

Treating Substance Use in Early Intervention

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Learning Objectives

- 1. How to bring the spirit of MI to substance use discussions
- 2. How to increase internal motivation to change

Substance Use and Psychosis

- lifetime use as high as 60% versus approximately 16% in the general population.
- Over half of first episode clients present with SUD
- The odds of having a SUD diagnosis are 4.6 times higher among patients with schizophrenia compared to the general population

Addington et al., 2004; Addington et al., 2007; Barnes et al, 2006; Swartz et al., 2006; Tsuang et al., 2006.



Impact on Psychiatric Outcome

- ❑ exacerbation of psychotic and depressive symptoms
- ❑ increased suicide attempts
- ❑ more frequent hospitalizations
- ❑ poorer functional outcomes
- ❑ overall poorer illness prognosis
- ❑ Eight times more likely to be noncompliant with their medication

Tsuang et al, 2006, Barrowclough et al., 2010; Donoghue & Doodey, 2102; Harrison et al., 2008; Dickerson et al., 2007; Wade et al., 2006, Wilk, 2006.



Criteria for Substance Use Disorders

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria :

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Criteria for Substance-Induced Psychosis

- A. Prominent hallucinations or delusions. Note: Do not include hallucinations if the person has insight that they are substance induced.
- B. There is evidence from the history, physical examination, or laboratory findings of either (1) or (2):
(1) the symptoms in Criterion A developed during, or within a month of Substance Intoxication or Withdrawal
(2) medication use is etiologically related to the disturbance
- C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance induced might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication, or are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related episodes).
- D. The disturbance does not occur exclusively during the course of a delirium. Note: This diagnosis should be made instead of a diagnosis of Substance Intoxication or Substance Withdrawal only when the symptoms are in excess of those usually associated with the intoxication or withdrawal syndrome and when the symptoms are sufficiently severe to warrant independent clinical attention.



Integrated Treatment

- ❑ Specific treatment strategies or therapeutic techniques in which interventions for both disorders are combined
- ❑ The client participates in one program that provides treatment for both disorders.
- ❑ The client's mental and substance use disorders are treated by the same clinicians.
- ❑ The clinicians are trained in treatment strategies for both mental and substance use disorders.
- ❑ Better treatment retention and outcome when mental health services are integrated onsite

Utilizing motivational interviewing (MI) in integrated treatment

“ A person-centered counseling style for addressing the common problem of ambivalence about change”

(Miller & Rollnick, 2013)

MI is fundamentally a ‘way of being’ with clients and does not force change

(Miller & Rollnick, 2009; Westra, 2012)

- Predicated on the importance of:
 - Empathic counseling style
 - Skill to elicit and enhance a client’s own arguments/reasons for change & commitment to it (client as expert)
 - Ambivalence is a normal and expected response

The righting reflex

“The human tendency to correct things that are perceived as wrong” (Rollnick et al, 2008)

- This tendency often leads to premature problem solving and advice-giving, creating a barrier to the client’s active involvement
- Pushing predicts pushback

Common Client Reactions to the Righting Reflex

- Angry, agitated
- Oppositional
- Discounting
- Defensive
- Justifying
- Not understood
- Not heard
- Procrastinate
- Afraid
- Helpless, overwhelmed
- Ashamed
- Trapped
- Disengaged
- Not come back – avoid
- Uncomfortable

MI Spirit



MI spirit

Dos

- Support autonomy
- Guide
- Evoke client motivation
- Convey warmth & acceptance
- Listen and reflect
- Grounded optimism & hope
- Collaborate around goals & tasks

Don'ts

- Take control or responsibility
- Prescribe
- Focus on tasks over connecting
- Emphasize external pressures to change
- Convince or interpret
- Assume to have all the answers, if only...

MI within mental illness

- MI as adjunct to action-oriented txs (Westra et al., 2016)
- 200 randomized clinical trials; +1200 publications on MI (Miller & Rollnick, 2013)
- Improved *process* and *treatment* outcomes
 - Alliance, resistance, change talk, treatment expectations (e.g., Constantino et al., 2017; Hara et al., 2015; Mamedova, 2019; Sijercic et al., 2016)
 - Anxiety & interpersonal problems (e.g., Westra, 2012; Gomez et al., 2017)
- Increasing client **agency** as one hypothesized mechanism of change (e.g., Button et al., 2018; Westra et al., 2016)



MI within Early Intervention

The SCEI CD Service

- What it is?
- What the data says
- What the clients say



MI Skills

□ Training options?



THANK YOU
