

SUBSTANCE DEPENDENCE/ABUSE REHABILITATION

Many drugs and volatile substances are subject to misuse/abuse. This disorder is a continuum of phases incorporating a cluster of cognitive, behavioral, and physiological symptoms that include loss of control over use of the substance and a continued use of the substance despite adverse consequences. A number of factors have been implicated in the predisposition to abuse a substance: biological, biochemical, psychological (including developmental), personality, sociocultural and conditioning, and cultural and ethnic influences. However, no single theory adequately explains the etiology of this problem.

CARE SETTING

Inpatient stay on behavioral unit or outpatient care in a day program or community agency.

RELATED CONCERNS

Alcohol: acute withdrawal

Psychosocial aspects of care

Patient Assessment Database

Depends on substances involved, duration of use, organs affected.

TEACHING/LEARNING

Discharge plan considerations:	DRG projected mean length of stay depends on individual program, general health status. May need assistance with long-range plan for recovery Refer to section at end of plan for postdischarge considerations.
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DIAGNOSTIC STUDIES

Drug screen: Identifies drug(s) being used.

Addiction Severity Index (ASI) assessment tool: Produces a “problem severity profile” of patient, including chemical, medical, psychological, legal, family/social and employment/support aspects, indicating areas of treatment needs.

Other screening studies (e.g., hepatitis, HIV, TB): Depends on general condition, individual risk factors, and care setting.

NURSING PRIORITIES

1. Provide support for decision to stop substance use.
2. Strengthen individual coping skills.
3. Facilitate learning of new ways to reduce anxiety.
4. Promote family involvement in rehabilitation program.
5. Facilitate family growth/development.
6. Provide information about condition, prognosis, and treatment needs.

DISCHARGE GOALS

1. Responsibility for own life and behavior assumed.
2. Plan to maintain substance-free life formulated.
3. Family relationships/enabling issues being addressed.
4. Treatment program successfully begun.
5. Condition, prognosis, and therapeutic regimen understood.
6. Plan in place to meet needs after discharge.

NURSING DIAGNOSIS: Denial, ineffective

May be related to

Personal vulnerability; difficulty handling new situations
Previous ineffective/inadequate coping skills with substitution of drug(s)
Learned response patterns; cultural factors, personal/family value systems

Possibly evidenced by

Delay in seeking, or refusal of healthcare attention to the detriment of health/life
Does not perceive personal relevance of symptoms or danger, or admit impact of condition on life pattern;
 projection of blame/responsibility for problems
Use of manipulation to avoid responsibility for self

DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:

Acceptance: Health Status (NOC)

Verbalize awareness of relationship of substance abuse to current situation.
Engage in therapeutic program.
Verbalize acceptance of responsibility for own behavior.

ACTIONS/INTERVENTIONS	RATIONALE
<p>Behavior Modification (NIC)</p> <p>Independent</p> <p>Ascertain by what name patient would like to be addressed.</p> <p>Convey attitude of acceptance, separating individual from unacceptable behavior.</p> <p>Ascertain reason for beginning abstinence, involvement in therapy.</p> <p>Review definition of drug dependence and categories of symptoms (e.g., patterns of use, impairment caused by use, tolerance to substance).</p> <p>Answer questions honestly and provide factual information. Keep your word when agreements are made.</p> <p>Provide information about addictive use versus experimental, occasional use; biochemical/genetic disorder theory (genetic predisposition; use activated by environment; compulsive desire).</p>	<p>Shows courtesy and respect, giving patient a sense of orientation and control.</p> <p>Promotes feelings of dignity and self-worth.</p> <p>Provides insight into patient's willingness to commit to long-term behavioral change, and whether patient even believes that he or she can change. (Denial is one of the strongest and most resistant symptoms of substance abuse.) The decision to quit is an important step to success in therapy.</p> <p>This information helps patient make decisions regarding acceptance of problem and treatment choices.</p> <p>Creates trust, which is the basis of the therapeutic relationship.</p> <p>Progression of use continuum is from experimental/recreational to addictive use. Comprehending this process is important in combating denial. Education may relieve patient's guilt and blame and may help awareness of recurring addictive characteristics.</p>

ACTIONS/INTERVENTIONS	RATIONALE
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<p>Behavior Modification (NIC)</p> <p>Independent</p> <p>Discuss current life situation and impact of substance use.</p> <p>Confront and examine denial/rationalization in peer group. Use confrontation with caring.</p> <p>Provide information regarding effects of addiction on mood/personality.</p> <p>Remain nonjudgmental. Be alert to changes in behavior, e.g., restlessness, increased tension.</p> <p>Provide positive feedback for expressing awareness of denial in self/others.</p> <p>Maintain firm expectation that patient attend recovery support/therapy groups regularly.</p> <p>Encourage and support patient's taking responsibility for own recovery (e.g., development of alternative behaviors to drug urge/use).</p>	<p>First step in decreasing use of denial is for patient to see the relationship between substance use and personal problems.</p> <p>Because denial is the major defense mechanism in addictive disease, confrontation by peers can help patient accept the reality of adverse consequences of behaviors and that drug use is a major problem. Caring attitude preserves self-concept and helps decrease defensive response.</p> <p>Individuals often mistake effects of addiction and use this to justify or excuse drug use.</p> <p>Confrontation can lead to increased agitation, which may compromise safety of patient/staff.</p> <p>Necessary to enhance self-esteem and to reinforce insight into behavior.</p> <p>Attendance is related to admitting need for help, to working with denial, and for maintenance of a long-term drug-free existence.</p> <p>Denial can be replaced with positive action when patient accepts the reality of own responsibility.</p>
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NURSING DIAGNOSIS: Coping, ineffective

May be related to

- Personal vulnerability
- Negative role modeling; inadequate support systems
- Previous ineffective/inadequate coping skills with substitution of drug(s)

Possibly evidenced by

- Impaired adaptive behavior and problem-solving skills
- Decreased ability to handle stress of illness/hospitalization
- Financial affairs in disarray, employment difficulties (e.g., losing time on job/not maintaining steady employment; poor work performances, on-the-job injuries)
- Verbalization of inability to cope/ask for help

DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:

Coping (NOC)

- Identify ineffective coping behaviors/consequences, including use of substances as a method of coping.
- Use effective coping skills/problem solving.
- Initiate necessary lifestyle changes.

ACTIONS/INTERVENTIONS	RATIONALE
<p>Substance Use Treatment (NIC)</p> <p>Independent</p> <p>Review program rules, philosophy expectations.</p> <p>Determine understanding of current situation and previous/other methods of coping with life's problems.</p> <p>Set limits and confront efforts to get caregiver to grant special privileges, making excuses for not following through on behaviors agreed on, and attempting to continue drug use. Avoid use of labels, such as lying.</p> <p>Be aware of staff attitudes, feelings, and enabling behaviors.</p> <p>Encourage verbalization of feelings, fears, and anxiety.</p> <p>Explore alternative coping strategies.</p> <p>Assist patient to learn/encourage use of relaxation skills, guided imagery, visualizations.</p> <p>Structure diversional activity that relates to recovery (e.g., social activity within support group), wherein issues of being chemically free are examined.</p> <p>Use peer support to examine ways of coping with drug hunger/binges.</p> <p>Identify possible/actual triggers for relapse. Encourage patient to use the acronym HALT (<i>am I hungry, angry, lonely, or tired?</i>)</p>	<p>Having information provides opportunity for patient to cooperate and function as a member of the group/milieu, enhancing sense of control and sense of success.</p> <p>Provides information about degree of denial, acceptance of personal responsibility/commitment to change; identifies coping skills that may be used in present situation.</p> <p>Patient has learned manipulative behavior throughout life and needs to learn a new way of getting needs met. Following through on consequences of failure to maintain limits can help patient to change ineffective behaviors. Use of labels promotes negative attitudes that can impede therapeutic relationships.</p> <p>Lack of understanding, judgmental/enabling behaviors can result in inaccurate data collection and nontherapeutic approaches.</p> <p>May help patient begin to come to terms with long-unresolved issues.</p> <p>Patient may have little or no knowledge of adaptive responses to stress and needs to learn other options for managing time, feelings, and relationships without drugs.</p> <p>Helps patient relax, develop new ways to deal with stress, problem-solve.</p> <p>Discovery of alternative methods of coping with drug hunger can remind patient that addiction is a lifelong process and opportunity for changing patterns is available.</p> <p>Self-help groups are valuable for learning and promoting abstinence in each member, using understanding and support as well as peer pressure.</p> <p>Employment/financial stressors, isolation, unhealthy relationships/being around substance-using friends, hearing certain songs, premenstrual syndrome—the list of possibilities depends on the individual. Being aware of the triggers provides an opportunity to plan for ways to avoid/deal with them.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Substance Use Treatment (NIC)</p> <p>Independent</p> <p>Encourage involvement in therapeutic writing. Have patient begin journaling or writing autobiography.</p> <p>\</p> <p>Discuss patient's plans for living without drugs.</p> <p>Collaborative</p> <p>Administer medications as indicated, e.g.:</p> <ul style="list-style-type: none"> Disulfiram (Antabuse); Acamprosate; Methadone (Dolophine); Naltrexone (ReVia), nalmefene (Revex). <p>Encourage involvement with self-help associations, e.g., Alcoholics/Narcotics Anonymous.</p> <p>Refer to community/social resources e.g., housing assistance, employment agencies, child care, food stamps, alternative schooling.</p>	<p>RATIONALE</p> <p>Therapeutic writing/journaling can enhance participation in treatment; serves as a release for grief, anger, and stress; provides a useful tool for monitoring patient's safety; and can be used to evaluate patient's progress. Autobiographical activity provides an opportunity for patient to remember and identify sequence of events in his or her life that relate to current situation.</p> <p>Provide opportunity to develop/refine plans. Devising a comprehensive strategy for avoiding relapses helps patient into maintenance phase of behavioral change.</p> <p>This drug can be helpful in maintaining abstinence from alcohol while other therapy is undertaken. By inhibiting alcohol oxidation, the drug leads to an accumulation of acetaldehyde with a highly unpleasant reaction if alcohol is consumed.</p> <p>Helps prevent relapses in alcoholism by lowering receptors for the excitatory neurotransmitter glutamate. This agent may become drug of choice because it does not make the user sick if alcohol is consumed; it has no sedative, antianxiety, muscle relaxant, or antidepressant properties and produces no withdrawal symptoms.</p> <p>This drug is thought to blunt the craving for/diminish the effects of opioids and is used to assist in withdrawal and long-term maintenance programs. It can allow the individual to maintain daily activities and ultimately withdraw from drug use.</p> <p>Used to suppress craving for opioids and may help prevent relapse in patient abusing alcohol. Current research suggests that naltrexone suppresses urge to continue drinking by interfering with alcohol-induced release of endorphins.</p> <p>Puts patient in direct contact with support system necessary for managing sobriety/drug-free life.</p> <p>Dealing with life problems in a proactive way enhances coping abilities, reduces sense of isolation and hopelessness, and decreases risk of relapse.</p>

NURSING DIAGNOSIS: Powerlessness

May be related to

Substance addiction with/without periods of abstinence
Episodic compulsive indulgence; attempts at recovery
Lifestyle of helplessness

Possibly evidenced by

Ineffective recovery attempts; statements of inability to stop behavior/requests for help
Continuous/constant thinking about drug and/or obtaining drug
Alteration in personal, occupational, and social life

DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:

Health Beliefs: Perceived Control (NOC)

Admit inability to control drug habit, surrender to powerlessness over addiction.
Verbalize acceptance of need for treatment and awareness that willpower alone cannot control abstinence.
Engage in peer support.
Demonstrate active participation in program.
Regain and maintain healthy state with a drug-free lifestyle.

ACTIONS/INTERVENTIONS	RATIONALE
<p>Self-Responsibility Facilitation (NIC)</p> <p>Independent</p> <p>Use crisis intervention techniques to initiate behavior changes:</p> <p>Assist patient to recognize problem exists. Discuss in a caring, nonjudgmental manner how drug has interfered with life;</p> <p>Involve patient in development of treatment plan, using problem-solving process in which patient identifies goals for change and agrees to desired outcomes;</p> <p>Discuss alternative solutions;</p> <p>Assist in selecting most appropriate alternative;</p> <p>Support decision and implementation of selected alternative(s).</p>	<p>Patient is more amenable to acceptance of need for treatment at this time.</p> <p>In the precontemplation phase, patient has not yet identified that drug use is problematic. While patient is hurting, it is easier to admit substance use has created negative consequences.</p> <p>During the contemplation phase, patient realizes a problem exists and is thinking about a change of behavior. Patient is committed to the outcomes when the decision-making process involves solutions that are promulgated by the individual.</p> <p>Brainstorming helps creatively identify possibilities and provides sense of control. During the preparation phase, minor action may be taken as individual organizes resources for definitive change.</p> <p>As possibilities are discussed, the most useful solution becomes clear.</p> <p>Helps patient persevere in process of change. During the action phase, patient engages in a sustained effort to maintain sobriety, and mechanisms are put in place to support abstinence.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Self-Responsibility Facilitation (NIC)</p> <p>Independent</p> <p>Explore support in peer group. Encourage sharing about drug hunger, situations that increase the desire to indulge, ways that substance has influenced life.</p> <p>Assist patient to learn ways to enhance health and structure healthy diversion from drug use (e.g., maintaining a balanced diet, getting adequate rest, exercise [e.g., walking, slow/long-distance running]; and acupuncture, biofeedback, deep meditative techniques).</p> <p>Provide information regarding understanding of human behavior and interactions with others, e.g., transactional analysis.</p> <p>Assist patient in self-examination of spirituality, faith.</p> <p>Instruct in and role-play assertive communication skills.</p> <p>Provide treatment information on an ongoing basis.</p> <p>Collaborative</p> <p>Refer to/assist with making contact with programs for ongoing treatment needs, e.g., partial hospitalization drug treatment programs, Narcotics/Alcoholics Anonymous, peer support group.</p>	<p>Patient may need assistance in expressing self, speaking about powerlessness, admitting need for help in order to face up to problem and begin resolution.</p> <p>Learning to empower self in constructive areas can strengthen ability to continue recovery. These activities help restore natural biochemical balance, aid detoxification, and manage stress, anxiety, use of free time. These diversions can increase self-confidence, thereby improving self-esteem. <i>Note:</i> Exercise promotes release of endorphins, creating a feeling of well-being.</p> <p>Understanding these concepts can help patient to begin to deal with past problems/losses and prevent repeating ineffective coping behaviors and self-fulfilling prophecies.</p> <p>Although not mandatory for recovery, surrendering to and faith in a power greater than oneself has been found to be effective for many individuals in substance recovery; may decrease sense of powerlessness.</p> <p>Effective in helping refrain from use, to stop contact with users and dealers, to build healthy relationships, regain control of own life.</p> <p>Helps patient know what to expect, and creates opportunity for patient to be a part of what is happening and make informed choices about participation/outcomes.</p> <p>Continuing treatment is essential to positive outcome. Follow-through may be easier once initial contact has been made.</p>

NURSING DIAGNOSIS: Nutrition: imbalanced, less than body requirements

May be related to

Insufficient dietary intake to meet metabolic needs for psychological, physiological, or economic reasons

Possibly evidenced by

Weight loss; weight below norm for height/body build; decreased subcutaneous fat/muscle mass

Reported altered taste sensation; lack of interest in food

Poor muscle tone

Sore, inflamed buccal cavity

Laboratory evidence of protein/vitamin deficiencies

DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:

Nutritional Status (NOC)

Demonstrate progressive weight gain toward goal with normalization of laboratory values and absence of signs of malnutrition.

Knowledge: Diet (NOC)

Verbalize understanding of effects of substance abuse, reduced dietary intake on nutritional status.

Demonstrate behaviors, lifestyle changes to regain and maintain appropriate weight.

ACTIONS/INTERVENTIONS	RATIONALE
<p>Nutrition Therapy (NIC)</p> <p>Independent</p> <p>Assess height/weight, age, body build, strength, activity/rest level. Note condition of oral cavity.</p> <p>Take anthropometric measurements, e.g., triceps skin fold, when available.</p> <p>Note total daily calorie intake; maintain a diary of intake, as well as times and patterns of eating.</p> <p>Evaluate energy expenditure (e.g., pacing or sedentary), and establish an individualized exercise program.</p> <p>Provide opportunity to choose foods/snacks to meet dietary plan.</p> <p>Recommend monitoring weight weekly.</p>	<p>Provides information about individual on which to base caloric needs/dietary plan. Type of diet/foods may be affected by condition of mucous membranes and teeth.</p> <p>Calculates subcutaneous fat and muscle mass to aid in determining dietary needs.</p> <p>Information will help identify nutritional needs/deficiencies.</p> <p>Activity level affects nutritional needs. Exercise enhances muscle tone, may stimulate appetite.</p> <p>Enhances participation/sense of control, may promote resolution of nutritional deficiencies, and helps evaluate patient's understanding of dietary teaching.</p> <p>Provides information regarding effectiveness of dietary plan.</p>
<p>Collaborative</p> <p>Consult with dietitian.</p> <p>Review laboratory studies as indicated, (e.g., glucose, serum albumin/prealbumin, electrolytes).</p>	<p>Useful in establishing individual dietary needs/plan and provides additional resource for learning.</p> <p>Identifies anemias, electrolyte imbalances, and other abnormalities that may be present, requiring specific therapy.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Nutrition Therapy (NIC)</p> <p>Independent</p> <p>Refer for dental consultation as necessary.</p>	<p>Teeth are essential to good nutritional intake, and dental hygiene/care is often a neglected area in this population.</p>

<p>NURSING DIAGNOSIS: Self-Esteem, chronic low</p> <p>May be related to</p> <p>Social stigma attached to substance abuse, expectation that one controls behavior Negative role models; abuse/neglect, dysfunctional family system Life choices perpetuating failure; situational crisis with loss of control over life events Biochemical body change (e.g., withdrawal from alcohol/other drugs)</p> <p>Possibly evidenced by</p> <p>Self-negating verbalization, expressions of shame/guilt Evaluation of self as unable to deal with events, confusion about self, purpose or direction in life Rationalizing away/rejecting positive feedback about self</p> <p>DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:</p> <p>Self-Esteem (NOC)</p> <p>Identify feelings and underlying dynamics for negative perception of self. Verbalize acceptance of self as is and an increased sense of self-worth. Set goals and participate in realistic planning for lifestyle changes necessary to live without drugs.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Self-Esteem Enhancement (NIC)</p> <p>Independent</p> <p>Provide opportunity for and encourage verbalization/discussion of individual situation.</p> <p>Assess mental status. Note presence of other psychiatric disorders (dual diagnosis).</p> <p>Spend time with patient. Discuss patient's behavior/use of substance in a nonjudgmental way.</p>	<p>Patient often has difficulty expressing self, even more difficulty accepting the degree of importance substance has assumed in life and its relationship to present situation.</p> <p>Many patients use substances in an attempt to obtain relief from depression or anxiety, which may predate use and/or be the result of substance use. Approximately 60% of substance-dependent patients have underlying psychological problems, and treatment for both is imperative to achieve/maintain abstinence.</p> <p>The nurse's presence conveys acceptance of the individual as a worthwhile person. Discussion provides opportunity for insight into the problems abuse has created for patient.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Self-Esteem Enhancement (NIC)</p> <p>Independent</p> <p>Provide reinforcement for positive actions and encourage patient to accept this input.</p> <p>Observe family interactions/SO dynamics and level of support.</p> <p>Encourage expression of feelings of guilt, shame, and anger.</p> <p>Help patient acknowledge that substance use is the problem and that problems can be dealt with without the use of drugs. Confront the use of defenses, e.g., denial, projection, rationalization.</p> <p>Ask patient to list and review past accomplishments and positive happenings.</p> <p>Use techniques of role rehearsal.</p>	<p>Failure and lack of self-esteem have been problems for this patient, who needs to learn to accept self as an individual with positive attributes.</p> <p>Substance abuse is a family disease, and how the members act and react to patient's behavior affects the course of the disease and how patient sees self. Many unconsciously become "enablers," helping the individual to cover up the consequences of the abuse. (Refer to ND: Family Processes, dysfunctional: alcoholism, following.)</p> <p>Patient often has lost respect for self and believes that the situation is hopeless. Expression of these feelings helps patient begin to accept responsibility for self and take steps to make changes.</p> <p>When drugs can no longer be blamed for the problems that exist, patient can begin to deal with the problems and live without substance use. Confrontation helps patient accept the reality of the problems as they exist.</p> <p>There are things in everyone's life that have been successful. Often when self-esteem is low, it is difficult to remember these successes or to view them as successes.</p> <p>Assists patient to practice developing skills to cope with new role as a person who no longer uses or needs drugs to handle life's problems.</p>
<p>Collaborative</p> <p>Involve patient in group therapy.</p> <p>Formulate plan to treat other mental illness problems.</p> <p>Administer antipsychotic medications as necessary.</p>	<p>Group sharing helps encourage verbalization because other members of group are in various stages of abstinence from drugs and can address patient's concerns/denial. Patient can gain new skills, hope, and a sense of family/community from group participation.</p> <p>Patients who seek relief for other mental health problems through drugs will continue to do so once discharged. Both the substance use and the mental health problems need to be treated together to maximize abstinence potential. Treatment may be difficult because of difficulty of taking initiative, thinking realistically, and problem solving. Behavioral methods seem to be most helpful.</p> <p>Prolonged/profound psychosis following LSD or PCP use can be treated with these drugs because it is probably the result of an underlying functional psychosis that has now emerged. <i>Note:</i> Avoid the use of phenothiazines because they may decrease seizure threshold and cause hypotension in the presence of LSD/PCP use.</p>

NURSING DIAGNOSIS: Family Processes, dysfunctional: alcoholism [substance abuse]

May be related to

Abuse of substance(s); resistance to treatment
Family history of substance abuse
Addictive personality
Inadequate coping skills, lack of problem-solving skills

Possibly evidenced by

Anxiety; anger/suppressed rage; shame and embarrassment
Emotional isolation/loneliness; vulnerability; repressed emotions
Disturbed family dynamics; closed communication systems, ineffective spousal communication and marital problems
Altered role function/disruption of family roles
Manipulation; dependency; criticizing; rationalization/denial of problems
Enabling to maintain drinking (substance abuse); refusal to get help/inability to accept and receive help appropriately

DESIRED OUTCOMES/EVALUATION CRITERIA—family WILL:

Family Coping (NOC)

Verbalize understanding of dynamics of enabling behaviors.
Participate in individual family programs.
Identify ineffective coping behaviors and consequences.
Initiate and plan for necessary lifestyle changes.
Take action to change self-destructive behaviors/alter behaviors that contribute to partner's/SO's addiction.

ACTIONS/INTERVENTIONS	RATIONALE
<p>Substance Use Treatment (NIC)</p> <p>Independent</p> <p>Review family history; explore roles of family members, circumstances involving drug use, strengths, areas for growth.</p> <p>Explore how the SO has coped with patient's habit, (e.g., denial, repression, rationalization, hurt, loneliness, projection).</p> <p>Determine understanding of current situation and previous methods of coping with life's problems.</p> <p>Assess current level of functioning of family members.</p> <p>Determine extent of enabling behaviors being evidenced by family members; explore with each individual and patient.</p>	<p>Determines areas for focus, potential for change.</p> <p>The person who enables also suffers from the same feelings as patient and uses ineffective methods for dealing with the situation, necessitating help in learning new/effective coping skills.</p> <p>Provides information on which to base present plan of care.</p> <p>Affects individual's ability to cope with situation.</p> <p>Enabling is doing for patient what he or she needs to do for self (rescuing). People want to be helpful and do not want to feel powerless to help their loved one stop substance use and change the behavior that is so destructive. However, the substance abuser often relies on others to cover up own inability to cope with daily responsibilities.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Substance Use Treatment (NIC)</p> <p>Independent</p> <p>Provide information about enabling behavior, addictive disease characteristics for both user and nonuser.</p> <p>Identify and discuss sabotage behaviors of family members.</p> <p>Encourage participation in therapeutic writing, e.g., journaling (narrative), guided or focused.</p> <p>Provide factual information to patient and family about the effects of addictive behaviors on the family and what to expect after discharge.</p> <p>Encourage family members to be aware of their own feelings, look at the situation with perspective and objectivity. They can ask themselves: “Am I being conned? Am I acting out of fear, shame, guilt, or anger? Do I have a need to control?”</p> <p>Provide support for enabling partner(s). Encourage group work.</p> <p>Assist patient’s partner to become aware that patient’s abstinence and drug use are not the partner’s responsibility.</p> <p>Help recovering (former user) partner who is enabling to distinguish between destructive aspects of behavior and genuine motivation to aid the user.</p> <p>Note how partner relates to the treatment team/staff.</p> <p>Explore conflicting feelings enabling partner may have about treatment, e.g., feelings similar to those of abuser (blend of anger, guilt, fear, exhaustion, embarrassment, loneliness, distrust, grief, and possibly relief).</p>	<p>Awareness and knowledge of behaviors (e.g., avoiding and shielding, taking over responsibilities, rationalizing, and subserving) provide opportunity for individuals to begin the process of change.</p> <p>Even though family member(s) may verbalize a desire for the individual to become substance-free, the reality of interactive dynamics is that they may unconsciously not want the individual to recover because this would affect the family member(s)’ own role in the relationship. Additionally, they may receive sympathy/attention from others (secondary gain).</p> <p>Serves as a release for feelings (e.g., anger, grief, stress); helps move individuals forward in treatment process.</p> <p>Many patients/SOs are not aware of the nature of addiction. If patient is using legally obtained drugs, he or she may believe this does not constitute abuse.</p> <p>When the enabling family members become aware of their own actions that perpetuate the addict’s problems, they need to decide to change themselves. If they change, patient can then face the consequences of his or her own actions and may choose to get well.</p> <p>Families/SOs need support to produce change as much as the person who is addicted.</p> <p>Partners need to learn that user’s habit may or may not change despite partner’s involvement in treatment.</p> <p>Enabling behavior can be partner’s attempts at personal survival.</p> <p>Determines enabling style. A parallel exists between how partner relates to user and to staff, based on partner’s feelings about self and situation.</p> <p>Useful in establishing the need for therapy for the partner. This individual’s own identity may have been lost, she or he may fear self-disclosure to staff, and may have difficulty giving up the dependent relationship.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Substance Use Treatment (NIC)</p> <p>Independent</p> <p>Involve family in discharge referral plans.</p> <p>Be aware of staff's enabling behaviors and feelings about patient and enabling partners.</p> <p>Collaborative</p> <p>Encourage involvement with self-help associations, Alcoholics/Narcotics Anonymous, Al-Anon, Alateen, and professional family therapy.</p>	<p>Drug abuse is a family illness. Because the family has been so involved in dealing with the substance abuse behavior, family members need help adjusting to the new behavior of sobriety/abstinence. Incidence of recovery is almost doubled when the family is treated along with patient.</p> <p>Lack of understanding of enabling can result in nontherapeutic approaches to patients and their families.</p> <p>Puts patient/family in direct contact with support systems necessary for continued sobriety and to assist with problem resolution.</p>

<p>NURSING DIAGNOSIS: Sexual Dysfunction</p> <p>May be related to</p> <p>Altered body function: neurological damage and debilitating effects of drug use (particularly alcohol and opiates)</p> <p>Possibly evidenced by</p> <p>Progressive interference with sexual functioning</p> <p>In men: a significant degree of testicular atrophy is noted (testes are smaller and softer than normal); gynecomastia (breast enlargement); impotence/decreased sperm counts</p> <p>In women: loss of body hair, thin soft skin, and spider angioma (elevated estrogen); amenorrhea/increase in miscarriages</p> <p>DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:</p> <p>Substance Addiction Consequences (NOC)</p> <p>Verbally acknowledge effects of drug use on sexual functioning/reproduction.</p> <p>Identify interventions to correct/overcome individual situation.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Sexual Counseling (NIC)</p> <p>Independent</p> <p>Ascertain patient's beliefs and expectations. Have patient describe problem in own words.</p>	<p>Determines level of knowledge, identifies misperceptions and specific learning needs.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Sexual Counseling (NIC)</p> <p>Independent</p> <p>Encourage and accept individual expressions of concern.</p> <p>Provide education opportunity (e.g., pamphlets, consultation with appropriate persons) for patient to learn effects of drug on sexual functioning.</p> <p>Provide information about individual's condition.</p> <p>Assess drinking/drug history of pregnant patient. Provide information about effects of substance abuse on the reproductive system/fetus (e.g., increased risk of premature birth, brain damage, and fetal malformation).</p> <p>Discuss prognosis for sexual dysfunction, e.g., impotence/low sexual desire.</p>	<p>Most people find it difficult to talk about this sensitive subject and may not ask directly for information.</p> <p>Much of denial and hesitancy to seek treatment may be reduced as a result of sufficient and appropriate information.</p> <p>Sexual functioning may have been affected by drug (alcohol) itself and/or psychological factors (such as stress or depression). Information can assist patient to understand own situation and identify actions to be taken.</p> <p>Awareness of the negative effects of alcohol/other drugs on reproduction may motivate patient to stop using drug(s). When patient is pregnant, identification of potential problems aids in planning for future fetal needs/concerns.</p> <p>In about 50% of cases, impotence is reversed with abstinence from drug(s); in 25%, the return to normal functioning is delayed; and approximately 25% remain impotent.</p>
<p>Collaborative</p> <p>Refer for sexual counseling, if indicated.</p> <p>Review results of sonogram if pregnant.</p>	<p>Couple may need additional assistance to resolve more severe problems/situations. Patient may have difficulty adjusting if drug has improved sexual experience (e.g., heroin decreases dyspareunia in women/premature ejaculation in men). Furthermore, patient may have engaged enjoyably in bizarre, erotic sexual behavior under influence of the stimulant drug; patient may have found no substitute for the drug, may have driven a partner away, and may have no motivation to adjust to sexual experience without drugs.</p> <p>Assesses fetal growth and development to identify possibility of fetal alcohol syndrome and future needs.</p>

NURSING DIAGNOSIS: Knowledge, deficient [Learning Need] regarding condition, prognosis, treatment, self-care, and discharge needs

May be related to

Lack of information; information misinterpretation
Cognitive limitations/interference with learning (other mental illness problems/organic brain syndrome); lack of recall

Possibly evidenced by

Statements of concern; questions/misconceptions
Inaccurate follow-through of instructions, development of preventable complications
Continued use in spite of complications/adverse consequences

DESIRED OUTCOMES/EVALUATION CRITERIA—PATIENT WILL:

Knowledge: Substance Use Control (NOC)

Verbalize understanding of own condition/disease process, prognosis, and potential complications.
Verbalize understanding of therapeutic needs.
Identify/initiate necessary lifestyle changes to remain drug-free.
Participate in treatment program including plan for follow-up/long-term care.

ACTIONS/INTERVENTIONS	RATIONALE
<p>Learning Facilitation (NIC)</p> <p>Independent</p> <p>Be aware of and deal with anxiety of patient and family members.</p> <p>Provide an active role for patient/SO in the learning process, e.g., discussions, group participation, role-playing.</p> <p>Provide written and verbal information as indicated. Include list of articles and books related to patient/family needs and encourage reading and discussing what they learn.</p> <p>Assess patient's knowledge of own situation, e.g., disease, complications, and needed changes in lifestyle.</p> <p>Pace learning activities to individual needs.</p>	<p>Anxiety can interfere with ability to hear and assimilate information.</p> <p>Learning is enhanced when persons are actively involved.</p> <p>Helps patient/SO make informed choices about future. Bibliotherapy can be a useful addition to other therapeutic approaches.</p> <p>Assists in planning for long-range changes necessary for maintaining sobriety/drug-free status. Patient may have street knowledge of the drug but be ignorant of medical facts.</p> <p>Facilitates learning because information is more readily assimilated when timing is considered.</p>
<p>Teaching: Disease Process (NIC)</p> <p>Review condition and prognosis/future expectations.</p> <p>Discuss relationship of drug use to current situation.</p>	<p>Provides knowledge base from which patient can make informed choices.</p> <p>Often patient has misperception (denial) of real reason for admission to the medical (psychiatric) setting.</p>

ACTIONS/INTERVENTIONS	RATIONALE
<p>Teaching: Disease Process (NIC)</p> <p>Independent</p> <p>Educate about effects of specific drug(s) used, e.g., PCP is deposited in body fat and may reactivate (flashbacks) even after long interval of abstinence; alcohol use may result in mental deterioration, liver involvement/damage; cocaine can damage postcapillary vessels and increase platelet aggregation, promoting thromboses and infarction of skin/internal organs, causing localized atrophic blanche or sclerodermatous lesions.</p> <p>Discuss potential for reemergence of withdrawal symptoms in stimulant abuse as early as 3 mo or as late as 9–12 mo after discontinuing use.</p> <p>Inform patient of effects of disulfiram (Antabuse) in combination with alcohol intake and importance of avoiding use of alcohol-containing products, e.g., cough syrups, foods/candy, mouthwash, aftershave, cologne.</p> <p>Review specific aftercare needs; e.g., PCP user should drink cranberry juice and continue use of ascorbic acid; alcohol abuser with liver damage should refrain from drugs/anesthetics or use of household cleaning products that are detoxified in the liver.</p> <p>Discuss variety of helpful organizations and programs that are available for assistance/referral, such as Alcoholics Anonymous, Dual Recovery Anonymous, Narcotics Anonymous.</p>	<p>Information will help patient understand possible long-term effects of drug use.</p> <p>Even though intoxication may have passed, patient may manifest denial, drug hunger, and periods of “flare-up,” wherein there is a delayed recurrence of withdrawal symptoms (e.g., anxiety; depression; irritability; sleep disturbance; compulsiveness with food, especially sugars).</p> <p>Interaction of alcohol and Antabuse results in nausea and hypotension, which may produce fatal shock. Individuals taking Antabuse are sensitive to alcohol on a continuum, with some being able to drink while taking the drug and others having a reaction with only slight exposure. Reactions also appear to be dose-related.</p> <p>Promotes individualized care related to specific situation. Cranberry juice and ascorbic acid enhance clearance of PCP from the system. Substances that have the potential for liver damage are more dangerous in the presence of an already damaged liver.</p> <p>Long-term support is necessary to maintain optimal recovery. Psychosocial/mental illness needs as well as other issues may need to be addressed.</p>

POTENTIAL CONSIDERATIONS following acute care (dependent on patient’s age, physical condition/presence of complications, personal resources, and life responsibilities)

Therapeutic Regimen: [Individual]/Families, ineffective management—decisional conflicts, excessive demands made on individual or family, family conflict, perceived seriousness/benefits.

Coping, ineffective—vulnerability, situational crises, multiple life changes, inadequate relaxation, inadequate/loss of support systems.

Family Coping: readiness for enhanced—needs sufficiently gratified and adaptive tasks effectively addressed to enable goals of self-actualization to surface. (Physical needs depend on substance effect on organ systems—refer to appropriate medical plans of care for additional considerations.)