

Substance Use Curriculum for First Episode Psychosis

Susan Gingerich, MSW
NAVIGATE Training Coordinator
gingsusan@yahoo.com



Objectives

- Describe the fundamentals of addressing substance use in First Episode Psychosis (FEP)
- Identify the benefits of using curriculum in providing education about substance use to individuals with FEP and their family members
- Describe an example of the NAVIGATE curriculum on substance use
- Highlight how each team member on Coordinated Specialty Care (CSC) Teams should reinforce the same messages about substance use

Treatment for Substance Use in FEP

- Research is still being done to study substance use and treatment models for individuals with FEP
- A strong evidence base for effective interventions has not yet been established
- We have learned a great deal through practical clinical experience, however.
- One important tool for clinicians to use is educational materials to teach individuals and families about substance use and its effects on psychosis and on their ability to achieve their goals in life.

Fundamentals of Addressing the Issue

- Substance use should be a routine part of assessment in CSC teams
- The team should provide basic education about substance use to all individuals and their family members
- For those who have substance use problems, provide more comprehensive education and a safe environment for them to talk about it
- Provide a platform that supports the person quitting or cutting down
- KEEP THE SUBJECT ON THE TABLE

The Role of Curriculum in Providing Education

- Provides an opportunity to talk about substance use in a non-blaming and non-judgmental way
- Gives clear message that the treatment program recommends quitting or at least significantly reducing
- Connects the role of substance use as a barrier to individuals achieving their personal goals

How Curriculum is Used in Individual Resiliency Training (IRT) in NAVIGATE

- IRT is divided into 14 modules
- Individual format
- “Client Handouts” summarize the information for the individuals
- “Clinical Guidelines” provide suggestions to clinicians for teaching the module, emphasizing interactive discussion, role play practice, and home practice

Finding Modules in the IRT Manual (available at www.navigateconsultants.org)

1. Orientation
2. Assessment, identifying strengths, goal-setting
3. Education about psychosis
4. Relapse Prevention Planning
5. Processing the Episode
6. Resiliency
7. Building a Bridge to Your Goals
8. Dealing with Negative Feelings
9. Coping with Symptoms
10. Substance Use
11. Having Fun and Developing Relationships
12. Making Choices about Smoking
13. Nutrition and Exercise
14. Building Additional Resiliency

Content of IRT Substance Use Module

1. Basic Facts About Alcohol and Drugs (including common reasons for using)
2. Substance Use and Psychosis
3. Weighing the Pros and Cons of Substance Use
4. Getting Support for Quitting
5. Resiliency and Overcoming Barriers to Quitting

Content of IRT Substance Use Module, cont'd

6. Dealing with Social Situations

7. Coping with Triggers, Part 1: Environmental Cues and Boredom

8. Coping with Triggers, Part 2: Dealing with Cravings

9. Coping with Triggers, part 3: Negative Feelings, Symptoms and Sleep Problems

10. Developing a Relapse Prevention Plan for Substance Abuse

11. Wrapping up and Looking to the Future

Changes in How IRT Substance Use Module is Being Taught in IRT

- Substance Use was originally an “optional” module in IRT
- RAISE research showed that there was not sufficient uptake of these modules when they were viewed as optional
- IRT clinicians are now being trained to provide the first 3 topics of the Substance Use module as part of “Education About Psychosis”
- For individuals who have significant substance use, clinicians are encouraged to do the whole Substance Use module

How Curriculum is Used in Family Education in NAVIGATE

- Family Education is divided into 9 modules
- Individual family format (clients are encouraged to attend family sessions)
- “Client Handouts” summarize the information for the family members
- “Clinical Guidelines” provide suggestions to clinicians for teaching the module, emphasizing discussion, role play practice, and home practice

Finding Modules in the Family Manual (available at www.navigateconsultants.org)

1. Understanding Psychosis
2. Medications for psychosis
3. Coping with Stress
4. Strategies to Build Resilience
5. Relapse Prevention Planning
6. Developing a Collaboration with Mental Health Professionals
7. Effective Communication
8. A Relative's Guide to Supporting Recovery
9. Basic Facts About Alcohol and Drugs

Changes in How Alcohol and Drugs Module is Taught in Family Education

1. "Basic Facts about Alcohol and Drugs" was originally an "optional" module in Family Education
2. Family Clinicians are now being taught to use it with all families

Substance Use is Addressed in Each Intervention in NAVIGATE

1. IRT (throughout)
2. Family Education
3. Prescriber
4. Peer specialists
5. Supported Employment and Education
6. Case Management

In Addition to Substance Use Module, IRT Modules Help Individuals Develop Skills and Opportunities to Get Their Needs Met and their Goals Achieved and to Lead a Rewarding Life Without Substances

For Example:

- Strengths assessment and goal-setting
- Processing the Episode
- Developing Resiliency
- Dealing with Negative Feelings (cognitive re-structuring)
- Coping with Symptoms
- Having Fun and Developing Relationships

Keeping the Big Picture In Sight

- CSC can improve individuals' lives in a broad range of areas, such as interpersonal relationships, work, school, and symptoms of depression and psychosis, even when substance use continues to be a problem
- The overall aim of CSC program is helping people achieve goals and improve the quality of their lives
- This does not absolutely require the person to stop using substances (although it would be preferable if they would and we want to be consistent in that message)

The Big Picture, cont'd

- Therefore we need to continue to work on improving functioning and goal achievement even if the individuals are not ready to change their cannabis use
- There is no need to “wait around” for individuals to be in the “action phase” of changing cannabis use
- There are lots of ways can help move individuals forward in their lives and at the same time make progress in their thinking about cannabis and in their behavior around cannabis use