

SUBSTANCE USE DISORDER TREATMENT COMMUNITY OF PRACTICE

PSYCHOSIS AND CO-OCCURRING DISORDERS: STRATEGIES FOR SUD TREATMENT PROVIDERS

Friday, December 6, 2019
9:00AM-12:00PM



WELCOME

Agenda

9:00 – 9:05	Welcome and Introductions
9:05 – 10:35	Psychosis and Co-Occurring Disorders: Strategies for SUD Treatment Providers
10:35 – 10:50	Break
10:50 – 11:55	Role Play Activity
11:55 – 12:00	Wrap Up and Evaluations

What is a Community of Practice (CoP)?

- A Community of Practice (CoP) refers to a group of people who share a common interest, passion or a concern for something they do and who interact regularly to learn how to do it better. *(Wenger, 2006)*
- A CoP is a group that is created with the goal of gaining knowledge and sharing information and experiences related to a specific topic.

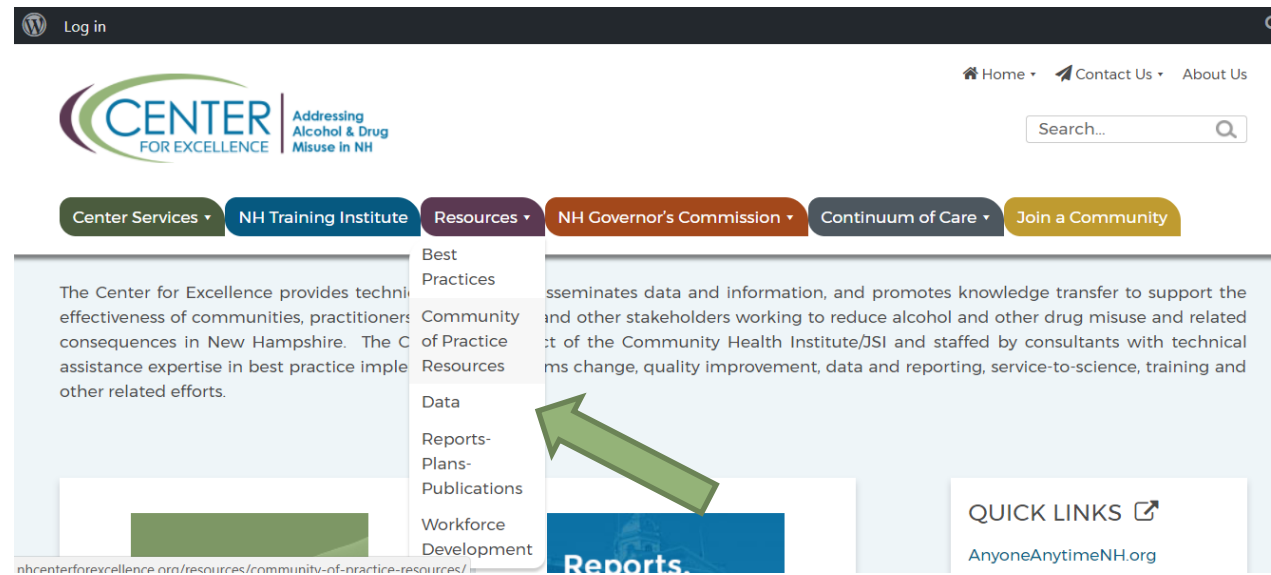
Purpose of Treatment CoP

To bring together SUD treatment organizations, private clinicians and other providers to gain knowledge and share information and experiences.



Resources & Tools

All materials will be posted on the NH Center for Excellence website.
<http://nhcenterforexcellence.org/resources/community-of-practice-resources/>



SUD Treatment Google Group

To join the email-based Google group, email Adelaide Murray at Adelaide_murray@jsi.com

To share resources and join discussions, email: TxCoP@googlegroups.com.

Technical Assistance

Technical Assistance is available!

<http://nhcenterforexcellence.org/center-services/request-ta/>

The screenshot shows the website's navigation bar with the following items: Home, Contact Us, About Us, and a search bar. The main navigation menu includes: Center Services, NH Training Institute, Resources, NH Governor's Commission, Continuum of Care, and Join a Community. The 'Center Services' dropdown menu is open, showing 'Request Technical Assistance' as the selected option, indicated by a green arrow. Below the dropdown, there is a 'QUICK LINKS' section with a link to 'AnyoneAnytimeNH.org'.



SUD Treatment Community of Practice

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

Cody Gilchrist, MS, LCMHC

WELLNESS

FAMILY

RECOVERY

EMPOWERMENT

SOBRIETY

SUPPORT

MOTIVATION

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

Meeting Description

- The differences between schizophrenia, schizoaffective disorder, and other thought disorders
- Psychoeducation on how substances and stress can induce psychosis
- Assessments utilized to assess psychosis among patients
- When it is appropriate to refer to psychiatry to support
- Treatment planning for individuals with psychosis

Meeting Objectives

- Differentiate between schizophrenia, schizoaffective disorders, and other thought disorders
- Name assessments utilized to assess psychosis among patients
- Describe strategies for treatment planning for a patient experiencing psychosis
- Analyze assessment and treatment planning strategies through observation of a role play activity

Schizophrenia F20.9

- Two or more of the following: Delusions, Hallucinations, Disorganized Speech, Disorganized or Catatonic Behaviors, Negative Symptoms
- At least one month
- Level of functioning
- Continuous Signs of the disturbance persists for at least 6 months
- Rule outs

Schizoaffective Disorder F25.9

- An uninterrupted period of illness during which there is a major mood episode concurrent with Criterion A of Schizophrenia
- Delusions or Hallucinations for 2 or more weeks in the absence of a major mood episode during the lifetime of the illness
- Symptoms meet criteria for a major mood episode (Major Depression or Manic)
- The disturbance is not attributed to the effects of a substance or another medical condition

Substance/Medication-Induced Psychotic Disorder F10.159, F10.259, F10.959

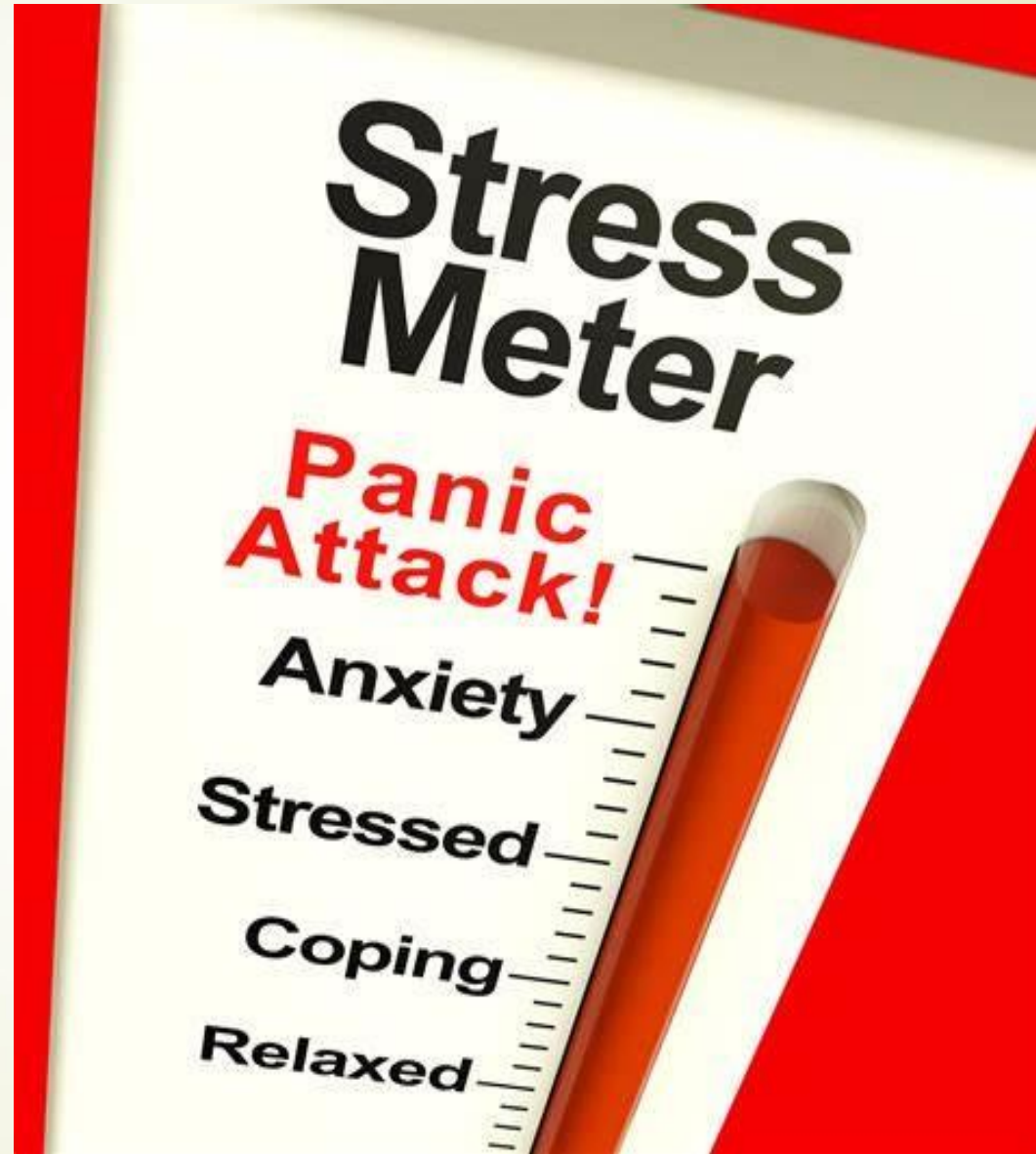
- Presence of one or both of the following: Delusions or Hallucinations
- There is evidence of both: Criteria A developed during or soon after substance intoxication or withdrawal or after exposure to a medication. The involved substance/medication is capable of producing the symptoms in Criteria A
- The disturbance is not better explained by a psychotic disorder that is not substance/medication induced
- Does not occur specifically with a Delirium
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

Substance/Medication-Induced Psychotic Disorder

- Alcohol
- Cannabis
- Phencyclidine
- Hallucinogen
- Sedative, hypnotic, or anxiolytic
- Amphetamine (or other stimulant)
- Cocaine
- Other (or unknown) substance
- With/Without Use disorder

What causes Psychosis

- Substance Use
- Stress
- Trauma
- Sleep



Assessments Utilized



Three assessment strategies:

1.) Be curious

2.) Never Assume

3.) Validate Experience

Collaboration with Providers, Family and the Participant

- Team Work
- Medication History/List
- Collateral information
- Safety

Clinical Interview

What To Do

- Establish Rapport
- Life Events Checklist
- Mental Status Examination
- Psychoeducation
- Identify Stages of Change

How To Do It

- Motivational Interviewing
- Curiosity
- Validation
- Take breaks if needed
- Compare information to previous reports if applicable

Assessments Utilized

- Strengths, Needs, Abilities and Preferences (SNAP)
- Patient Health Questionnaire 9 (PHQ-9)
- Mental Status Examination (MSE)
- Generalized Anxiety Scale (GAD-7)
- ASC-C (Approaches to Schizophrenia)
- CARS-M (Mania)
- CIWA – A
- Socrates Mental Health and Substance Use Assessment
- Substance Use History (Self-Report)

Strategies for Treatment

- Participant and Family Compass
- Wellness Recovery Action Planning (WRAP)
- Personal Achievement Agenda (PAA)
- Individual Psychotherapy (Symptom Management, CBT, Substance Use Counseling)
- Group Psychotherapy (CBT, Mindfulness, Illness Management & Recovery, Art/Music Therapy)

Strategies for Treatment

- Exercise, Diet, Hydration, Sleep, Medication Management/Stabilization
- Psychoeducation
- Family Education and Support
- Safety Planning
- Connection to self-help support groups and other community resources
- Hospitalization, Residential Treatment, Outpatient

Questions and Answers

Cody Gilchrist, MS, LCMHC

Cgilchrist@Westbridge.org



Dual diagnosis is our sole focus

References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
- Westbridge Publications
- Amador, X. F. (2012). I am not sick, I dont need help!: how to help someone with mental illness accept treatment. New York: Vida Press

WELLNESS

FAMILY

RECOVERY

EMPOWERMENT

SOBRIETY

SUPPORT

MOTIVATION

TIME FOR A BREAK!

ROLE-PLAY ACTIVITY

Upcoming 2020 Meetings

Meetings will be held from 9:00 AM – 12:00 PM in the Concord area on the following Fridays:

March 6

June 5

September 4

December 4

Please save the date!

Paul Kiernan, LADC
Paul_Kiernan@jsi.com

Rekha Sreedhara, MPH
rsreedhara@jsi.com

Adelaide Murray, BS
amurray@jsi.com

Melissa Schoemmell, MPH
mschoemmell@jsi.com

Jaime Powers, MS
Jaime.powers@dhhs.nh.gov

