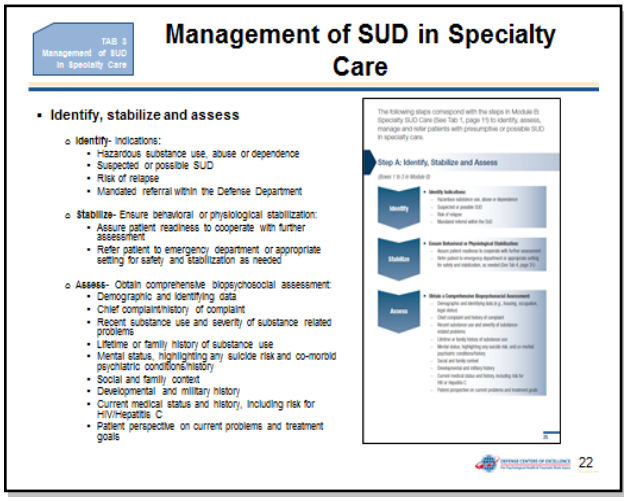
Within each step, Tab 3 includes initial treatment steps for SUD treatment in specialty care. For example, the “identify, stabilize and assess” portion is broken down further for complete explanations.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

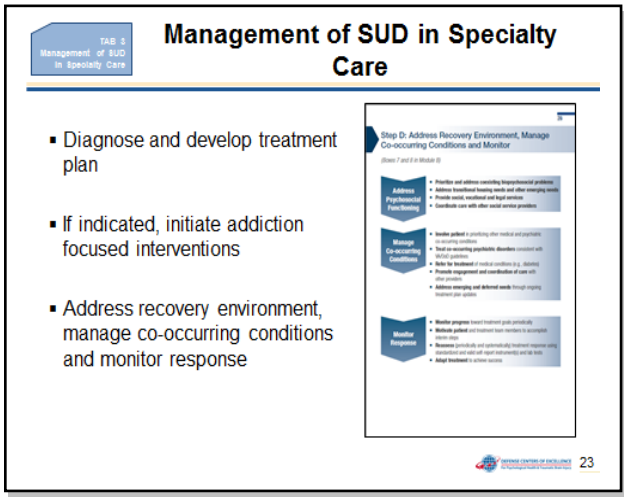
Management of SUD in Specialty Care

Say:
Other aspects of care are also provided on Tab 3 of the SUD pocket guide. These include diagnosis and the development of a treatment plan, determining the necessity for addiction-focused interventions, and addressing the recovery environment and management of any co-occurring conditions.

Do:
Point out the chart that is provided to capsulize the information.

Additional Points (if any):

- None



Customizable Content (if any):

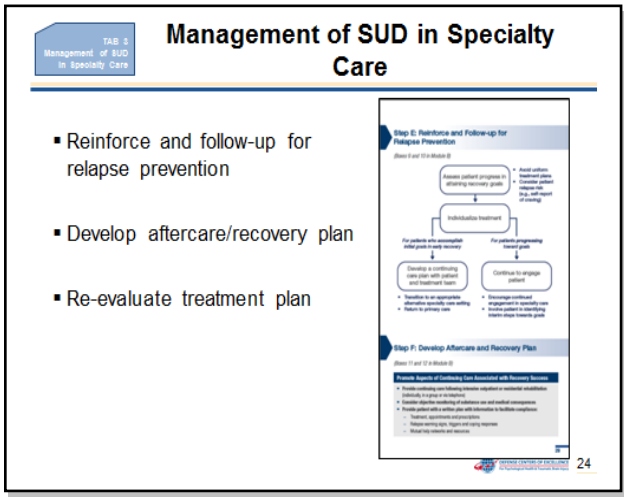
Management of SUD in Specialty Care

Say:
Helpful information related to relapse prevention and aftercare is also provided on Tab 3 of the SUD pocket guide.

Do:
Point out the chart that's provided to capsulize the information.

Additional Points (if any):

- None



Customizable Content (if any):

Stabilization and Withdrawal Management

Say:

Tab 4 the SUD pocket guide includes a guide to the stabilization and withdrawal management of SUD:

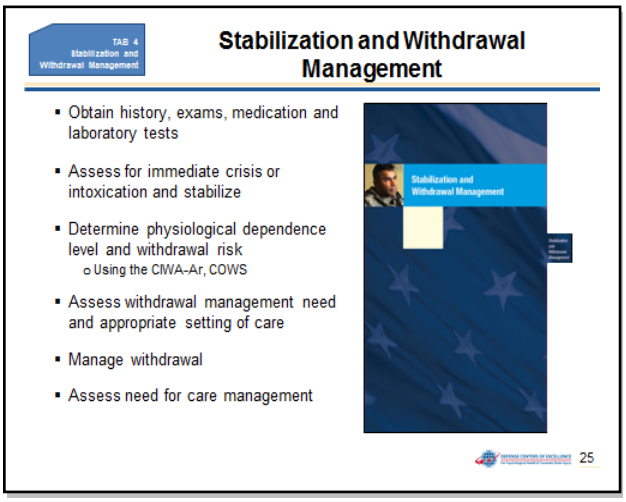
- Obtain history, exams, medication and lab tests.
- Assess for immediate crisis or intoxication.
- Determine physiological dependence level and withdrawal risk.
- Assess withdrawal management need and ascertain the appropriate setting for necessary care.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

Stabilization and Withdrawal Management

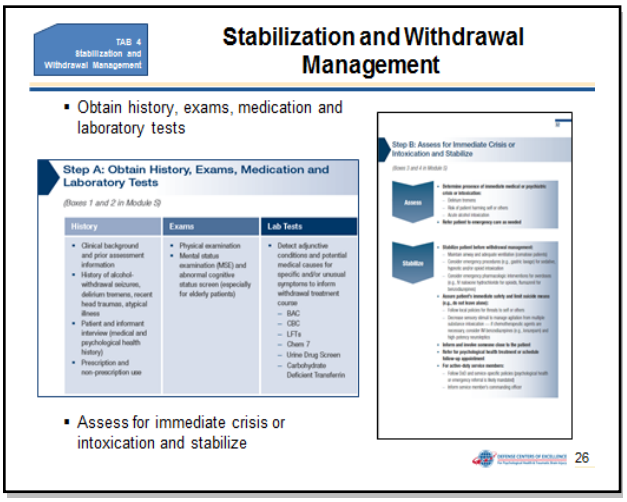
Say:
Tab 4 of the SUD pocket guide also explains initial treatment steps:

- Obtain history
- Examination
- Medication and lab tests

Immediate crisis and stabilization is also covered under this tab.

Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

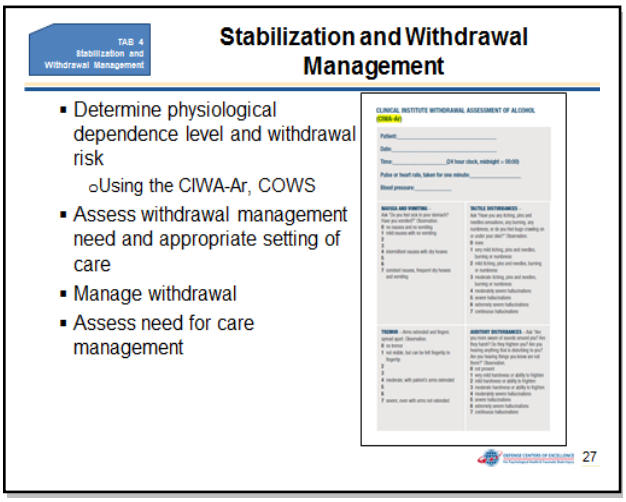
Stabilization and Withdrawal Management

Say:
Tab 4 includes assessment tools for withdrawal symptoms and guidelines for treatment. This tab includes using two specific assessment tools, the CIWA-Ar. (Clinical Institute Withdrawal Assessment of Alcohol Scale – revised) and COWS (Clinical Opiate Withdrawal Scale).

Do:
Point out the chart that is used to assess withdrawal symptoms. It may be necessary to also explain the two assessment tools – CIWA-Ar. and COWS.

Additional Points (if any):

- None



Customizable Content (if any):

Symptoms of Intoxication and Withdrawal

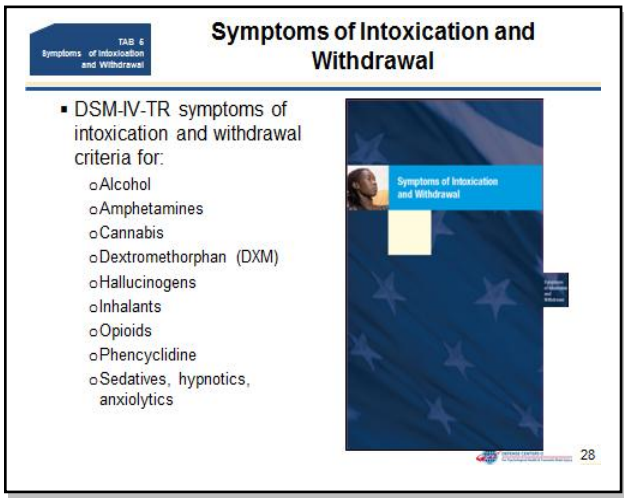
Say:
The first page of Tab 5 of the SUD pocket guide provides a listing of various substances that would cause symptoms of intoxication and withdrawal.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

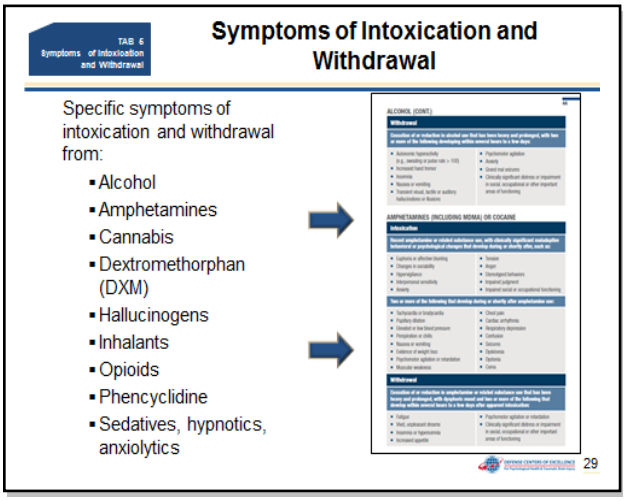
Symptoms of Intoxication and Withdrawal

Say:
Tab 5 provides easy-to-use charts of the symptoms of intoxication and withdrawal from such substances as alcohol, amphetamines, cannabis and opioids.

Do:
Point out the charts within Tab 5 and focus on the specifics that are offered.

Additional Points (if any):

- None



Customizable Content (if any):

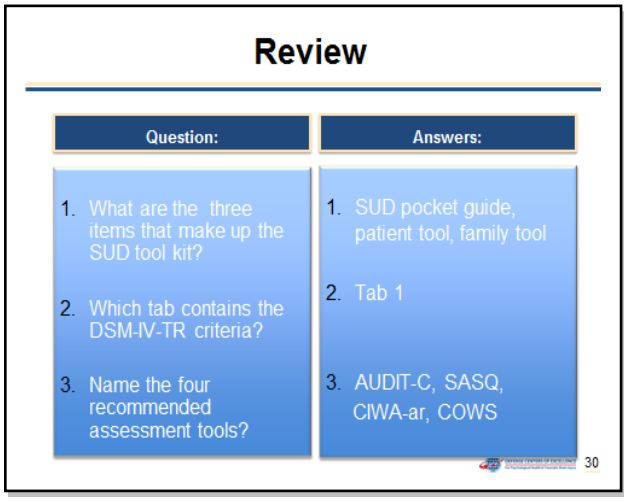
Review

Say:
There are general questions which will help serve as a review of the CPG tool kit for SUD (tabs 1 through 5). They include:

- What are the three items that comprise the SUD tool kit?
- Which tab contains the DSM-IV-TR criteria?
- Name the four recommended assessment tools.

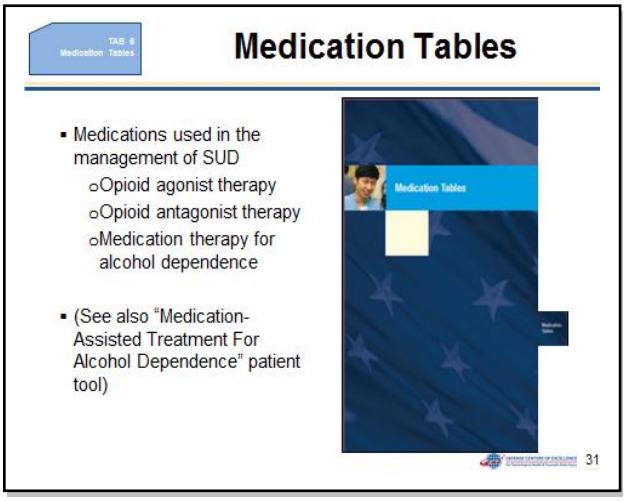
Do:
- No activities.

Additional Points (if any):
- None



Customizable Content (if any):

Medication Tables



Say:

Moving on to Tab 6 of the SUD pocket guide, there are five pages. We find medication tables to help in the management of SUD. Medications used in the management of SUD include:

- **OPIOID AGONIST THERAPY (OAT)** – Appears to be the most cost-effective treatment.
- **OPIOID ANTAGONIST THERAPY**– Decreases craving for alcohol.
- **MEDICATION THERAPY FOR ALCOHOL DEPENDENCE** – According to a 2011 brochure by the Centers for Disease Control and Prevention, nearly 50 percent of active-duty military personnel have had five or more drinks on at least one day in the past year. According to the National Institute on Drug Abuse (NIDA), three medications are available for alcohol addiction. These medications have been approved by the Food and Drug Administration (FDA).

Do:

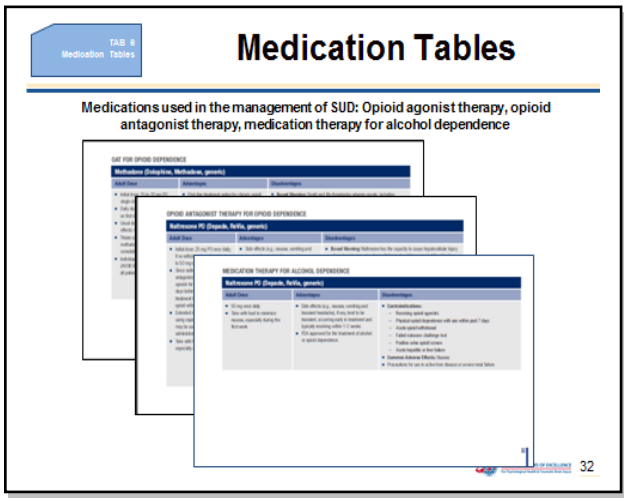
- No activities

Additional Points (if any):

- None

Customizable Content (if any):

Medication Tables



Say:
Within Tab 6 of the SUD pocket guide are individual medication tables to help manage SUD. As just mentioned, they are:

- Opioid Agonist Therapy.
- Opioid Antagonist Therapy.
- Medication Therapy for Alcohol Dependence.

Do:
You may want to question professional health participants regarding their experience in using any of these medication approaches.

Additional Points (if any):
- None

Customizable Content (if any):

Medication Tables

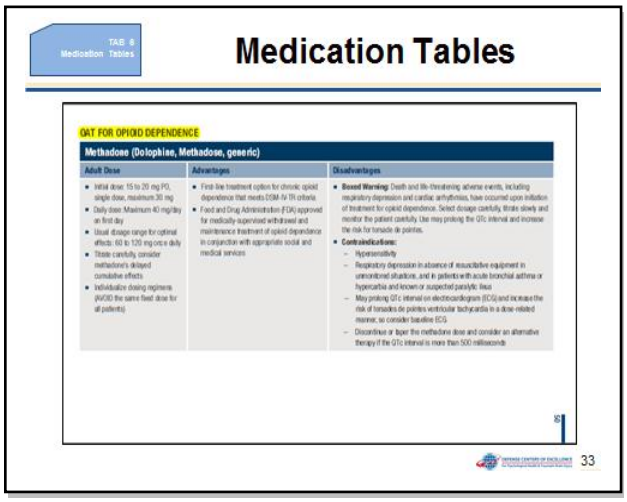
Say:
The adult dose, advantages and disadvantages are also discussed within Tab 6 of the CPG pocket guide medication tables.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

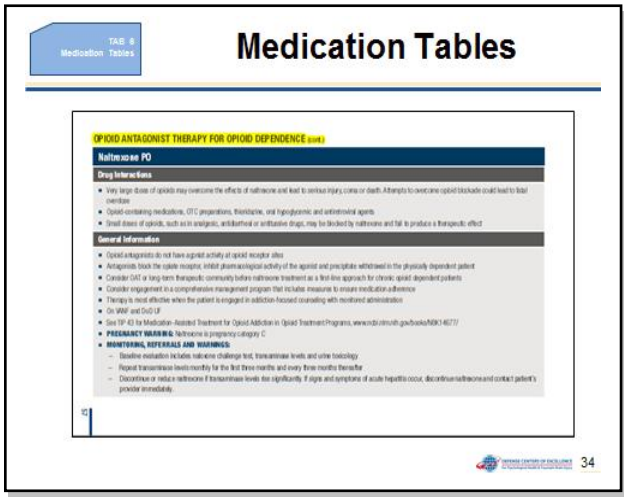
Medication Tables

Say:
Both drug information and general information also appear in Tab 6.

Do:
[PRESS CLICK/ENTER] to enlarge the slide so the participants can review the information more easily.

Additional Points (if any):

- None



Customizable Content (if any):

SUD Patient and Family Education

Say:
Practical guidance on patient and family education on SUD is provided within Tab 7 of the SUD pocket guide.

Questions answered include:

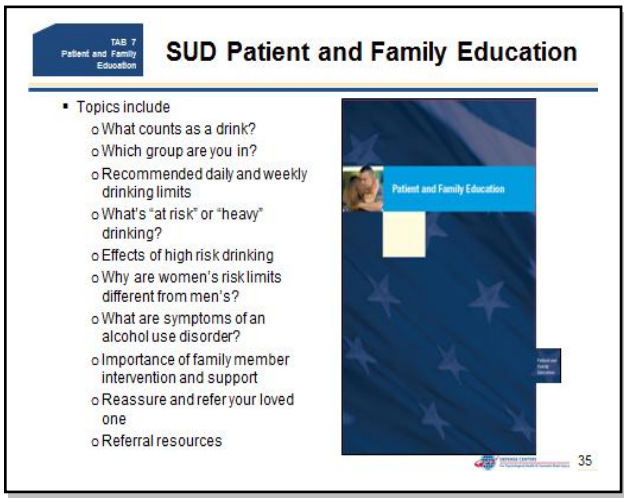
- What counts as a drink?
- What's "at risk" or "heavy drinking?"
- What are symptoms of an alcohol use disorder?

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

SUD Patient and Family Education

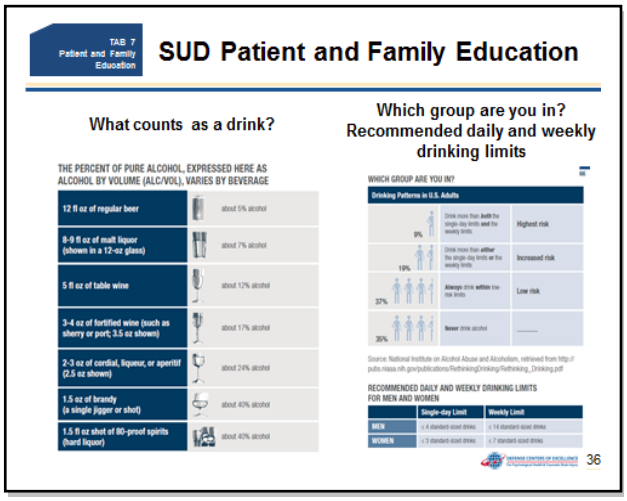
Say:
Helpful graphics are provided within Tab 7 to better clarify answers for the patient and his/her family.

The graphics provide quick, concise information to help the patient/family decide if there is an alcohol dependence problem.

Do:
Go down the list of "What Counts as a Drink" with the audience. This particular graphic will assist primary care providers in diagnosing/assessing patients for SUD.

Additional Points (if any):

- None



Customizable Content (if any):

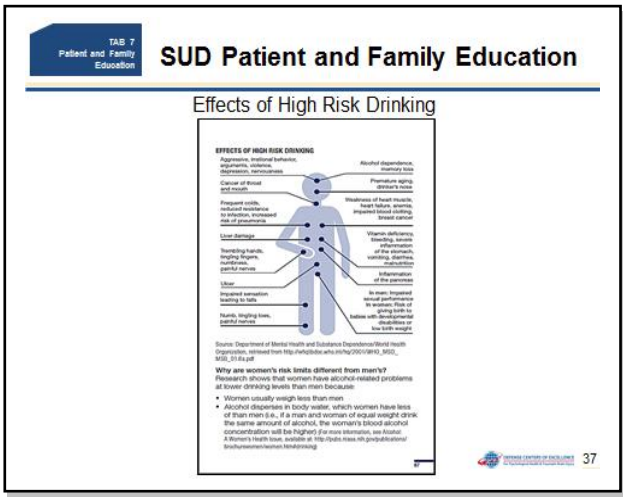
SUD Patient and Family Education

Say:
Heavier drinking increases the chances of having an alcohol disorder. The chances are much higher for men who have more than four drinks a day and women who have more than three.

Do:
[Press CLICK/ENTER] to enlarge the slide.
Go over the entire slide to help point out that multiple organs can be damaged by alcohol dependence.

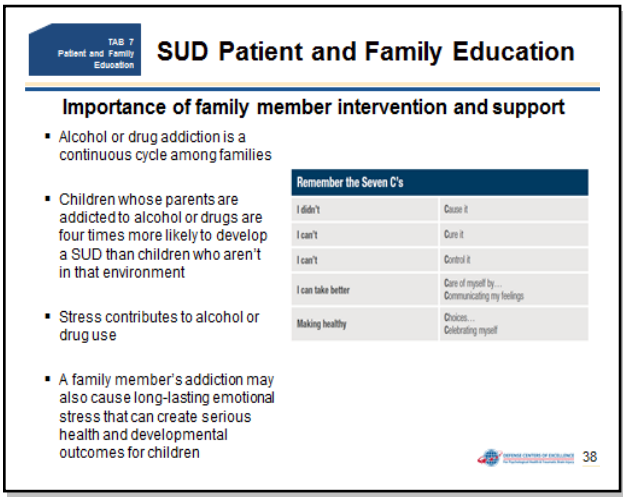
Additional Points (if any):

- None



Customizable Content (if any):

SUD Patient and Family Education



Say:

The patient and family education portion of Tab 7 highlights the critical importance of family member intervention and support.

Basic information regarding family is outlined and includes:

- Alcohol/drug addiction is a continuous cycle in families.
- Children of addicted parents are four times more likely to develop a substance addiction.
- Stress contributes to alcohol/drug use. A family member's addiction may cause long-lasting stress that can create serious adverse health and development outcomes for children.

Researchers believe a person's risk increases if he or she is in a family with the following difficulties:

- An alcoholic parent is depressed or has other psychological problems.
- Both parents abuse alcohol and other drugs.
- The parents' alcohol abuse is severe.
- Conflicts lead to aggression and violence in the family.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

SUD ICD-9-CM Coding Guidance

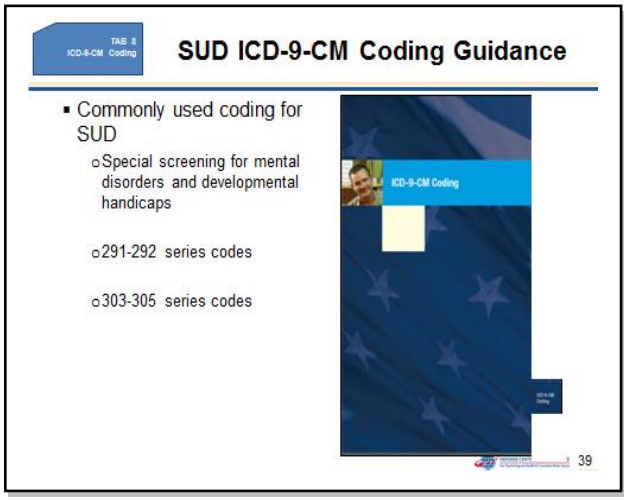
Say:
Tab 8 of the SUD pocket guide covers commonly used ICD-9-CM codes for SUD.

ICM-9-CM codes for SUD:

- 291-292 Series Codes
- 303-305 Series Codes

Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

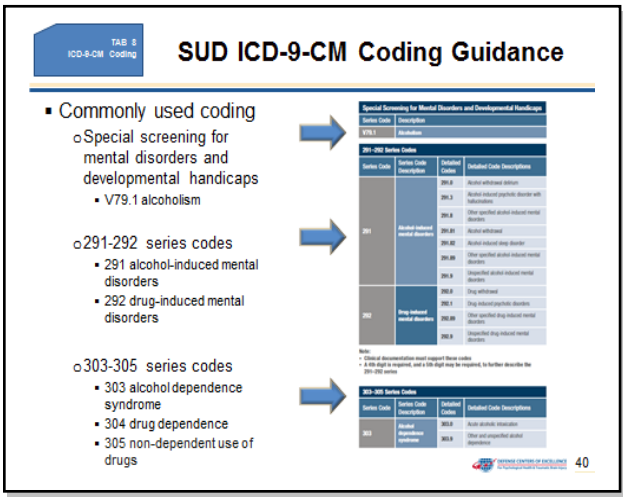
SUD ICD-9-CM Coding Guidance

Say:
Additionally, Tab 8 provides ICD-9-CM codes for SUD.

Do:
[PRESS CLICK/ENTER] to enlarge the slide so your audience can read and understand the codes associated with SUD.

Additional Points (if any):

- No activities



Customizable Content (if any):

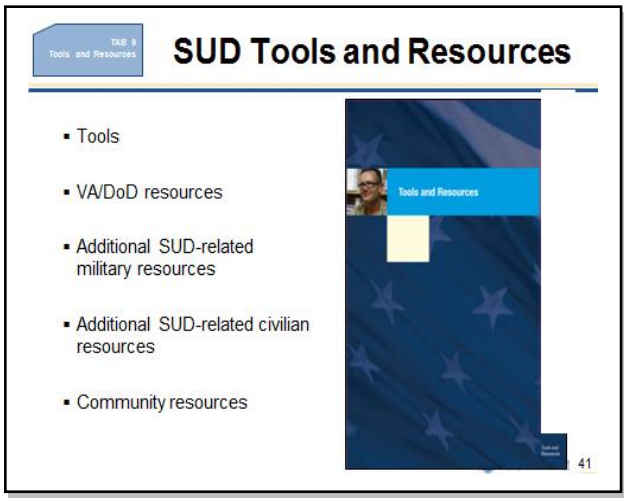
SUD Tools and Resources

Say:
Tab 9 of the SUD Pocket Guide is the final tab and offers a listing of the tools included and critical additional resources such as:

- VA/DoD resources
- SUD-related military resources
- Community resources

Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

SUD Tools and Resources

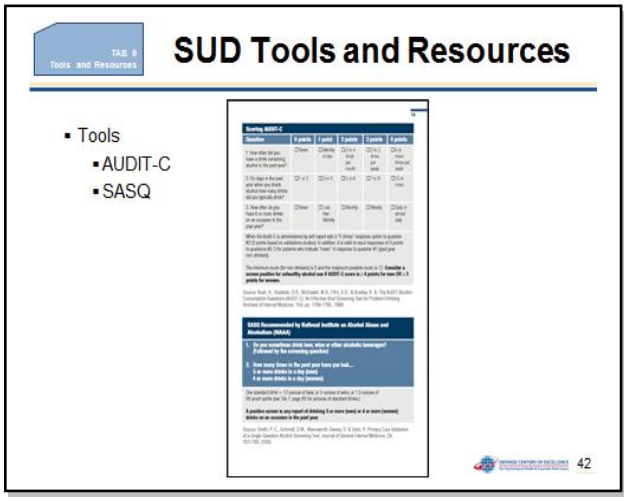
Say:
The tools included under Tab 9 include:

- AUDIT-C – The Alcohol Use Disorders Identification Test.
- SASQ-Single Item Alcohol Screening Questionnaire.
- CIWA-Ar-Clinical Opiate Withdrawal Scale.
- COWS – Clinical Opiate Withdrawal Scale.

Do:
[PRESS CLICK/ENTER] to enlarge the slide so that your audience can carefully review the tools.

Additional Points (if any):

- None



Customizable Content (if any):

SUD Tools and Resources

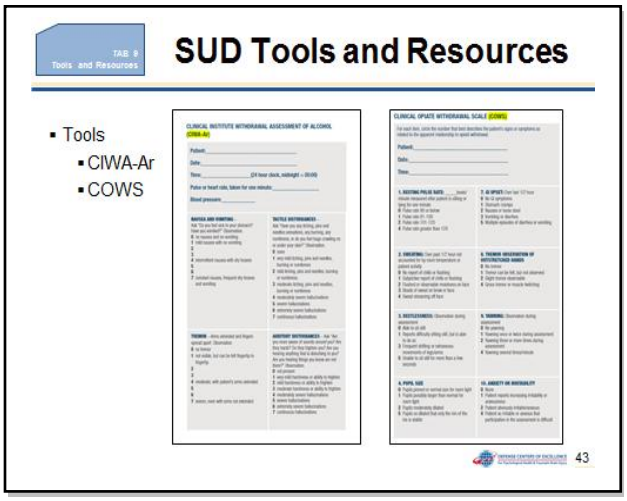
Say:
Tab 9 includes additional military resources, including VA/DoD clinical practice guidelines (healthquality.va.gov/).

The guideline is formatted as five algorithms, with annotations:

- Algorithm A-Screening and initial assessment for SUD.
- Algorithm B-Management of SUD in specialty SUD care.
- Algorithm C-Management of SUD in (primary) general health care.
- Algorithm P-Addiction-focused pharmacotherapy.
- Algorithm S-Stabilization and withdrawal management.

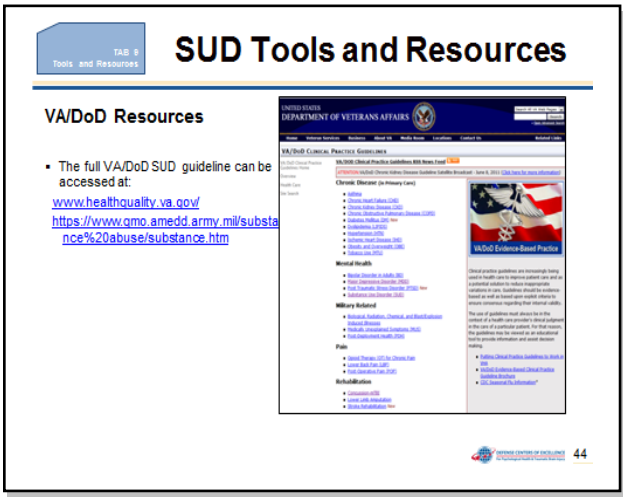
Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

SUD Tools and Resources



Say:

There are additional critical resources provided on the DCoE website: dcoe.health.mil.

There are different areas created specifically for families, patients and health professionals.

DCoE operates a 24/7 outreach center to connect service members, veterans, families, health care providers, military leaders and employers with resources and services when they need them the most. With DCoE focused on all issues related to psychological health and traumatic brain injury, trained health professionals can also help guide the caller to the right resource and help navigate the Military Health System. The DCoE Outreach Center can be reached 24 hours a day, 7 days a week by phone toll-free at 866-966-1020, by e-mail at: resources@dcoeoutreach.org or online chat via the DCoE website at: dcoe.health.mil/24-7help.aspx.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

SUD Tools and Resources

Say:
Additional resources may be located in the SUD pocket guide in Tab 9.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

SUD Tools and Resources

Say:
Tab 9 finishes with a listing of additional SUD-related civilian and community resources which include **Defense Centers of Excellence For Psychological Health and Traumatic Brain Injuries (**dcoe.health.mil**)** as well as:

- Agencies
- Mutual-help groups
- Groups for family and friends
- Medical and non-medical additional specialists
- Suicide hotline
- Treatment facilities

Do:
- No activities

Additional Points (if any):
- None

Customizable Content (if any):

SUD Tools and Resources

Say:
Critical additional resources may be found at the end of Tab 9.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

SUD Tools and Resources

Say:

- No activities

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

SUD Tools and Resources

Say:

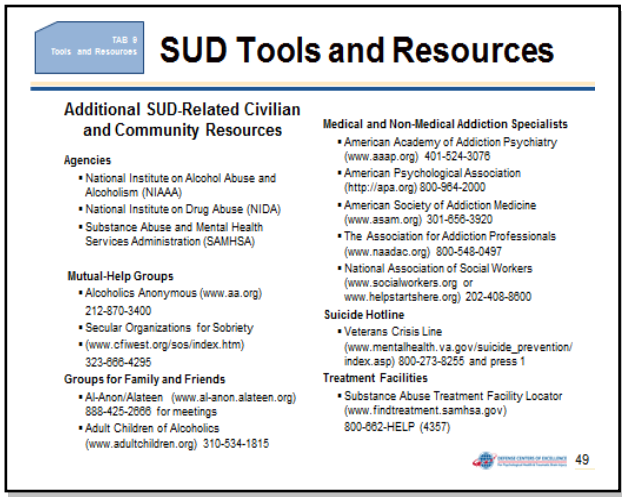
- No activities

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

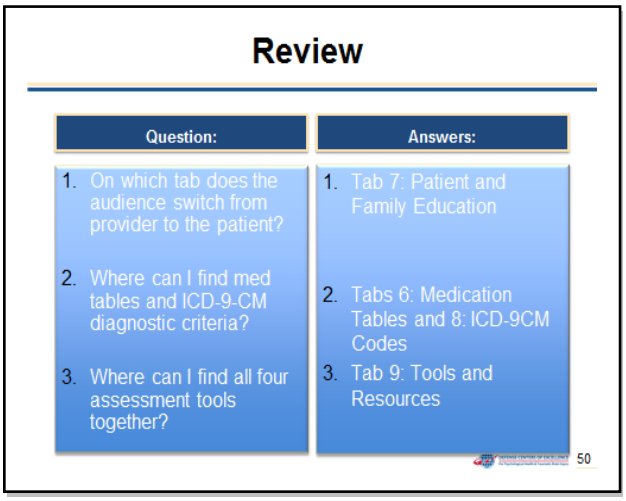
Review

Say:
On tabs 6 through 9 of the SUD tool kit we can find:

- Patient and family education.
- Medication tables and ICD-9CM codes.
- Tools and resources.

Do:
Show the audience each tab and go over the overall objective of the information provided within each tabbed section.

Additional Points (if any):
- None



Customizable Content (if any):

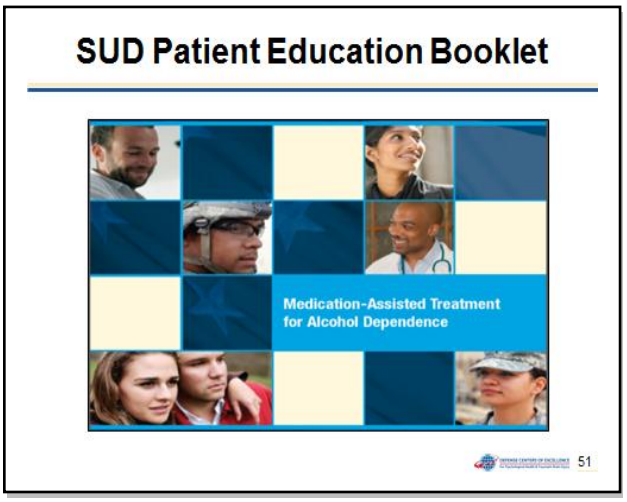
SUD Patient Education Booklet

Say:
The patient education booklet which addresses medication-assisted treatment for alcohol dependence includes three main topics:

- Alcohol dependence can be treated.
- Treatment of alcohol dependence may include medication.
- Three main choices for medication are offered.

Do:
Be sure to have a sample of the 12-page booklet to show your audience.

Additional Points (if any):
- None



Customizable Content (if any):

SUD Patient Education Booklet

Say:

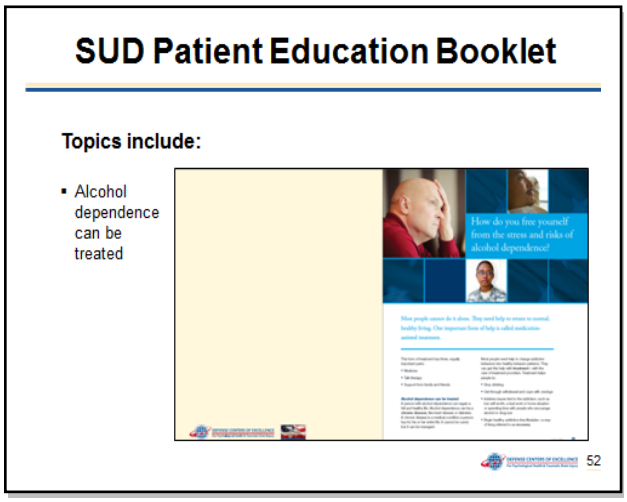
The tool kit includes a 12-page patient education booklet addressing medication-assisted treatment for alcohol dependence.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

SUD Patient Education Booklet

Say:

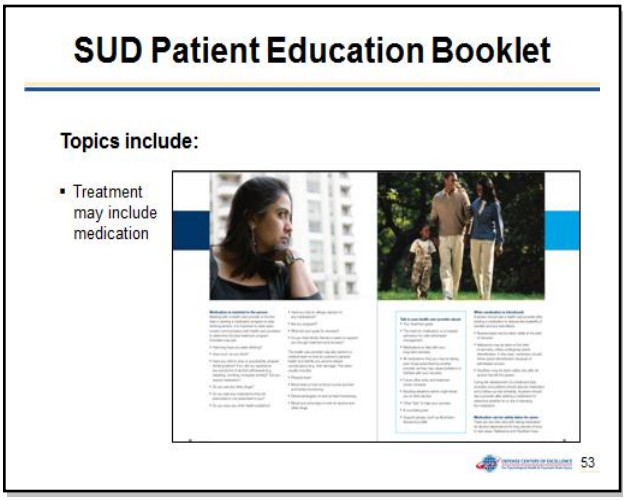
- No activities

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

SUD Patient Education Booklet

Say:

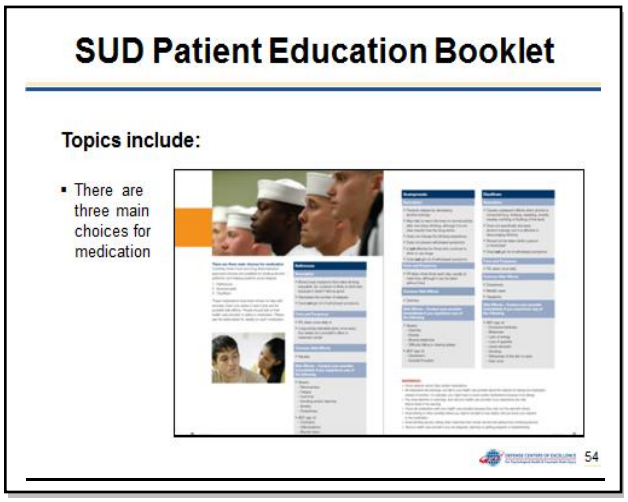
- No activities

Do:

- No activities

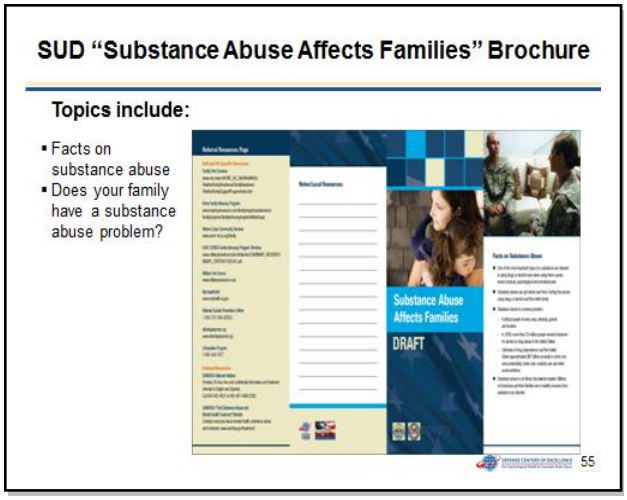
Additional Points (if any):

- None



Customizable Content (if any):

SUD "Substance Abuse Affects Families" Brochure



Say:

The SUD tool kit includes the "substance abuse affects families" brochure. There are five topics covered which includes facts on substance abuse, ascertaining whether a substance abuse problem exists in the family, the possible effects of substance abuse on the family, reminders for the family and action steps the family can take.

Do:

- No activities

Additional Points (if any):

- None

Customizable Content (if any):

SUD "Substance Abuse Affects Families" Brochure

Say:

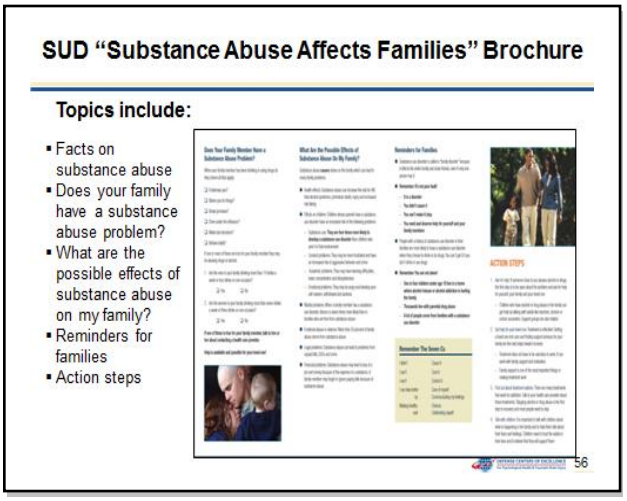
- No activities

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

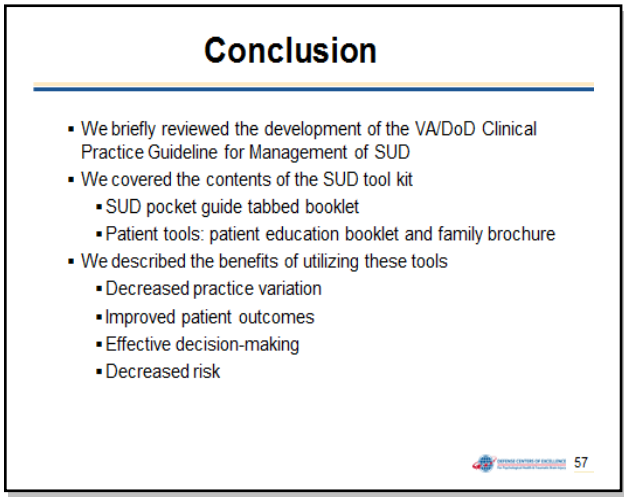
Conclusion

Say:
In conclusion, we have reviewed the development of the VA/DoD Clinical Practice Guideline for Management of SUD, as well as covered the contents of the CPG tool kit (i.e., the pocket guide, patient education booklet and family brochure).

Do:
Indicate the four specific points which describe the benefits of using the tool.

Additional Points (if any):

- None



Customizable Content (if any):

References

Say:

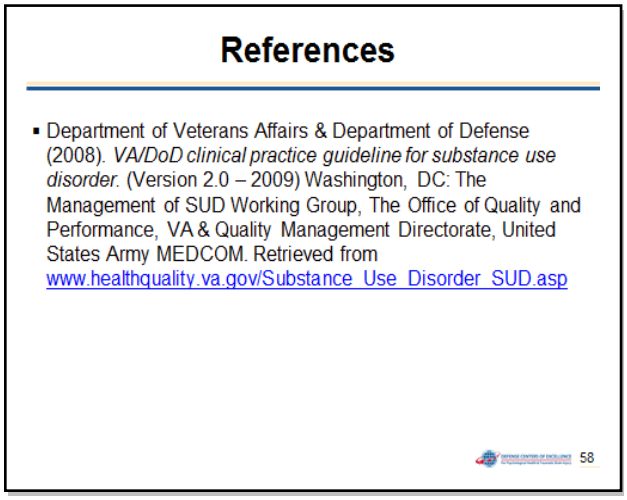
- No slide notes

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

End of slide presentation

Appendices

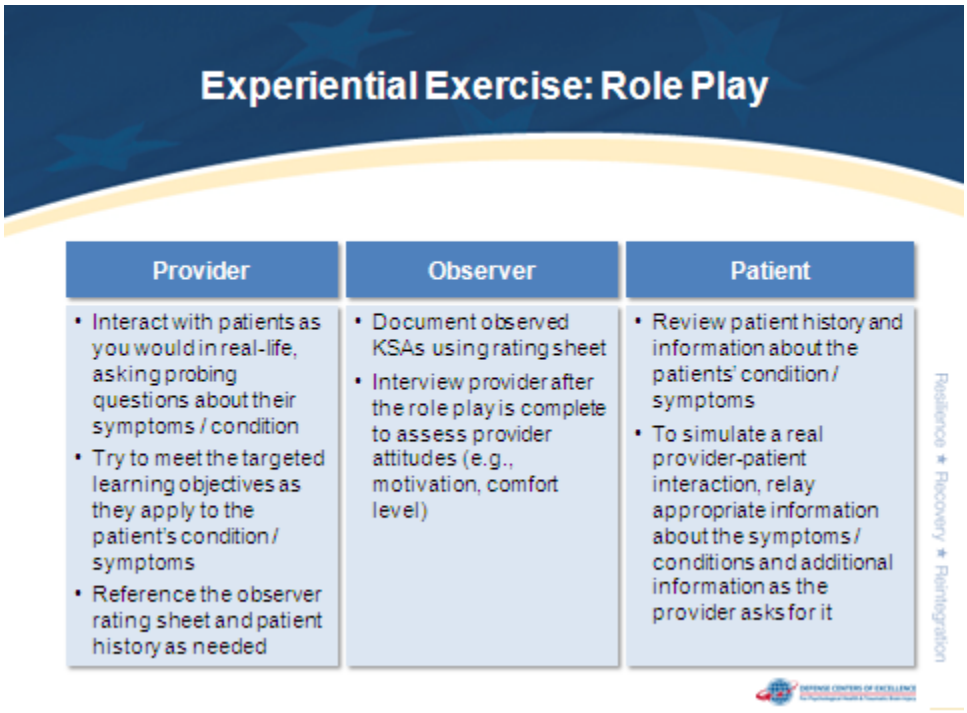
The following appendices are intended to provide the facilitator with:

APPENDIX A: EXPERIENTIAL EXERCISES

Utilization of experiential exercises (e.g., small group activities, simulation and role play) optimizes the potential impact of instruction. All materials and instruction necessary for successfully conducting these exercises is included in this section.

Experiential Exercise: Role Play

Below is an overview of each role in this exercise. Use the instructions found on the subsequent pages for further insight into each role.



Screening for SUD Role Play: Instructor Overview

- Discuss specific learning objectives with learners before the role play exercise begins. The instructor can customize the objectives and complexity based on the learners' experience and needs. Instructor may choose the most relevant objectives based on the specific needs of the learners and the time available for role play and amend the observer rating sheet as appropriate. Objectives may target specific behaviors (microtraining) or may be focused more broadly on the provider information gathering process (macrotraining).
- Engage learners in discussion of why these objectives are important before role play begins.
- Ask learners to divide into groups of three. One learner will serve as a patient, one as an interviewer and one as an observer/rater. Provide each group with the instructions specific to their "role". Three scenarios are provided within this manual.
- Move among groups and provide assistance as needed during the role play.
- Stop interactions after 10 minutes and ask one or more groups to de-brief. During the debrief, ask the learner in each role to describe their observations. Ask which objectives are more difficult for providers to meet and why. Ask learners to suggest strategies to help providers meet these objectives. Reinforce why these objectives are important and encourage learners to strive to meet them in practice, as applicable.

Patient A History

- Patient A is a 23-year-old, active-duty Army Corporal with two combat deployments. He is single and strongly identifies with the military as his primary support system. He also smokes cigarettes and frequently drinks energy drinks during the day.
- He returned from Afghanistan six months ago and is being seen in the primary care clinical setting for a routine follow-up visit unrelated to his post-deployment assessment.
- During the visit, he indicates a number of risky drinking behaviors, including drinking large amounts of alcohol with his friends and drinking frequently. He feels that this is normal behavior compared to his friends.
- He has not had any alcohol-related incidents and his command is unaware of these risky drinking behaviors.
- He has some abnormally elevated laboratory values for his age (liver enzymes).

Provider Role

Review your patient's history before interacting with him or her. The observer will record the number of times you met the following learning objectives, as applicable:

- Identify whether patient has SUD symptoms and/or risky behaviors (K, S).
- Ask about risks to self and others: (K, S).
- Provide educational materials on causes and treatments of MDD from the CPG or other resources (K).
- Assess for co-occurring conditions (physical and psychological) (K, S).
- Describe self-management techniques (K).
- Demonstrate reflective listening (S).
- Demonstrate empathy (S).
- Share decision-making with patient by asking patient preferences and opinions about treatments (A).

After the interaction, the observer may ask you whether:

- You are comfortable in highly emotional situations (A).
- You are motivated to identify the best course of treatment with the patient (A).
- You feel confident identifying symptoms and describing treatment options (K, A).
- You are committed to helping patient (A).

Be honest about your attitudes and any challenges or obstacles that exist.

Patient B History

- Patient B is a 31-year-old wife of a U.S. Army Staff Sergeant and has been married for six years. They have three small children under the age of five and they have moved three times since being married. The youngest child is eight months old.
- She has been the primary caretaker for the children during three deployments. Her social support system is her family living in another state. She has not been working and admitted that she often feels socially isolated since she doesn't know many people at their current post.
- His husband was deployed when the baby was two months old and he will be returning in several months.

Provider Role

Review your patient's history before interacting with him or her. The observer will record the number of times you met the following learning objectives, as applicable:

- Identify whether patient has SUD symptoms and/or risky behaviors (K, S).
- Ask about risks to self and others, including: (K, S).
- Provide educational materials on causes and treatments of SUD from the CPG or other resources (K).
- Assess for co-occurring conditions (physical and psychological) (K, S).
- Demonstrate reflective listening (S).
- Describe self-management techniques (K).
- Demonstrate empathy (S).
- Share decision-making with patient by asking patient preferences and opinions about treatments (A).

After the interaction, the observer may ask you whether:

- You are comfortable in highly emotional situations (A).
- You are motivated to identify the best course of treatment with the patient (A).
- You feel confident identifying symptoms and describing treatment options (K, A).
- You are committed to helping patient (A).

Be honest about your attitudes and any challenges or obstacles that exist.

Patient C History

- Patient C is a 54-year-old, active duty U.S. Army officer. He has been married for more than 20 years and has two children in high school. His wife works outside the home and they have a large support system through their church.
- He has worked in highly stressful leadership positions within the U.S. Army over the past eight years and has not been deployed since the first Gulf War.
- He fell down a basement stairway several weeks ago and has come in for a follow-up visit. He experienced a concussion in the fall with a 20-minute loss of consciousness. He also has some memory loss for events prior to the fall. He strongly denied any alcohol use that day and denied any problems with drinking or any risky behaviors.
- Laboratory tests done at the emergency department reveal a positive alcohol test with a blood alcohol level of 0.33 and also reveal significantly elevated liver enzymes.

APPENDIX B: SCREENING FOR SUD: OBSERVER RATING SHEET

This rating sheet is intended for use by the learner taking the role of 'observer' during the SUD role play exercise. Please use this checklist to verify whether the 'provider' participant is meeting each of the objectives listed in the chart. Place a hash mark in the "check" box every time the knowledge, skill or attitude is observed. To assess the objectives listed in the interview section, discuss the 'provider's' attitudes (e.g., comfort, confidence) following their interaction with the 'patient'. If any items are not applicable to the current role play, simply write "N/A".

Target Knowledge, Skills, Attitudes: Observed	Check
Identifies whether patient has SUD signs and symptoms (K, S): ▪ Asks questions related to diagnostic criteria for SUD ▪ Asks questions about potential risk factors for SUD	
Assesses patient stability and asks about risks to self and others, including: (K, S) ▪ Suicidal and homicidal ideation ▪ Intent or plan ▪ Access to lethal means (e.g. firearms) ▪ Family history of suicide or homicide ▪ Current level of distress	
Describes self-management techniques (K)	
Provides educational materials on causes and treatments of SUD from the CPG or other resources (K)	
Assesses for co-occurring conditions (physical and psychological) (K, S): ▪ TBI ▪ Substance abuse ▪ Anxiety ▪ PTSD ▪ Physical conditions (e.g., hypothyroid)	
Demonstrates reflective listening (S): ▪ Allows the patient to express presenting complaint without interruption ▪ Uses non-verbal cues and body language to demonstrate active listening and engagement ▪ Uses eye contact to demonstrate interest in patient's concerns and questions ▪ Asks for clarification or summarizes patient's feelings or information • Validates patient's feelings and experiences	

Demonstrates empathy (S): ▪ Reflects or mirrors patient's feelings during interview	
Shares decision-making with patient by asking patient preferences and opinions about treatments (A)	
Target Knowledge, Skills, Attitudes: Interview	**Check**
Is comfortable in highly emotional situations (A)	
Is motivated to identify the range of treatment options with the patient (shared-decision making) (S, A)	
Feels confident identifying symptoms and describing treatment options (K, A)	
Feels able to motivate and educate patient without judgment (A)	

APPENDIX C: KEY TERMS

Term	Definition
Acute Stress Disorder (ASD)	The individual has been exposed to a trauma, and experiences three or more of the following symptoms: ▪ Numbing ▪ Detachment ▪ Absence of emotional responsiveness ▪ Being in a daze ▪ De-realization ▪ Depersonalization ▪ Dissociative amnesia (unable to recall an important aspect of the event) ▪ Intrusive thoughts ▪ Avoid stimuli that make them remember the event They will feel anxious or irritable and have trouble sleeping or concentrating. This disturbance will cause significant impairment in a specific area of their life such as their job or relationships. This disturbance will last for a minimum of two days and a maximum of four weeks and will have occurred within four weeks of the traumatic event. These time frames become important for our discussion of posttraumatic stress disorder, which is not diagnosed until 30 days after the event.
Algorithms	A set of rules for solving a problem in a finite number of steps: ▪ Algorithm A – Screening and Initial Assessment for SUD. ▪ Algorithm B – Management of SUD in Specialty SUD Care. ▪ Algorithm C – Management of SUD in (Primary) General Health Care. ▪ Algorithm P – Addiction-Focused Pharmacotherapy. ▪ Algorithm S – Stabilization and Withdrawal Management.

Cannabis	Cannabis, also known as marijuana among many other names, refers to any number of preparations of the *Cannabis* plant intended for use as a psychoactive drug or for medicinal purposes.

Chronic Pain	Chronic pain is pain that persists beyond expected healing time and generally persists longer than 3 to 6 months. It is typically not associated with reversible conditions. Chronic pain may be influenced by physical, psychological, social, cultural and hereditary factors.
Depression	Depression is a mood disorder in which a person has at least five of these symptoms of depression for at least two weeks and one of the symptoms must be either a depressed mood or loss of interest or pleasure in things that normally bring pleasure. The symptoms of depression are: ▪ Sleep disturbances. ▪ Diminished interest in pleasurable things. ▪ Feeling of excessive guilt, hopelessness, worthlessness. ▪ Decreased energy level. ▪ Problems with concentration. ▪ Change in appetite or weight. ▪ Psychomotor agitation or retardation. ▪ Somatic complaints. ▪ Suicidal thoughts.
Ethanol	A clear colorless, toxic, flammable liquid. It is a psychoactive drug and one of the oldest recreational drugs. Best known as the type of alcohol found in alcoholic beverages, it is also used in thermometers, as a solvent and as a fuel. In common usage, it is often referred to simply as alcohol.
Opioids	Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, and related drugs.

Posttraumatic Stress Disorder (PTSD)	PTSD (posttraumatic stress disorder) the individual has been exposed to a traumatic event and has symptoms that occur within three clusters**. ▪ Arousal: the individual is persistently activated or aroused in that they are irritable, angry and hyper vigilant. They may have difficulty falling asleep and startle easily. ▪ Avoidance: the individual will persistently avoid anything that reminds them of the event such as places or activities that remind them of it. They may also feel detached from their loved ones and avoid conversation about the trauma. ▪ Re-experiencing: the individual has recurrent or intrusive distressing recollections of the event such as dreams or thoughts during the day. They also may act and feel as if the event is happening all over again. **These symptoms cause clinically significant distress or impairment for the person. These symptoms must have lasted for more than a month.
Substance Use Disorders (SUD)	It is not uncommon for individuals to self-medicate with over-the-counter or prescription medications, alcohol, or illicit substances when they are in physical or psychological distress. This self-medication can lead to abuse of substances such as alcohol, prescription and illicit drugs. This includes spectrums of substance abuse and dependence as defined by the diagnostic criteria of the Diagnostic and Statistical Manual, 4th Edition, Text Revision.
Traumatic Brain Injury (TBI)	A TBI is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in TBI. Brain injuries are either penetrating or closed. Some common causes of TBI in the military include: motor vehicle crashes, falls, assaults and blasts. Closed head injuries are classified as mild, moderate or severe. The terms concussion and mild TBI are used interchangeably in the Defense Department.
Treatment Plan	A formal plan developed by the clinician in collaboration with the patient that outlines the expected progression of therapy. It should include treatment approach, expected treatment length, assessment method and expected treatment outcomes. A treatment plan is subject to change as treatment progresses and new information is gathered.

	Patient should agree with and sign treatment plan.

APPENDIX D: ACRONYMS

Acronyms used in the course are provided below.

Term	Definition
AUDIT-C	Alcohol Use Disorders Identification Test – alcohol consumption
Amphetamines	Abbreviation for alpha-methylphenethylamine oramfetamine (INN) is a psychostimulant drug of the phenethylamine class which produces increased wakefulness and focus in association with decreased fatigue and appetite. The drug is also used recreationally and as a performance enhancer. Recreational users of amphetamine have coined numerous street names for amphetamine, such as “speed.”
CIWA-Ar	Clinical Institute Withdrawal Assessment of Alcohol Scale - revised
CPG	Clinical Practice Guidelines
CONUS	Continental United States
COWS	Clinical Opiate Withdrawal Scale
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DNRI	Dopamine-Norepinephrine Reuptake Inhibitor
DoD	Department of Defense
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders (4th Edition)
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders (4th Edition, Text Revision). It is used by clinicians and psychiatrists to diagnose psychiatric illnesses. The DSM-IV-TR is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children.
Ethanol	Also called ethyl alcohol, pure alcohol, grain alcohol, or drinking alcohol, is a volatile, flammable, colorless liquid. It is a psychoactive drug and one of the oldest recreational drugs. Best known as the type of alcohol found in alcoholic beverages, it is also used in thermometers, as a solvent and as a fuel.
GI	Gastro-intestinal
MDD	Major Depressive Disorder

MUS	Medically Unexplained Symptoms
MHTF	Mental Health Task Force
mTBI	Mild Traumatic Brain Injury
MAOI	Monoamine Oxidase Inhibitor
NaSSA	Noradrenergic and specific serotonergic antidepressants
NCAT	Neurocognitive Assessment Tool
OAT	Opioid Agonist Therapy/Opiod – Appears to be the most cost-efficient antagonistic therapy – decreases craving for alcohol
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
PDH	Post-Deployment Health Evaluation and Management
PHQ-2	Patient Health Questionnaire - 2
PHQ-9	Patient Health Questionnaire - 9
PTSD	Posttraumatic Stress Disorder
SASQ	Single-Item Alcohol Screening Questionnaire
SARI	Serotonin Antagonist and Reuptake Inhibitor
SNRI	Serotonin and Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitors
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
TCA	Tricyclic Antidepressant
VA	Department of Veterans Affairs

APPENDIX E: ICONS

This section includes icons and their descriptions that will be used throughout the instructor's module to highlight key learning points or linkage to additional learning materials (e.g., video vignette, role play scenario). Example icons and their corresponding actions are shown below.

Icon	Corresponding Action
	Activity
	Customizable Content
	Discussion
	eLearning Exercise
	Experiential Exercise
	Instructor Note
	Interactive Exercise
	Key Points
	Kit

	Material
	Mneumonics
	Play Video
	Recommended Reading
	Simulation and Feedback
	Time
	Video Time
	Web
	Worksheets

APPENDIX F: FREQUENTLY ASKED QUESTIONS

Q: What is a Clinical Practice Guideline (CPG)?

A: A CPG is a document with the aim of guiding decisions and criteria regarding diagnosis, management and treatment for specific medical conditions.

Q: How are Clinical Practice Guidelines developed?

A: Clinical Practice Guidelines are developed through a four step process:

1. Question formulation: The scope of the CPG is defined to address the characteristics, interventions and outcomes of interest.
2. Selection of evidence: Peer-reviewed randomized control trials, meta-analyses, and review articles are reviewed with an emphasis on efficacy and generalizability.
3. Evidence rating: Methodological rigor and clinical importance of evidence are assessed and qualities of evidence tables are created.
4. Recommendations: Interventions with substantial to moderate amounts of evidence are recommended and any contraindications are noted.

Q: What is a Clinical Practice Guideline Tool Kit?

A: The CPG tool kit is a clinical support tool designed to assist in maximizing the potential use of CPGs through systematic and well-planned implementation. Tool kits provide easy to use resources such as pocket guides, exam room cards and assessment tools. These resources give providers access to the information in the CPGs in a format that can be referenced and used during their day-to-day patient interactions and practice.

Q: What is a Clinical Support Tool?

A: VA/DoD clinical support tools are derived from various clinical practice guidelines to translate the information contained within the VA/DoD CPG into easily utilizable formats for clinicians, providers and support personnel. Utilizing clinical support tools will make providing evidence-based care easier and increase efficiency with up to date, relevant information. Tool kits for clinical support tools may include items such as exam room cards, pocket guides, brochures, handbooks and assessment tools. This SUD tool kit is just one of many clinical support tools available on a variety of mental health and medical conditions/treatments.

Q: What is an Algorithm?

A: An algorithm is a step-by-step protocol, as used for management of health care problems. The treatment algorithm as it pertains to SUD is labeled A, B, C, and S from the CPG and helps determine substance abuse or substance dependence.

- Algorithm A – Screening and Initial Assessment for SUD.
- Algorithm B – Management of SUD in Specialty SUD Care.
- Algorithm C – Management of SUD in (Primary) General Health Care.
- Algorithm S – Stabilization and Withdrawal Management.

Q: Can the SUD tool kit be used for guidance on treatment of other psychiatric conditions?

A: No. Because the VA/DoD SUD tool kit only provides guidance on assessment, diagnosis and treatment for SUD, it is not appropriate for use for other psychiatric conditions. However, VA/DoD CPGs and VA/DoD CPG tool kits are available for other

psychiatric conditions, such as major depressive disorder (MDD), co-occurring disorders and posttraumatic stress disorder (PTSD).

Q: Where can I find the full VA/DoD Clinical Practice Guideline for Management of Substance Use Disorder?

A: The full VA/DoD CPG for SUD, as well as updated VA/DoD CPGs for other psychiatric conditions, can be accessed at http://www.healthquality.va.gov/index.asp and https://qmo.amedd.army.mil/pguide.htm.

Q: How can we order more cards, brochures and handbooks?

A: To order additional clinical support tools such as these VA/DoD CPG tool kit cards, brochures or handbooks, please visit https://www.qmo.amedd.army.mil/pguide.htm and click on CPG Shopping Cart.

Q: Where can I find additional resources for myself and my patients?

A: The following organizations may provide additional resources on substance use disorders:

Organization	Contact Information
After Deployment	(866) 966-1020 afterdeployment.org
Defense Centers of Excellence (DCoE)	(877) 291-3263 dcoe.health.mil/ForFamilies.aspx
The National Institute of Mental Health	(866) 615-6464 *nimh.nih.gov/health/publications/schizophrenia/what-about-substance-abuse.shtml*
National Mental Health Association	(800) 969-6642 mentalhealthamerica.net/go/depression
National Suicide Prevention Lifeline	(800) 273-TALK (8255) suicidepreventionlifeline.org/
Real Warriors Campaign	(866) 966-1020 realwarriors.net/family

Substance Abuse and Mental Health Services Administration (SAMHSA)	www.samhsa.gov/

APPENDIX G: SOURCE(S)

Much of the material in this document is adapted from the following sources listed below. The use of their material is taken verbatim from each site as it applies to each specific term. For questions regarding a specific term, please visit the links below:

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

Addressing Alcohol Misuse Among Service Members: The SBIRT Model, Webinar, January 2012. Retrieved November 12, 2011 from: dcoe.health.mil/Content/Navigation/Documents/DCoE%20January%202012%20Webinar.pdf.

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Department of Veterans Affairs & Department of Defense (2011). ***VA/DoD clinical practice guidelines home.*** Washington, DC: The Management of MDD Working Group, The Office of Quality and Performance, VA & Quality Management Directorate, United States Army MEDCOM. Retrieved November 11, 2011 from www.healthquality.va.gov/index.asp.

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Dictionary of Psychology (1985). London, England: Penguin Books.