

# Mindful Continuing Education

## Overview of First-Episode Psychosis and Co-Occurring Substance Misuse

**1. For young people experiencing first-episode psychosis, reducing or stopping substance misuse yields significant improvements in psychotic symptoms, depressive symptoms, and the young person's ability to lead a meaningful life, as well as predicting:**

- A. Greater treatment compliance
  - B. Increased medication adherence and effectiveness
  - C. Better long-term outcomes
  - D. Lower levels of social isolation
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### What is First-Episode Psychosis?

**2. Each of the following is an accurate statement about first-episode psychosis EXCEPT:**

- A. Although psychosis can be experienced at any age, symptoms most commonly begin between the ages of 16 and 30
  - B. First-episode psychosis is generally regarded as the early period after the onset of psychotic symptoms, which can be up to two years
  - C. During this stressful time, young people may also experience depression, sleep disruptions, anxiety, and isolation from others
  - D. Young people with first-episode psychosis may have difficulty maintaining relationships with family and friends because they no longer feel safe going out or engaging in social activities
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### What Are Substance Misuse and Substance Use Disorders?

**3. Young adults with first-episode psychosis who continue to use cannabis over time are more likely to experience significantly poorer outcomes than those who either have never used cannabis or those who used cannabis but stopped after engaging in treatment.**

- A. True
  - B. False
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## Chapter 2: Effectiveness of Treatment for Substance Use Disorders Among Persons with First-Episode Psychosis

**4. Generalized treatment for first-episode psychosis usually includes low doses of antipsychotic medications, psycho-education about psychosis and recovery, cognitive and behavioral psychotherapy, family education and support, and:**

- A. Employment and educational supports
  - B. Coordinated specialty care
  - C. Decision-making and conflict resolution
  - D. Ongoing case management
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### **Chapter 3: Evidence-Based Programs for Implementing Integrated Treatment of Substance Use Disorders and First-Episode Psychosis**

**5. Which of the following is NOT one of the treatment elements included in the Early Diagnosis and Preventive Treatment (EDAPT) Model for those experiencing or at risk for psychosis?**

- A. Provides psychoeducation on the role substances play in exacerbating symptoms and decreasing functioning
  - B. Guides group members in problem solving around substance use
  - C. Uses motivational enhancement techniques exclusively for teaching coping skills to support abstinence or harm reduction
  - D. Helps the client develop a plan to prevent relapse
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### **Chapter 4: Guidance for Implementing Evidence-Based Practices**

**6. Implementation strategies for offering substance misuse/disorders treatment within first-episode psychosis services include creating a program culture that supports treatment for substance misuse, building staff confidence and capacity, assessing and treating substance misuse and substance use disorders, and:**

- A. Incorporating quantified self-tracking
  - B. Encompassing personalized medicine practices
  - C. Using a patient-driven care model
  - D. Utilizing a quality improvement approach
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### **Common Implementation Barriers and Ways to Address Them**

**7. The process of implementing integrated treatment for substance misuse/disorders within the context of first-episode psychosis services will vary from state to state, community to community, and program to program, and such implementation barriers may include financial difficulties, limited availability of trained staff, environmental and geographical limitations, and:**

- A. Limited research to guide practice
  - B. Inadequate continuity of care protocols
  - C. Assessment and diagnostic restrictions
  - D. Lingering bias against using necessary medications
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## **Chapter 5: Resources for Implementation, Evaluation, and Quality Improvement**

**8. Resources such as practice guides are useful for successful program implementation and for enhancing treatment engagement among clients as well as for helping treatment providers learn about early warning signs of psychosis, identify appropriate interventions and treatment, keep up with evidence-based research and practice principles on various treatment approaches, and to:**

- A. Present systematically developed patient care strategies
  - B. Promote culturally appropriate practices
  - C. Build the expertise and competency of the administration and care team
  - D. Provide guidance on improving long-term services for clients
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