

- Here is some information about your test/exam :
- Webinar Name : FIRST-EPISODE PSYCHOSIS AND CO-OCCURRING SUBSTANCE USE DISORDERS.
- Percentage of questions you need to answer correctly to pass: 75%.
- You can take this test as many times as you wish.

1. Although the specific definition varies across clinical and research settings, first-episode psychosis is generally regarded as the early period (up to \_\_\_\_\_) after the onset of psychotic symptoms

- A: Five months
- B: Two years
- C: Two months
- D: Five years

2. Young people in the United States typically experience symptoms of psychosis for more than \_\_\_\_\_ before receiving treatment

- A: five years
- B: two years
- C: a month
- D: a year

3. The time between first experiencing psychotic symptoms and the beginning of appropriate treatment is referred to as the \_\_\_\_\_

- A: none of the above
- B: duration of untreated psychosis
- C: duration of prodromal psychosis
- D: duration of unremitting psychosis

4. Binge drinking, defined as \_\_\_\_\_ drinks for women or \_\_\_\_\_ drinks for men over approximately 2 hours (bringing blood alcohol concentration to 0.08 g/ dL14), is an example of substance misuse that is associated with increased risk of health, interpersonal, and cognitive problems in both the short and long terms.

- A: 4 and 5
- B: 5 and 4
- C: 6 and 7
- D: 7 and 6

5. With regard to psychotic symptoms, alcohol use is related to

- A: All of the above
- B: reduced social functioning
- C: adverse lower quality of life
- D: greater non-adherence to medication

6. While regular cannabis use often predates the onset of psychosis, young adults with first-episode psychosis who continue to use cannabis over time are more likely to

- A: experience significantly poorer outcomes than those who either have never used cannabis or those who used cannabis but stopped after engaging in treatment
- B: experience the same outcomes as those who either have never used cannabis or those who used cannabis but stopped after engaging in treatment
- C: experience significantly poorer outcomes than those who either have never used cannabis or those who used cannabis but continued after engaging in treatment
- D: experience significantly poorer outcomes than those who either have always used cannabis or those who used cannabis but stopped after engaging in treatment

7. Among young people aged 18-25 in the United States

- A: approximately 15 – 25% of young people who have first-episode psychosis have a co-occurring substance use disorder at the start of treatment for psychosis
- B: approximately 7 – 13% of young people who have first-episode psychosis have a co-occurring substance use

disorder at the start of treatment for psychosis

- C: approximately 57 – 76% of young people who have first-episode psychosis have a co-occurring substance use disorder at the start of treatment for psychosis
- D: approximately 13 – 51% of young people who have first-episode psychosis have a co-occurring substance use disorder at the start of treatment for psychosis

8. Use of other substances such as cocaine, opioids, other stimulants, and hallucinogens has been less widely studied, but across samples, rates of use and disorder appear to be much \_\_\_\_\_ than those for cannabis, alcohol, and tobacco.

- A: higher
- B: similar
- C: none of the above
- D: lower

9. One study found that young people who continued to use cannabis after a first episode of psychosis were more likely to have \_\_\_\_\_, even if they were reliably taking antipsychotic medications

- A: Only B and C
- B: unremitting psychosis
- C: other addictions
- D: relapses of psychosis

10. Over the last decade, there has been an important national effort to support a multi-element approach called \_\_\_\_\_, which specifically focuses on providing comprehensive evidence-based treatment to young people experiencing first-episode psychosis

- A: Coordinated Specialty Care (CSC)
- B: Integrated Specialty Care (ISC)
- C: Coordinated Consultation Care (CCC)
- D: Coordinated Specialty Team (CST)

11. For individuals with psychotic disorders, treatment of substance misuse or substance use disorders by separate, unconnected clinicians is

- A: always effective
- B: rarely effective
- C: sometimes effective
- D: None of the above

12. According to the reading, research has not fully addressed how generalized first-episode psychosis treatment impacts reductions in substance use

- A: Only b and c
- B: Another possibility is that young adults who experience psychosis attribute symptoms to substance use and stop use in response
- C: It could be that this type of comprehensive, integrated treatment encourages behaviors that support recovery and discourages those that do not
- D: Perhaps substance use has no relation to first-episode psychosis treatment

13. Overall, nine randomized controlled trials have been conducted to test the effects of specific interventions targeting substance use in young adults with first-episode psychosis, including,

- A: All of the above
- B: antipsychotic medication.
- C: cognitive behavioral therapy plus motivational interviewing
- D: brief motivational enhancement plus skills training interventions

14. Two randomized controlled trials demonstrated that brief motivational enhancement plus skills training interventions were associated with significantly greater reductions in substance use than treatment as usual (i.e., generalized treatment for first-episode psychosis) in samples of young adults with first-episode psychosis. However,

- A: All of the above

- B: the other study demonstrated that differences between treatment and control groups were no longer significant at a 6-month follow-up
- C: the other study demonstrated that differences between treatment and control groups were no longer significant at a 12-month follow-up
- D: one of these studies had a small sample size

15. Five randomized controlled trials found that

- A: cognitive behavioral therapy (CBT) plus motivational interviewing (MI) was less effective than a comparison treatment (including psychoeducation or time-limited interventions) in terms of reducing substance use among individuals with first-episode psychosis
- B: none of the above
- C: cognitive behavioral therapy (CBT) plus motivational interviewing (MI) was more effective than a comparison treatment (including psychoeducation or time-limited interventions) in terms of reducing substance use among individuals with first-episode psychosis
- D: cognitive behavioral therapy (CBT) plus motivational interviewing (MI) was no more effective than a comparison treatment (including psychoeducation or time-limited interventions) in terms of reducing substance use among individuals with first-episode psychosis

16. One small randomized controlled trial of brief CBT plus MI, delivered over four to six sessions, showed that

- A: None of the above
- B: the treatment group experienced increases in the frequency of cannabis and alcohol abuse compared to those in a treatment as usual condition
- C: the treatment group experienced significant declines in the frequency of cannabis and alcohol abuse compared to those in a treatment as usual condition
- D: the treatment group experienced no declines in the frequency of cannabis and alcohol abuse compared to those in a treatment as usual condition

17. A systematic review and meta-analysis of the efficacy, acceptability, and tolerability of various antipsychotic medications among individuals with schizophrenia and co-occurring substance use indicated that

- A: D. All of the above
- B: C. Invega was superior to other antipsychotics in terms of reducing substance use
- C: B. Clozapine was superior to other antipsychotics in terms of reducing substance use
- D: A. Risperidone was shown to be more effective than olanzapine for reducing cravings

18. Although Medication-Assisted Treatment (MAT) is considered the gold standard for the treatment of some substance use disorders, \_\_\_\_\_ have examined its use for individuals with first-episode psychosis who have co-occurring substance use disorders

- A: three studies
- B: two studies
- C: no study
- D: one study

19. There is \_\_\_\_\_ evidence that brief interventions that include motivational enhancement, skills training, and cognitive behavioral therapy are beneficial

- A: limited
- B: moderate
- C: a great deal of
- D: no

20. Harm reduction approach is

- A: None of the above
- B: an intervention that aims to reduce the negative consequences associated with substance use and to support person-centered goals related to decreasing in addition to stopping substance use
- C: an assessment tool that aims to reduce the negative consequences associated with substance use and to support person-centered goals related to decreasing in addition to stopping substance use
- D: an intervention that aims to reduce the positive consequences associated with substance use and to support person-centered goals related to decreasing in addition to stopping substance use

21. With regard to co-occurring disorders in youth and adaptations for individuals with cognitive challenges, an intervention would use strategies such as \_\_\_\_\_ in order to engage individuals with cognitive challenges in motivational interviewing

- A: All of the above
- B: concrete metaphors
- C: simple and concise language and written aids
- D: frequent repetition

22. EASA is a network of programs and individuals across Oregon focused on providing rapid identification, support, assessment, and treatment for individuals ages \_\_\_\_\_ who are experiencing early signs of psychosis.

- A: 12 to 18
- B: 12 to 21
- C: 12 to 23
- D: 12 to 25

23. EASA collects longitudinal data regarding substance use outcomes and outcomes in related areas of functioning. Based on 2018 data, young people:

- A: 43.7% had a diagnosis of other substance use disorder or problems at intake, compared to 14% with a diagnosis of other substance use disorder or problems reported at discharge
- B: B and C
- C: 23.8% had an alcohol use disorder or problems with alcohol at intake, compared to 9.2% with a diagnosis of alcohol use disorder or problems with alcohol reported at discharge
- D: 37.8% had a diagnosis of other substance use disorder or problems at intake, compared to 14% with a diagnosis of other substance use disorder or problems reported at discharge

24. EASA collects longitudinal data regarding substance use outcomes and outcomes in related areas of functioning. Based on 2018 data, young people:

- A: B and C
- B: 18.9% were not in school or employed at intake but were in school or employed at discharge
- C: 31.5% were in school or employed at intake AND discharge (no change in occupational functioning over the course of treatment)
- D: 23.9% were not in school or employed at intake but were in school or employed at discharge.

25. EDAPT programs provide comprehensive outpatient services to individuals ages 12-40 who have experienced:

- A: A or B
- B: Clinical high risk for co-occurring disorders
- C: Clinical high risk for psychosis
- D: The recent onset of affective or nonaffective psychosis (within the past 2 years)

26. EDAPT collects data on substance use at intake, the number of clients who receive substance use treatment, and outcomes related to symptoms and functioning. Based on data from clients enrolled in EDAPT over one year:

- A: Over 12 months of care, clients with identified substance use issues at intake (receiving SAMM and not receiving SAMM) showed a reduction in symptom severity across domains on the Clinical Global Impressions (CGI) scale, with the most notable changes observed on positive and overall symptoms.
- B: All of the above
- C: Over 12 months of care, clients with identified substance use issues at intake (receiving SAMM and not receiving SAMM) demonstrated improvement in functioning, as assessed by the Global Functioning Scale (GAF).
- D: 56% reported a history of substance use, 31.6% reported current use, and 23.7% met criteria for a substance use disorder at intake.

27. According to the reading, The Portland Identification and Early Referral (PIER) Program model assumes that substance misuse among people with a psychotic disorder is largely the result of

- A: All of the above
- B: the disorder
- C: genetic predispositions

- D: poverty

28. Based on the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) clinical trial,<sup>8</sup> which tested the effectiveness of the PIER approach at six sites from 2007 to 2010:

- A: B and C
- B: 11% of those experiencing first-episode psychosis, and 7% of those at clinical high risk for psychosis met criteria for substance misuse at baseline.
- C: Over a 24-month period, those receiving treatment based on the PIER model increased their level of participation in work or school by 21% compared to 7% in the community care group.
- D: 11% of those experiencing first-episode psychosis, and 15% of those at clinical high risk for psychosis met criteria for substance misuse at baseline.

29. A program's geographic location or the characteristics of the population it serves can make treatment of first-episode psychosis and substance misuse/disorders challenging. Particularly in rural environments, there may be limited availability of qualified staff who know how to effectively address substance misuse/disorders. Some of the solutions are

- A: Leverage non-traditional resources such as telehealth to make connections that would otherwise be physically impossible.
- B: Create and maintain collaborative relationships with substance use treatment providers, housing organizations, and education or employment specialty programs, if they exist in the region.
- C: Ensure treatment program leadership understand the regional culture/local issues related to mental health and substance use and build staff consensus on how staff will address these local issues.
- D: Engage Peer Specialists to help establish cultural or community connections.
- E: All of the above