



SUD Treatment Community of Practice

December 6, 2019

Psychosis and Co-Occurring Disorders: Strategies for SUD Treatment Providers

Questions and Answers

Q1. How do you help children who have expressed a desire to stop using marijuana but who smoke marijuana with their parents as a way to connect with them?

A1. The current legality questions related to marijuana makes this a more potent issue because it affects the perception of harm. However, marijuana is still illegal recreationally in NH and illegal for all persons under 21.

Education with parents and children should clearly explain the link between marijuana, mood disturbances, and negative behaviors. Parents sometimes think that the marijuana helps children with anxiety and sleep. Education is key, but a major challenge.

Both the participant's and family's stages of change is important. The clinician should assess the stage of change of both parties and then offer interventions that address where both the participant and family are.

Q2. Do you think it is appropriate to complete concurrent documentation when you are in the room working with a client?

A2. If it is what your organization requires, then please do so. Clinicians can also consider providing feedback to their organizational leadership on the challenges it provides. Be sure to discuss with the client about how it is required and how it can be done in a way to make them comfortable. A participant shared that there is some research that taking notes with the patient's acknowledgement can be empowering but how this is presented to the client is important and could be presented as "collaborative documentation". Ways of presenting this to the client may include "I'm going to be taking notes, but if at any point you want to look at them, please let me know and I'll show you." You can also ask the client "Do you agree? Am I recording this properly?" to make the process more collaborative.

Q3. What does VCVC stand for?

A3. Validation, Curiosity, Vulnerability, and Collaboration.

Q4. How much should a clinician push back on perception and potential delusions and how much do you validate?

A4. A clinician should validate the client's reaction without validating what you think may be a delusion. For example, "That must have felt very irritating, that must have felt stressful." A clinician will also want to find out how the voices or delusions affect the client. Talk to the client about how to modify their reaction, not what they think they experienced.

Q5. What are some tools clinicians can use to encourage clients to be more comfortable sharing around their substance use?

A5. Let them know that the door is open and emphasize that therapy is meant to be therapeutic not punitive. Ask clients what they want to get out of their time with you, especially in situations where it is court ordered. Validate the fact that they are there and are uncomfortable.

Other Resources:

Presenter encouraged participants to learn more about Hearing Voices, a national support group organization for people who experience hearing voices or other unusual and extreme experiences. <https://www.hearingvoicesusa.org/>