



National Alliance on Mental Illness

nami

Marin County

Cognitive Behavioral Therapy (CBT)

Informed Care for Serious Mental Health Conditions

Interactive Webinars

With Dr. Douglas Turkington, MD



Workshop topics:

Time: 9:00 – 11:00 am

- | | |
|--|----------------------------------|
| a) Principles of recovery | January 20 th , 2023 |
| b) Working with lack of insight | February 17 th , 2023 |
| c) Making sense of psychosis | March 17 th , 2023 |
| d) Managing challenging symptoms | April 21 st , 2023 |
| e) Talking about medicines | May 19 th , 2023 |
| f) Working with cannabis and substance abuse | July 7 th , 2023 |

PARTICIPANT GUIDELINES FOR CBT WORKSHOP

Dr. Douglas Turkington

July 7th, 2023

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the William Gorrill Swigert Fund



Working with cannabis and substance abuse

Doug Turkington, Psychiatrist, UK
Friday 7th July 2023



The enigmatic smile?

Barrowclough et al (2001)

- Using individual (CBT and MI), family therapy and group psychotherapy to reduce drug use before working with voices and delusions did not work. Need a **success experience** first.
- We need to take an **integrated approach** with **guided discovery** to reduce harmful substance use as well as dealing with other concerns.
- The client will often move from a pre-motivational position to an **increasingly motivated** position in terms of reduced substance use and then abstinence during therapy.
- **Families** should take the same approach.
- It is effective to treat comorbid severe mental disorder and substance/ alcohol abuse or dependence with MI, CBT and Family therapy with this integrated approach resulting in improved social functioning, reduced positive symptoms, and **an increase in the number of days abstinent from drugs or alcohol at 12 months.**

Working with cannabis and substance misuse

What is **normality** in terms of psychoactive substance use?

Alcohol, Nicotine, Vaping, Legal highs, Cannabinoids and **Psychosis**

MI and CBT techniques for urges, cravings, working with triggers and producing a sobriety plan.

Working with automatic thoughts, cognitive distortions and beliefs that **maintain** substance use

Working with **alcohol and hallucinogen related psychoses**

The future: **Psilocybin, DMT and Ketamine**

Question and answer

What is 'normality' in terms of psychoactive substance use?



Caffeine, Alcohol, Nicotine and Vaping



Direct effect, social reward, peer pressure, cultural factors



How easy it is for any of us to change our psychoactive substance use pattern?
Abuse and dependence in 16% (but 47% in the severe mental illness group)

Pros



- Increased alertness
- Prolonged focus
- Improved productivity
- Improved physical endurance
- Improved cognitive function
- Neuroprotective by reducing neuroinflammation
- In psychosis caffeine improves language fluency, cognitive speed, working memory and visual memory
- 60% lower risk of dementia

Pros and cons of caffeine use

(3-4 cups of Americano per day)

Cons

- Anxiety
- Insomnia
- Dehydration
- Restlessness
- Headache



Process

- First target is the main concern of the client as in all CBT
- Having achieved a success experience construct a formulation showing where the cannabis, alcohol, amphetamine etc. fits in (as a safety behavior)
- Explain the role of safety behaviors in maintaining psychosis.
- Use the example of worry or rumination.
- Elaborate the pros and cons of cannabis or other substance and strong coffee.
- As therapy proceeds, we collaboratively report on our use of excessive safety behaviors



Working with Loved ones with cannabis, alcohol or hallucinogen use

- Normalise... we all use something to change our mental state! (meditation, yoga, exercise, fresh air, tea, coffee, alcohol, cannabis and other substances)..explore why we all use different things and self-disclose.
- Consider the positive and negative aspects of any of the above approaches e.g. Dan ran every day and completed an average of 8 marathons each year. By age 30 he had chronic severe pain due to knee and hip arthritis and needed to use crutches and a wheelchair.
- Self-disclose and then set limits (ground rules). So, we are agreed that when we are going to have a chat, I won't have drunk too much strong coffee and you won't have used cannabis?



Does cannabis cause psychosis?

There would be a 30% reduction in the incidence of schizophrenia spectrum disorders (particularly in young men) if cannabis abuse could be eliminated...



Role play: Bob begins to help with Doug's cannabis use and paranoia

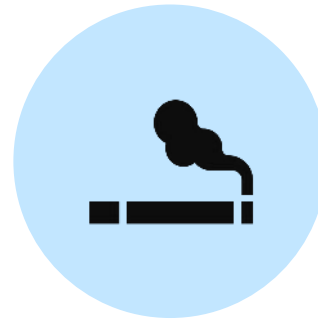
- Doug is very paranoid and believes that a local gang will kidnap him if he leaves the house. He is smoking cannabis continuously from dawn till dusk.
- Bob engages his relative Doug and empathises with his fear. He asks for more information about the gang and their activities.
- Bob gently helps Doug consider the pros and cons of the constant cannabis use. Doug says that it keeps him more chilled but not helping with the paranoid feelings, he has no energy, and is not concentrating well...so is Doug safer or less safe with so much cannabis in his system?
- Maybe we could try something different to reduce fear what about Bob visits more often and they listen to a relaxation app together?

Ideas & questions

Effect of other drugs on causation and maintenance of severe mental disorders...



Alcohol (often used as self-medication but also contributes to downward social drift) can rarely trigger schizophrenia but more usually causes alcoholic hallucinosis and morbid jealousy (Othello syndrome).



Nicotine/vaping in 88% of those with SSD increases dopamine release in the prefrontal cortex alleviating some positive and negative symptoms. But....reduces plasma drug levels (particularly Clozapine).



'Legal' highs (similar effects to cocaine, cannabis and ecstasy), Spice, Clockwork orange are synthetic cannabis drugs and the most powerful forms of cannabis available in terms of causing and maintaining psychosis. Now the commonest cause of catatonia.



LSD causes persistent hallucinatory disorder and powerful anxiety. MDMA causes rapid release of serotonin and can cause permanent damage to serotonin neurons causing psychosis followed by chronic depression.

MI and CBT techniques for urges, cravings, working with triggers and producing a sobriety plan

List motivators and demotivators for reducing/stopping alcohol or substance use

Contact the local addiction team or charity input for detox or support if needed

Define urges and cravings and identify triggers

Practice stimulus control... avoidance of triggers including people, places and situations.

Work with automatic thoughts e.g. "cravings are irresistible" "my life is destroyed anyway... might as well get high"

Bob helps Doug to list motivators and demotivators

- Would like to see more of the family not seen nephews for may months
- Would like to be able to concentrate again to find out about the gang
- Want to start walking the neighbour's dog in the fresh air... it never gets out
- Would like to have some money for better food
- **But**
- Better to stay stoned... let's face it I've always been a stoner
- Nothing else compares for chilling me out...

Ideas & questions

Catching 'automatic thoughts/images' about alcohol and substances

"**Everyone** uses '**clever**' drugs e.g. Psilocybin, Speed, Cocaine, Adderall"

"People I look up to on social media respect drugs and getting high. They would **approve**..."

"I **can't see any negatives** and if I keep using there are no withdrawals..."

"I have this **image** in my head of me looking really happy, being really funny and looking great when I am high..."

"If you want to enter the spirit world and **be one with the universe** then use LSD or DMT... the shamans showed us the way..."



Cultural beliefs about alcohol and other substances



Islam alcohol/intoxicants banned. Cannabis increasingly used by some Muslims



Buddhism cannabis discouraged but is used



Christianity excessive alcohol discouraged



Hinduism 'bhang' (contains cannabis) encouraged at certain times to cleanse sins

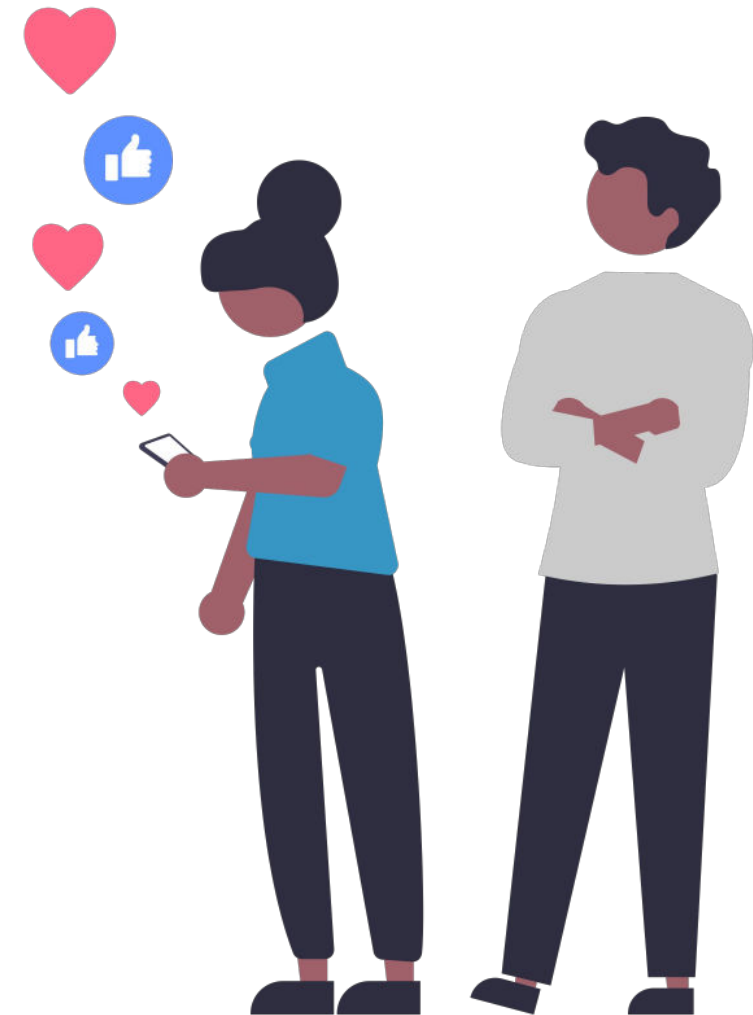
Delusional Jealousy/Morbid Jealousy/ Othello Syndrome

On continuum with normal jealousy – can be difficult to establish as truly delusional.

Kraft-Ebbing (1891) commonly associated with alcoholism.

Michael et al (1995) 34% of those with alcohol dependence have Morbid Jealousy.

Silva (1988) reviewed 20 males with delusional jealousy of these 13 had threatened to kill their partner and 9 had carried out an assault. Linked to harassment, stalking, threats, ABH, GBH and assault.



Othello syndrome

Rational emotive techniques (Ellis) with a patient with **delusional jealousy and alcoholism** (Othello Syndrome)

Examination of the pros and cons/evidence **didn't help**.

The patient had an underlying irrational belief that "it would be **impossible for him to cope** if his wife were unfaithful to him"

Also, that he would be **worthless** if she cheated on him.

Another key related to **disapproval** in that he thought that he couldn't cope with others thinking badly of him if they knew about her unfaithfulness.

The therapeutic disputation led the patient to a **change in perspective**. This change in perspective led to alcohol reduction to safe levels.

He concluded that he would be **disappointed but could cope** even if his wife was unfaithful.

He also decided that other people **probably would support him** if they found out that his wife had been unfaithful.

The patient's delusion became **less prominent**, but he still had recurrences of his jealous ideas about unfaithfulness but had **no admissions or crises over the next 6 years**.

Recalling the change in perspective and the comments of Ellis (homework) helped him if he had relapses of these paranoid thoughts.

CBT for LSD induced visual hallucinations

- Usually, the visual hallucinations and illusions from LSD use are strongly emotionally invested and powerfully avoided
- Work with any linked dissociation and anxiety
- Formulate the sequence of symptoms and exacerbators
- Use guided discovery and explore images in detail while using grounding techniques
- Reduce anxiety using rational responding, distraction and coping strategies



Families with a loved one with SMD who use substances or alcohol

- Ensure safety and have an exit strategy
- Set ground rules e.g. no violence. If we are doing something together then no substance or alcohol use beforehand.
- Model moving between different styles and considering pros and cons e.g. coffee, alcohol etc.
- Work with the loved one collaboratively on their main concerns and don't be dragged into confrontation.

Ideas & questions

The future: Psilocybin, DMT and Ketamine

- Research is ongoing
- Some evidence of **low dose psilocybin followed by psychotherapy** being anti-inflammatory and of potential benefit in treating PTSD and complex PTSD.
- DMT... agonist at almost all serotonin receptors (particularly 5HT_{2a})... the spirit molecule? **Can it cause deep spiritual insight?**
- Ketamine... some evidence in treatment of **severe depression.**





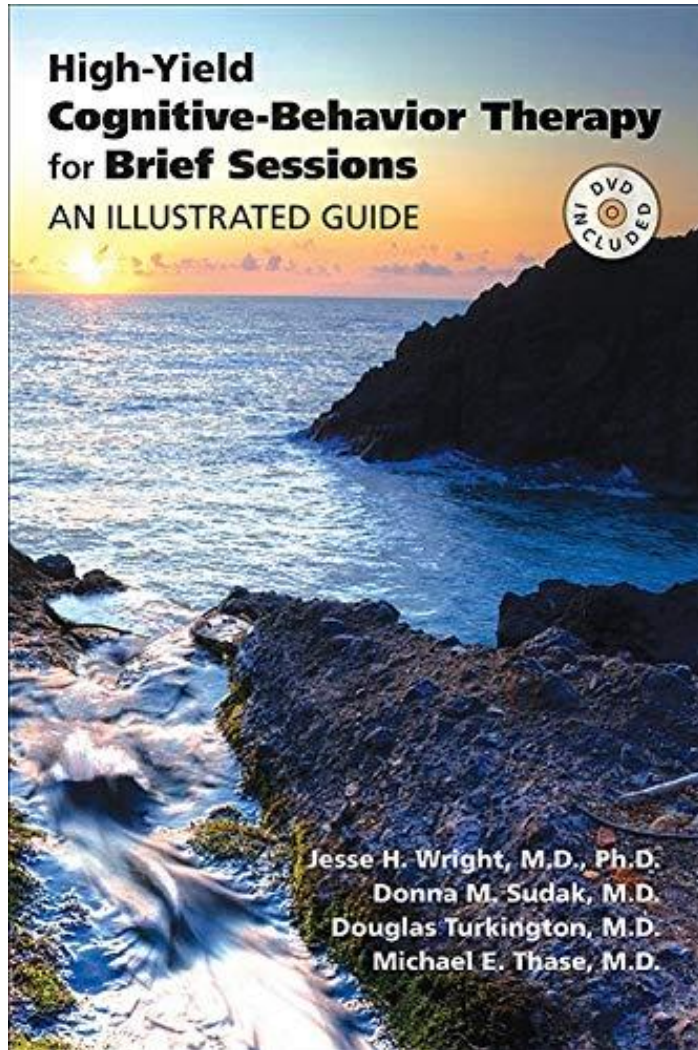
Conclusions

Do not try to change alcohol or substance use before collaboration and a success experience.

Model changing your coffee or alcohol use with the help of the loved one

Consider the pros and cons of the substance use and work with automatic thoughts, triggers and linked beliefs.

Replace it with a trial of an agreed strategy and focus on values and goals... work towards a sobriety plan.



High Yield CBT techniques for brief sessions (video illustrated)

Reading List



Thase M et al Chapter 13 CBT for substance abuse and misuse in Wright J et al (2010) High Yield CBT for brief sessions. APPI: Washington.



Miller WR et al (2002) Motivational interviewing: preparing people for change. Guilford: New York.



Ellis, A et al (1975) A new guide to rational living. Prentice-Hall: New York.



Kavanagh K et al in CBT for Psychosis. (Eds. Hagen R et al) Chapter 12 The treatment of substance misuse in people with serious mental disorders. Routledge: Hove.

Ideas & questions

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