



Early psychosis and substance use: Key skills for recovery

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MAPNET Learning Collaborative

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Mentimeter

What are some challenges of addressing substance use in first episode psychosis treatment? (1-3 words)



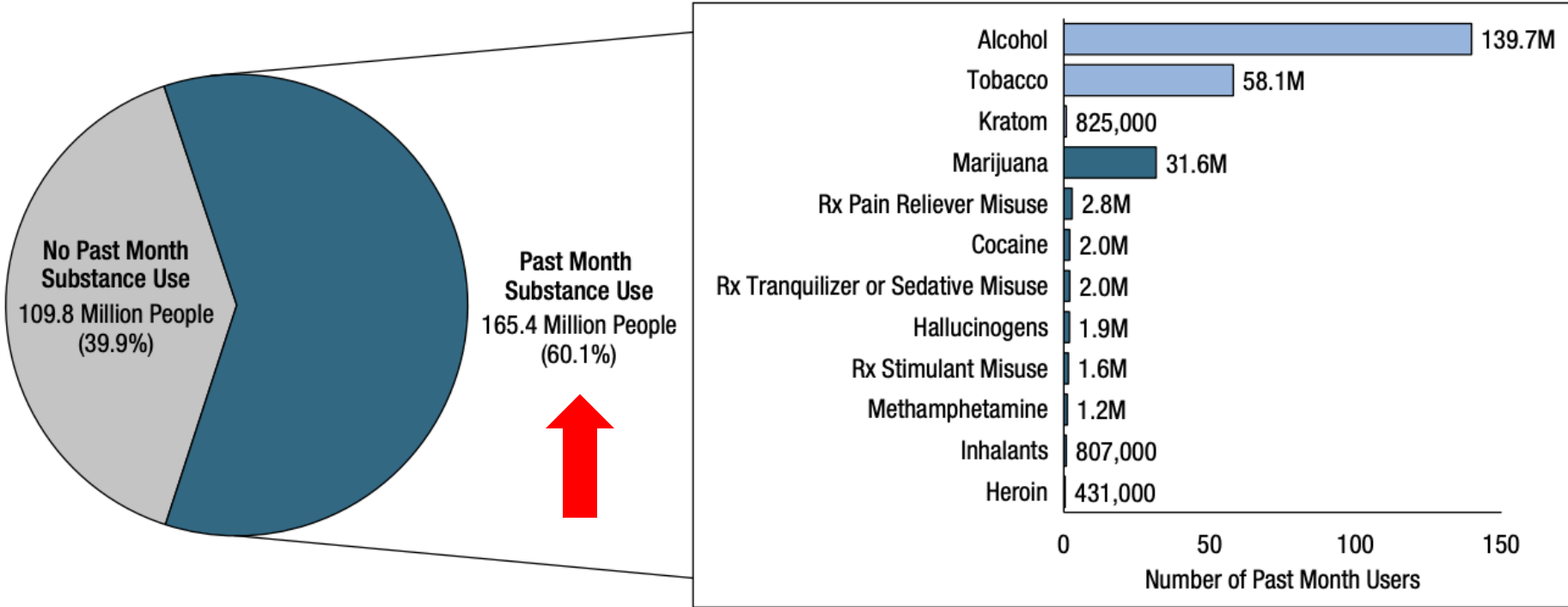
Outline

- Background
- Key Skills
- Family Support
- Discussion



BACKGROUND

Figure 1. Past Month Substance Use among People Aged 12 or Older: 2019



Rx = prescription.

Note: Substance Use includes any illicit drug, kratom, alcohol, and tobacco use.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Substance Use Disorder Criteria

- More or longer use than intended
- Difficulty cutting down
- Lots of time getting, using, recovering
- Craving/urges to use
- Physical or psychological problems
- Tolerance
- Withdrawal symptoms
- Work, home, school problems
- Relationship problems
- Giving up important activities

Substance Use Disorder Spectrum

Mild

- 2-3
- symptoms

Moderate

- 4-5
- symptoms

Severe

- 6+
- symptoms

Current Use at Treatment Entry

24-61%

Report
cannabis use



28-46%

Report
alcohol use



Lifetime Substance Use Disorders in Early Psychosis

28-58%

Cannabis use
disorder



20-53%

Alcohol use
disorder

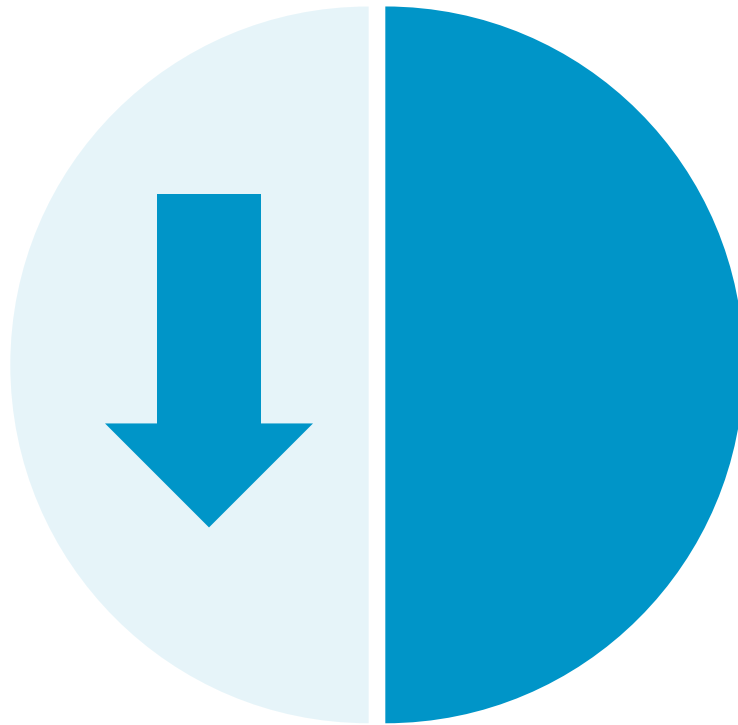




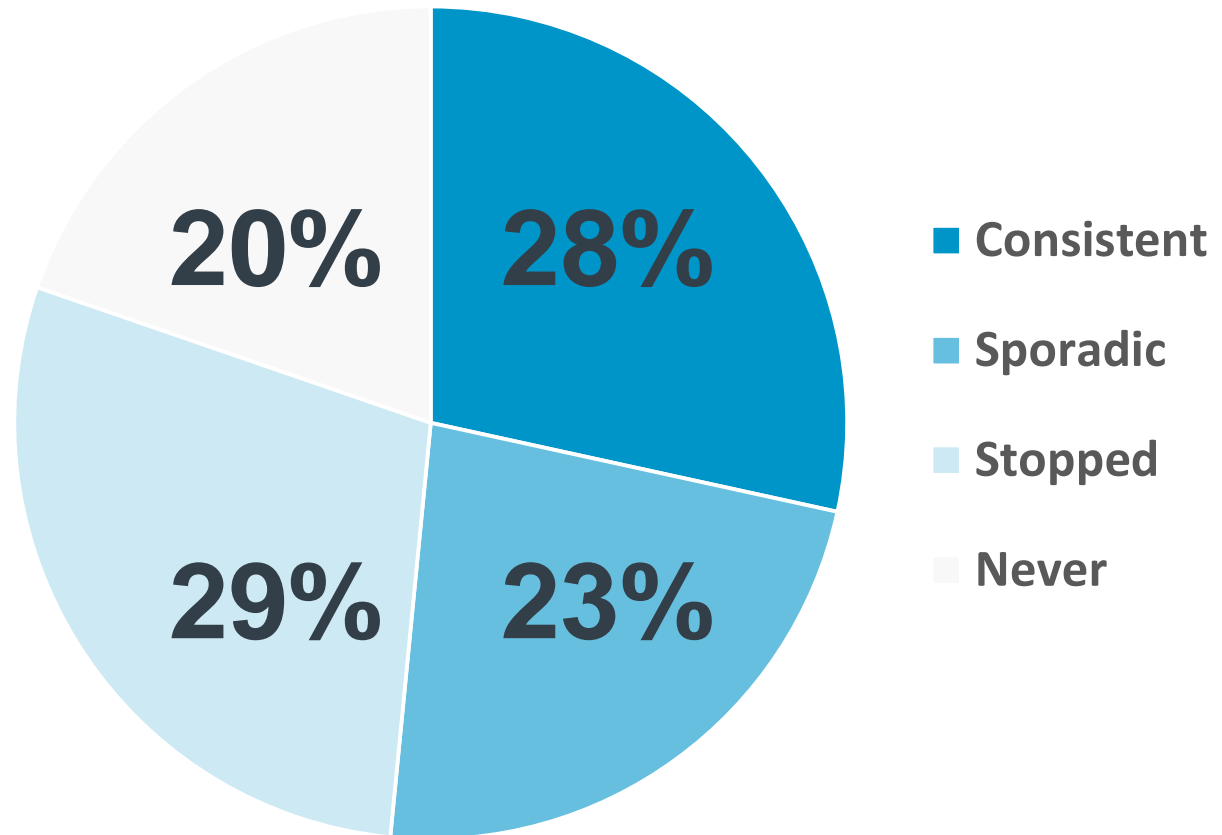
Motives for Substance Use

- Coping
 - Depression, anxiety, psychosis
 - Sleep difficulties
 - Cravings
 - Boredom
- Social
 - Conformity
 - Acceptance
- Pleasure
 - Relax
 - Have fun
 - Get high / alter perceptions

Half of clients decrease substance use early in general first-episode psychosis treatment



Cannabis patterns during first year of first-episode psychosis treatment

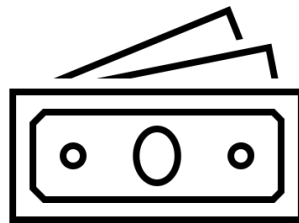


Reasons for reducing or stopping use include changes in life goals and values

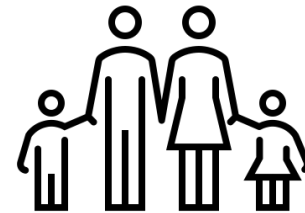
Health



Income



Family



KEY SKILLS

Develop therapeutic alliance

- Establish rapport
- Help client's reach their recovery goals
 - “What matters most to you right now?”
 - “What step are you currently working on towards that goal?”
 - “What are some challenges that you are facing towards achieving your goal?”
- Meet the client at their current stage of change

Assessment

- Substance use and relation to symptoms and functioning
 - “Since your last session, how many days did you...
 - Drink more than a few sips of beer, wine, or any drink containing alcohol?
 - Use any marijuana or synthetic marijuana?
 - Use anything else to get high?”
- Explore reasons for using and negative effects
- Be curious about how substance use relates to goal attainment without judgment

Psychoeducation

- Stress-vulnerability model
- Super sensitivity
- Family psychoeducation
- Harm reduction
- Keep substance use discussions “on the table”

Motivational interviewing techniques

- Empathic listening
- Non-judgmental curiosity
- Develop discrepancy between personal goals and substance use
- OARS
 - Open-ended questions
 - Affirmations
 - Reflections
 - Summaries

Cognitive behavioral techniques

- Develop alternative ways to meet motives for substance use
 - Coping
 - Social
 - Pleasure
- Cognitive restructuring
 - Catch it, check it, change it
- Encourage behavioral experiments
 - Sobriety sampling
 - Identify potential obstacles
 - Problem solve

Create a staying on track plan

- Describe most important reasons for not using
- Name social supports
- Identify main reasons/triggers for using substances
- Identify top coping strategies
- Establish a crisis action plan
- Practice plan
- Keep plan visible
- Give a copy of the plan to social supports

Important to remember

- Emphasize integrated care
- Keep team members up to date and on the same page
- Continue to develop substance use expertise
- Hire team members who are substance use counselors
- Be mindful of stigma
- Avoid the blame trap

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Mentimeter

What has been helpful when addressing substance use in first episode psychosis treatment? (1-3 words)



FAMILY SUPPORT

CRAFT Background

- CRAFT: Community Reinforcement Approach and Family Training
- Goal: help a loved one enter treatment and/or support their ongoing recovery
- CSO: concerned significant other
- IP: identified patient
- 7 out of 10 IPs enter treatment
- CSO ↓ depression and anxiety; ↑ happiness
- International adaptation and dissemination

CRAFT Key Skills

- Building motivation
- Self-care and goal setting
- Communication
- Functional analysis
- Positive reinforcement
- Natural consequences
- Inviting the IP into treatment
- Problem solving



Communication

- **Timing is everything**
- When is the client at their best?
- When is the family member at their best?
- Is there enough time?
- Is everyone sober?

Communication

- Be brief
- Be positive
- Be specific and clear
- Label your feelings
- Offer an understanding statement
- Accept partial responsibility
- Offer to help

Communication

- **Role play, role play, role play**
- What is the CSO's goal?
- Prepare for multiple outcomes
- Practice with a trusted person



Positive Reinforcement

- How can CSO foster behaviors that serve a similar purpose to substance use?
- Use rewards to increase the likelihood of IP repeating a healthy behavior
- What would you like your loved one to do?
- What is rewarding to them?
- Review challenges
- Role play



Natural Consequences



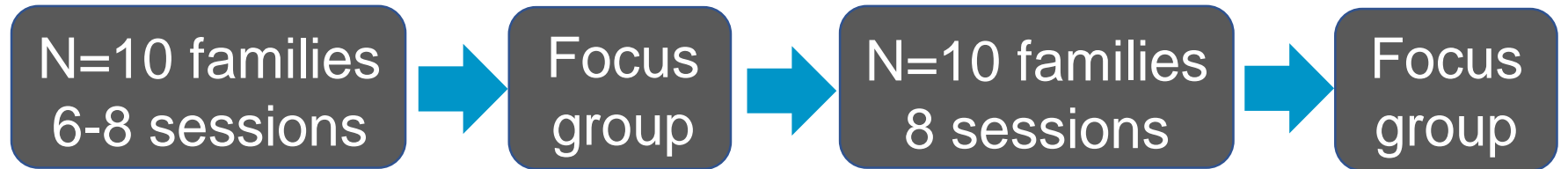
Allowing for Natural Consequences

- Has CSO ever unintentionally made it easier for IP to use?
- CSOs do what they think is best in the moment
- Help CSO to step back and shift responsibility to IP and empower them to make their own choices
- Focus on what CSO can control
- Is it safe to allow the consequence?
- Role play





CRAFT for Early Psychosis (CRAFT-EP)



FEASIBILITY

- **100%** session attendance
- **95%** completed 8 sessions
- **21%** technical difficulties

ACCEPTABILITY

- **100%** would recommend
- **77%** excellent satisfaction
- **50%** hybrid preference
- **45%** virtual preference

Family Feedback

- Most helpful: 55% communication
- 71% offer program before/during hospitalization
- 100% want other family members involved



Focus Group Feedback

“Having a child with a mental health issue and a substance abuse issue...I kind of felt **powerless**.”

“I didn’t know the extent of her substance use. I was worried about it that it could be contributing to her mental illness.”

“I know he’s not ready to stop using substances...so I needed a skill set to...figure out what I am supposed to do in the meantime and how to handle that.”

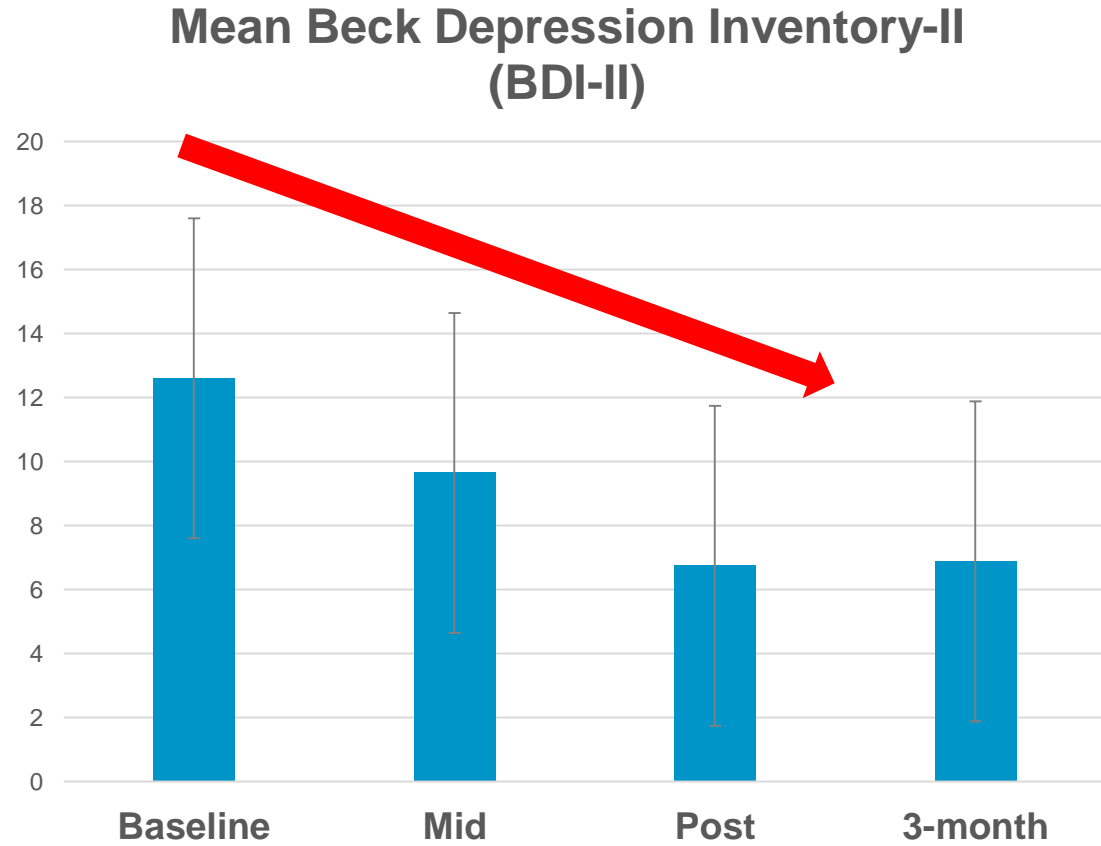
Focus Group Feedback

“It made me reassess how I say things...I didn't really think about that before.”

“Less is more, and I learned that. And I think really that was probably the most important thing I took away.”

“I wanted to learn more about what is effective, what does work, how to look at it differently, especially how to **communicate** without using threats or ultimatums or just negative thinking. I was hoping to learn how to communicate all of that better, and I feel like I did.”

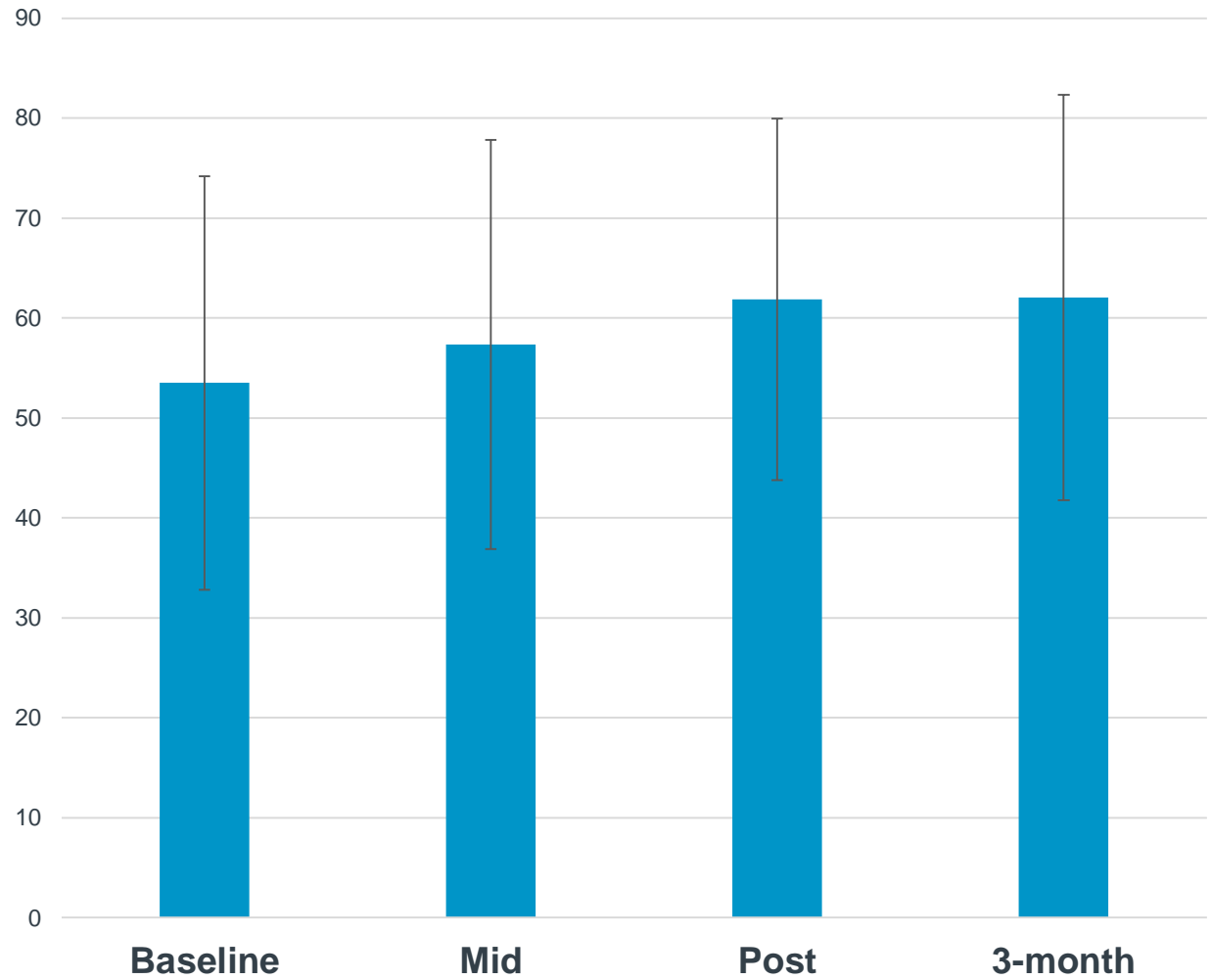
Depression



- BDI-II baseline to post estimated mean change -5.85 [95% CI -8.9, -2.7]; $d = 0.87$

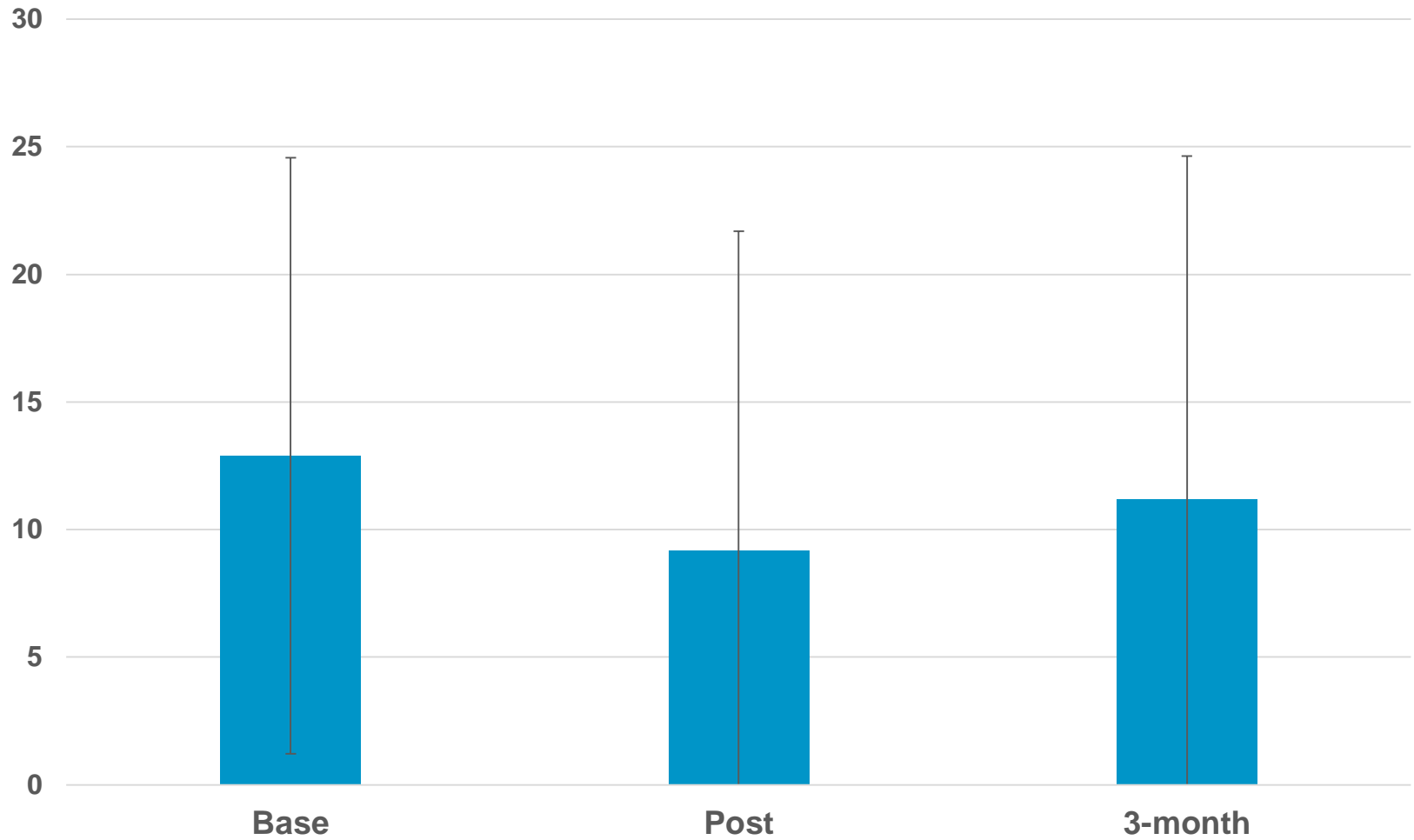
Relationship Happiness

CSO Average Relationship Happiness

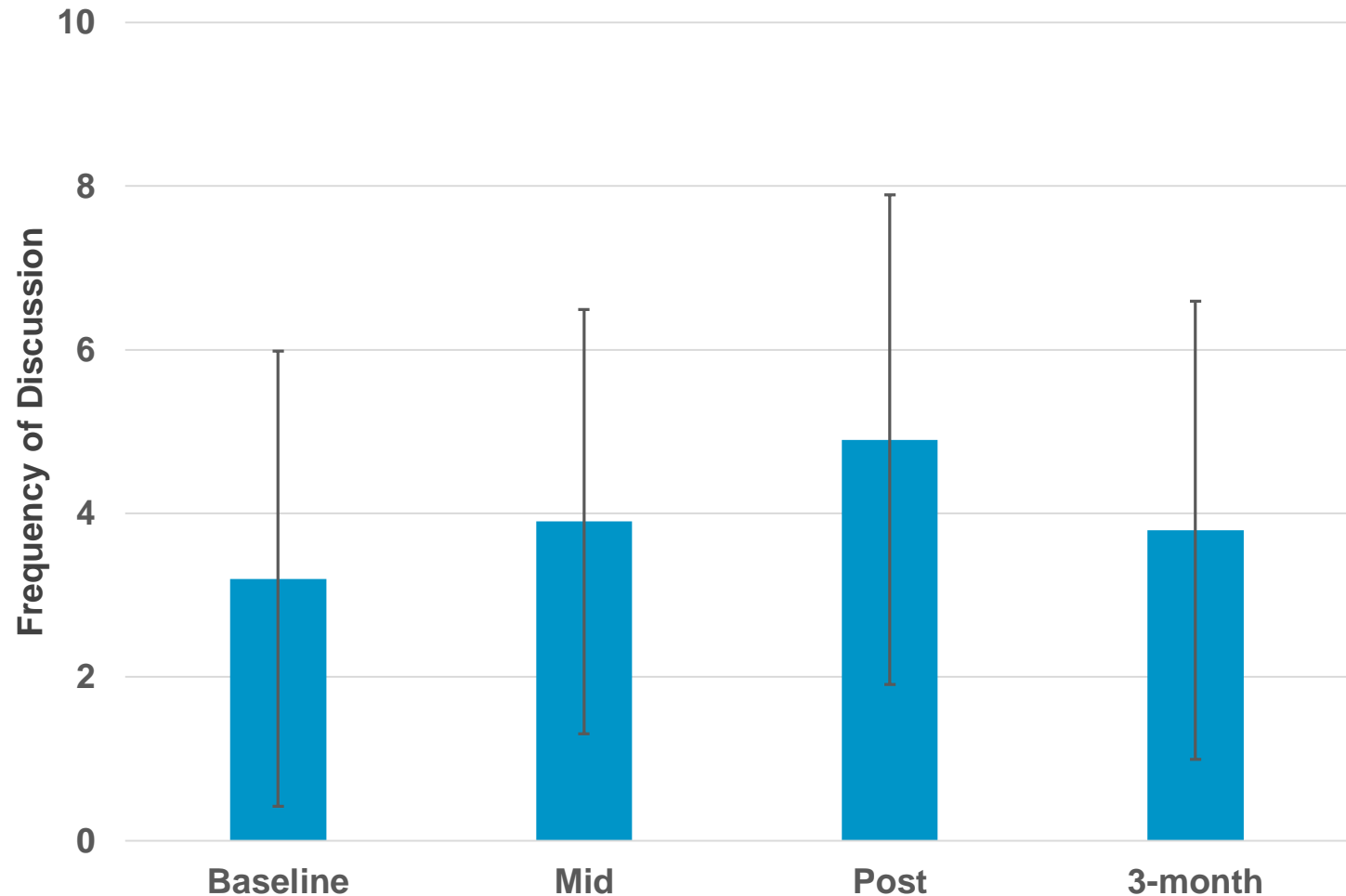


- Relationship Happiness baseline to post estimated mean change 8.4 [95% CI 0.1, 16.8]; $d = 0.5$

Perceptions of Client 30-Day Substance Use



CSO Perception of How Frequently IP Discusses Substance Use in Treatment



Conclusions

CRAFT for Early Psychosis is

- Feasible ✓
- Acceptable ✓
- Easily delivered via telehealth ✓
- Improves family wellbeing ✓

“This is the single most helpful thing I’ve done.”



CASE EXAMPLE

Case Example

- IP diagnosis: Bipolar disorder with psychotic features; 22yo male
- CSO concern: Cannabis increasing risk for psychosis
- Challenges:
 - CSOs providing access to cannabis
 - IP threats to leave, destroy property
 - CSO self-blame for mental illness and substance use
 - Disagreements between CSOs
- Strengths:
 - IP expressing interest in independent living, helping at home
 - History of close relationship with CSO
 - History of therapy and psychiatric medication

Case Example

- Older CSO strategies:
 - Saying no to cannabis and then providing cannabis
 - Threatening that IP will need to move out

Question

- The family member does not know what to do the next time their son asks for a ride to and money for the dispensary. They are concerned that he will get upset again.
- **What new strategies would you recommend that the family member try?**

Case Example

- Older CSO strategies:
 - Saying no to cannabis and then providing cannabis
 - Threatening that IP will need to move out
- Newer CSO strategies:
 - Practicing positive communication skills with CSO/IP
 - Providing intentional positive reinforcement to IP
 - Allowing for natural consequences
 - Inviting IP to learn more about cannabis and psychosis

Case Example

- Signs of change:
 - IP reducing frequency of dispensary trips
 - IP discussing therapy and medications with CSO
 - CSO allowing IP to find alternate transportation/\$
 - CSO's spouse decreasing driving IP to dispensary
 - IP reducing cannabis use
 - IP open to spending time with CSO again
 - UPDATE: IP no substance use for 2 weeks!

Families with Substance Use and Psychosis: A Pilot Study

Schizophrenia and Bipolar Disorder Program at McLean Hospital

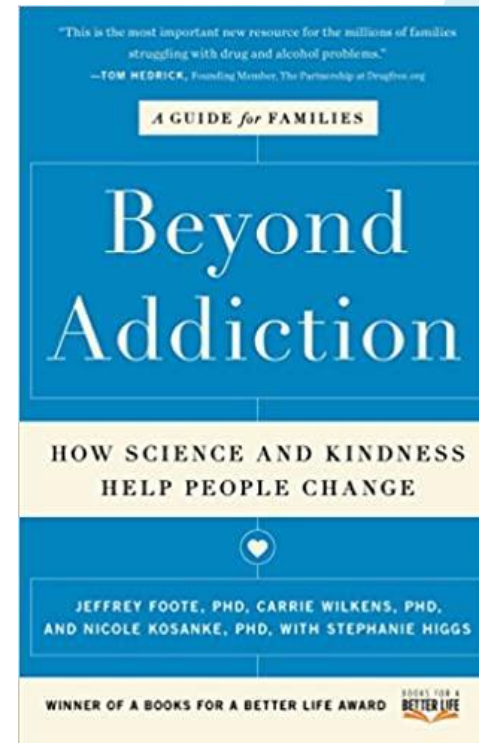
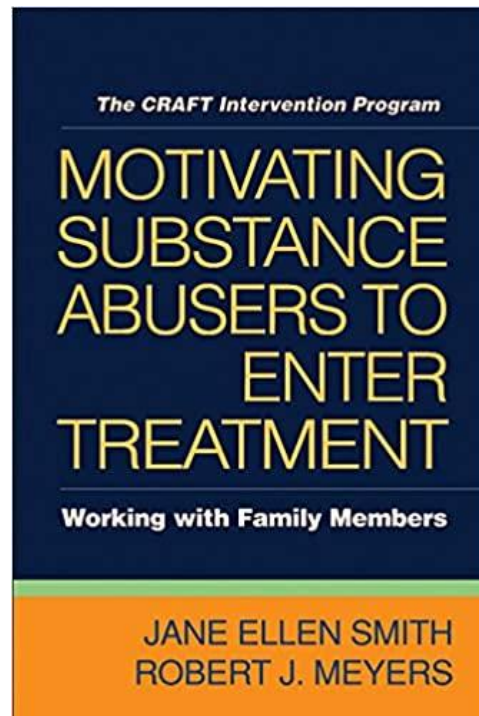
The purpose of this study is to develop and evaluate an intervention that adapts Community Reinforcement and Family Training (CRAFT) for families experiencing early psychosis and substance use delivered via telemedicine. The intervention aims to improve how families can support a loved one's recovery goals by improving communication, treatment engagement, and overall wellbeing. If after reviewing the details below you think you may be eligible to participate, please fill out the survey link below:

[Open Survey](#)



mapnet.online/research

Resources





Treatment & Recovery

Tools to Address Your Child's Substance use



Lecturing your child on why they should stop using substances often falls on deaf ears. Trying to yell and punish them may work in the short term but likely won't have a lasting impact. Others may tell you that you have to let your child figure it out and that they will accept help only "when they want it," usually after a pile of consequences have occurred.

But there's another way.

On This Page

- 1 [What is Community Reinforcement and Family Training?](#)
- 2 [How can it help me and my child move forward?](#)

Acknowledgments



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THANK YOU

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