



WINTER 2002
Issue No. 4

Psychosis and Substance Use - An Ongoing Challenge

In this issue the focus of our treatment team Q&A is on substance use. Research indicates that first episode psychosis is often accompanied by the regular use of alcohol and/or drugs, particularly marijuana. It is difficult to know which comes first – the psychosis or the substance use? Regardless of the answer to this question, substance use remains an issue that many families face along with psychosis.

We are fortunate to be able to draw on the knowledge and experience of Dr. Jean Addington, Manager of the Calgary Early Psychosis Treatment and Prevention Program, for guidance on some of these issues.

Something is Happening in May!

PEPP (London, Ontario) is hosting a one-day conference with a number of international experts. There are two prominent speakers dealing with the issue of substance use. PEPP offers a special rate for families and students! "Facing the Challenges of Early Intervention in Psychosis"
May 17, 2002
Contact: Marian Ionata (519) 667-6840

We're Online!

Issues of "Family to Family" are available (English and French) to download on the Canadian Mental Health Association's National web-site: www.cmha.ca (Early Psychosis Intervention Project Pages). Many thanks to CMHA National!

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Calgary, Alberta

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family to family

FOR FIRST-EPIISODE PSYCHOSIS FAMILIES

What's Happening in Calgary? Our interview with Dr. Jean Addington

In October 2001, at the CMHA/CAMH "Reclaiming Our Roots" Conference in Toronto, Brenda Wentzell (PEPP Parent Support Group) interviewed Dr. Jean Addington for "Family to Family". Following is an excerpt from that interview.

BW: What supports are available for families at the Calgary clinic?

JA: Families have contact with the case manager, the psychiatrist and their own family worker. We have two individuals who are dedicated to working with families. We wanted someone to see the situation through the family's eyes.

As soon as a new client has been seen in the clinic by the psychiatrist, the family worker becomes involved. We ask clients whether they object, but very rarely does anyone refuse to have their family involved. We probably have 75% of families involved with the program. Most of those who are not involved tend to live outside of Calgary and so can't attend for geographic reasons.

BW: What is the role of the family worker?

JA: We make it very clear that our family workers are not family therapists, because often people think that if they are going to see a therapist, this means there is something wrong with them. Our family workers are really there for information and support. So, I tell families that we have somebody who'll meet with them, and they can spend as much or as little time with the family worker as they want. They can ask the same questions over and over again.

The family workers also work with whoever is close to the person and part of the support system...sometimes it's grandparents, or it could be a roommate...we try to meet with everybody

involved at some point. The family workers go out and visit people in their homes. They try to do that at least once. There are some families who always get seen at home, just because it's too hard for them to come in.

BW: Do the family workers see families individually or in groups?

JA: The initial focus is on individual families. They address immediate problems first, determining what the family already knows, and what they need to know. The client is always invited to attend these meetings and they tend to come about half the time. Families meet with their family worker about six times during the first year, and less after that, based on their own needs.

After they've had time to get over the initial stress and have more information, we offer a multi-family group. We see families as being more helpful to each other then, more than the therapist or group leader. I think people are more able to help each other when they have the same basic knowledge and they're not immediately stressed and in high states of anxiety. It tends to be a short-term group of about six sessions, but families can always come again if they like.

BW: Overall, how do you feel the Calgary first-episode families are doing?

JA: What we see is that the family's sense of psychological well-being, i.e., their feelings of stress, anxiety and depression, seems to worsen up to the three month mark, and then it starts to improve. Families gain information and insights that can help them to cope and feel like active participants in the treatment and recovery process.

Ask the **TREATMENT TEAM**

Q *What is the current state of understanding regarding the relationship between psychosis and substance use?*

A The prevalence of drug and alcohol use and misuse is high among individuals newly diagnosed with a psychotic disorder. First of all, substance use may precede the onset of the illness. Certain drugs, such as stimulants, can precipitate onset earlier than might otherwise occur in those who are at risk for psychotic disorders. Secondly, substance abuse may follow the onset of the illness and may possibly be an attempt by the person to alleviate certain symptoms. Additionally, cannabis (marijuana) abuse has been associated with earlier psychotic relapses in young people recovering from a first episode of psychosis.

▶ It is often believed that the so called “hard drugs” are a bigger problem than the use of cannabis. Certainly, narcotic drugs such as heroin and stimulants such as cocaine or “crack” and ecstasy are serious problems, as these drugs are dangerous for anyone and can be exceptionally harmful for an individual with a psychotic illness. Hallucinogens are also problematic, particularly since they can mimic psychosis in those without any underlying vulnerability to psychosis.

▶ However, cannabis can create serious problems for the individual who is vulnerable to psychosis and should on no account be dismissed as harmless, particularly when it is so widely used. The use of cannabis can lead to poor motivation as well as destabilizing the mental state. Other negative effects include the considerable stress caused by the financial demands of using drugs. The end result is that the young person can not achieve a stable mental state nor maintain the supportive environment necessary to achieve change.

▶ Alcohol too creates problems – sometimes different ones. It can compound the sedating effects of antipsychotics, it increases depression, a major problem for those in the early stages of schizophrenia and it can increase difficulty in trying to organize one’s lifestyle.

▶ Clearly, substance use interferes with the lives of these young people. There is no doubt about the havoc that serious abuse and dependence can cause. Recent work has suggested that substance use may have more profound effects on the course of psychotic illnesses than was previously thought. Although many young people may

be users and do not see themselves as misusing or even abusing drugs, these substances are still a problem. It is important to realize that, for the individual who may be biologically predisposed to develop psychosis, substance use can have an impact that is quite different from the effects in individuals who do not have this biological vulnerability.

Q *What coping skills and/or strategies are recommended for our young people who find themselves in social settings where their peers are consuming alcohol and/or drugs?*

A Young people need to be aware of the possible interactions between mind-altering substances and psychosis. They need to commit themselves to reduce or abstain from substance use and to also recognize that this is not going to be easy. It will be important to be aware of barriers to achieving this. This is exceptionally hard when they find themselves in social settings where their peers are using drugs and alcohol.

▶ Essentially, in such situations there are two options. The first is to abstain in the company of their friends. It is important to decide if this is going to be possible. It may be that they have the kind of friends who understand their dilemma and will help by either not using in their presence, finding other activities that do not involve using drugs or helping them abstain when drugs are being used. Alternatively, it may be that the young person has to make the decision to limit time with friends to non-drug using activities. The second option is not to hang around with these friends if their main activities together are using drugs or drinking.

▶ However, what is important is that before young people give up their current social circles, alternatives must be found and put in place. New friendships, associations or activities need to be developed before the young person can limit current associations.

▶ Help and support to make these changes may need to be sought from professionals within the treatment program or wider community. Above all, these young people need to learn that curtailing substance use is vital for their recovery and ultimate well-being.

Substance Use Q&A

Q For a large number of families, substance use remains a serious issue. What strategies would you recommend for families and caregivers who are dealing with this problem?

A Families and caregivers first have to look at their own use. Is there anything they could do to either set an example or to help the family member limit their use? It may be that certain changes have to occur within the home or perhaps families may have to seek help themselves. Secondly, the attitude that has to be conveyed is not one of disapproval but one of concern. The important message to convey is not condemnation or disapproval of drug use – that is irrelevant – but rather one of concern about use because of the illness. The message is that street drugs are harmful to an individual with a psychotic illness.

The family can play an important role in supporting a commitment to change. This includes supporting lifestyle changes that would move from associating with substance – using peers to developing more appropriate friendships. However, if the drug use is more serious and not only clearly impacts on the psychosis but on all aspects of living, then perhaps professional guidance is needed. Families have to be clear about their rules and expectations for the young person in terms of substance use and the unacceptable behaviour that may be connected to it.

It may be that families need information about the problems of substance use and psychosis to help the family member who has a psychotic illness. They need to find out what help is available within the treatment program, or else in the community at large.

The Early Psychosis Treatment and Prevention Program

Foothills Hospital, Calgary, Alberta

The Early Psychosis Treatment and Prevention Program began in December 1996 and serves a population of 930,000. Referrals come from psychiatry inpatient units, family physicians, community and outpatient psychiatry, emergency rooms, schools, families and self-referrals. The program offers five areas of treatment: case management, psychiatric management, cognitive-behaviour therapy, group therapy and family interventions.

All clients have their own case manager, throughout their three years in the program. The case manager offers clients education and supportive therapy. The case manager is also responsible for coordinating all hospital and community services, as well as helping the client access these services.

Clients see the same psychiatrist for the duration of the program. All are started on very low doses of second-generation antipsychotic medications: when necessary, the dose may be increased slowly.

Cognitive-behaviour therapy (CBT) is offered on an individual basis through two different models. Both include psychoeducation about the illness, treatment and outcomes. Group therapies include:

The “Psychosis Education Group”

Focuses on education about the illness, medications, treatment strategies and relapse prevention.

The “Recovery Group”

Helps individuals deal with issues that may hinder or promote their recovery.

The “Good Health Modules Group”

Address such issues as smoking, nutrition and weight gain.

The “Substance Use Group”

This specialty group addresses substance use.

Through the family intervention component, families are actively involved with the program. At the end of three years, individuals are referred to other agencies or to the care of their family physicians.

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Greetings from Laing House and its Family Support Group

Hello! The Family Support Group of Laing House extends greetings from the East Coast!

Laing House is a community support day centre for young adults, ages 17-24, who are living with psychosis or mood disorders. Launched with private funding, it opened early in 2001 in a Victorian house in downtown Halifax. Laing House seeks to reduce the isolation experienced by these young adults, and to address their needs in relation to finding a place to live, returning to school, seeking employment, and reestablishing a peer group. More than one hundred young people have found their way to Laing House.

We start with a belief that young people have an array of talents and strengths which, when supported, point them towards recovery. They are invited to participate – as members of Laing House – in a welcoming, respectful and collaborative environment. Involvement is voluntary and referrals can come from the young person, a family member, community agency, or a mental health professional. To our knowledge, there is no similar facility in Canada.

Our Family Support Group evolved out of the need to reach out to the families of the young people attending Laing House. As an independent organization, we have an arms-length relationship with the formal mental health system.

In order to protect confidentiality, a careful process was undertaken to communicate the role of a family support group to each member of Laing House. That paved the way for members to give consent for family involvement, as well as providing contact information. The first meeting of the Family Support Group was held in May 2001, and we are well prepared for the spring of 2002.

At present, the group is being led by Laing House staff. Members of the group cited the multiple demands facing families as challenges that could undermine adopting a self led structure at this stage.

With an evolving mandate, the Family Support Group may choose to move beyond the primary focus of support and

education. For now, advocacy is being left to larger organizations, as this new group bonds and gains internal strength.

Under the direction of a planning committee, guest speakers have presented on psychosis, employment services and peer support, as well as housing and income assistance options available to the youth of Laing House.

In April, the Family Support Group is sponsoring a public discussion on issues of confidentiality and consent related to the mental health treatment of youth. We will round out the year with a session on stress management and a medication update.

For further information about Laing House and its Family Support Group, contact:

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RESOURCES

EPPIC Web-site:

www.eppic.org.au/resources

"Cannabis and Psychosis Fact Sheet"

"Cannabis and Psychosis: Information for Health and Welfare Professionals"

This booklet contains a "Further Reading" list of journal articles related to substance use and psychosis.

OF INTEREST

"Early Psychosis News" EPPIC, Australia

EPPIC's regular newsletter, "Early Psychosis News" is available at:

www.eppic.org.au/newsletter

Issue 12 highlights "Family Work in Early Psychosis". It's encouraging to read that family work is increasingly being seen as "core business" of mental health services.

Issue 13 features "Early Psychosis Programs in Regional and Rural Australia". This edition is of particular interest to those families living in rural Canada.

We would like to Hear From You!

We are very interested in your ideas, comments, stories and suggestions regarding what you would like to see here. So if you'd like to share with us please contact...

Family to Family

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This newsletter was compiled by Sharon Scott and Brenda Wentzell with the help from families across Canada.

This newsletter is intended as an additional source of information and support and does not replace the advice of your family's health care team. The views expressed in *Family to Family* are those of the writers.

Our resources are limited and we are looking for sites in each province to assist with distribution of this newsletter. If you are associated with an organization, agency or clinic that would find this newsletter useful for clients and could help by distributing a number of copies, please contact the Editor.

We also encourage everyone to photocopy and distribute this newsletter.

This issue of *Family to Family* has been produced through an unrestricted educational grant from Janssen-Ortho Inc. and the support of the Canadian Mental Health Association, National Office's Early Psychosis Intervention Project.

upcoming issues

- More Canadian clinical sites
- PEPP Peer Support Group
- A look at a Multi-Family Intervention Group
- Talking about stress