Early Serious Mental Illness and Co-Occurring Substance Use Disorders

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Housekeeping Notes

- This presentation will be recorded.
- You will receive a link to the presentation slides and recording via email.
- During the presentation, submit questions and comments in the chat.

Webinar Overview

I. Opening Remarks

II. Define ESMI and SUD

III. Describe the prevalence of substance use and SUD among individuals experiencing ESMI

IV. Examine national data on substance use correlates in a subgroup of ESMI

V. Identify person-centered strategies to address substance use and SUD in ESMI treatment

VI. Review vignettes

VII. Q&A

VIII. Closing Remarks

ESMI TTA CENTER
SAMHSA's National Training and Technical Assistance Center for Early Serious Mental Illness

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Substance Abuse and Mental Health Services Administration

Today's Presenters

- Melanie E. Bennett, PhD, Professor and Division Director, Division of Psychiatric Research Services, University of Maryland School of Medicine
- Corinne Kacmarek, PhD, Advanced Fellow, Veterans Integrated Services Networks (VISN) 5 Mental Illness Research, Education, and Clinical Center, Veterans Affairs Maryland Health Care System
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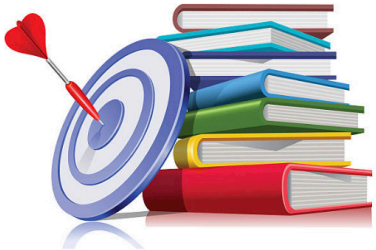
Learning Objectives

- Describe trends related to the prevalence of substance use among individuals experiencing early serious mental illness (ESMI)
- Describe the continuum from substance use to substance use disorders (SUD)
- Identify considerations for accurately assessing co-occurring substance use and SUD among individuals experiencing ESMI
- Identify integrated treatment approaches and interventions to address substance use and SUD tailored for individuals experiencing ESMI

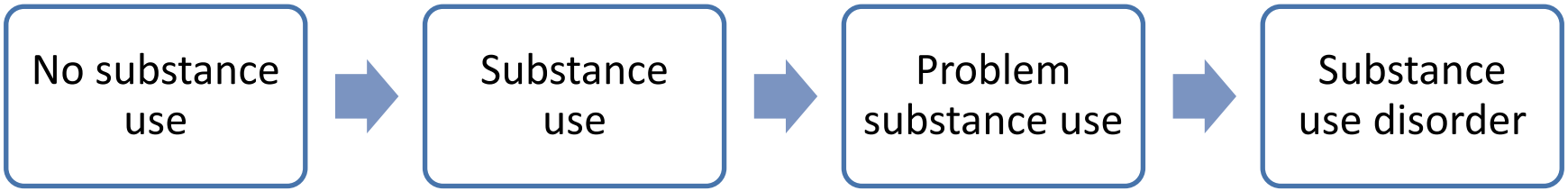


Define ESMI and SUD

SAMHSA's Working Definition of ESMI

- An ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5.[1]
- For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning.
- This definition is not intended to include conditions that are attributable to the physiologic effects of a SUD, are attributable to an intellectual/developmental disorder or are attributable to another medical condition. The term ESMI is intended for the initial period of onset.

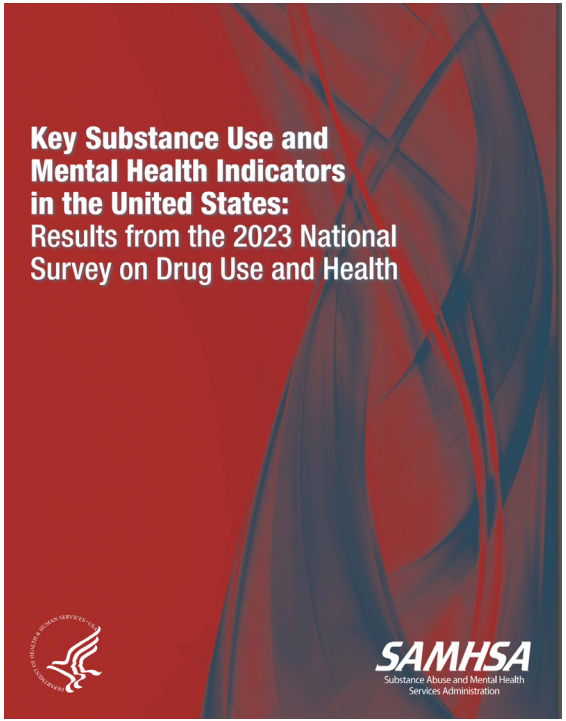
Continuum of Substance Use and Disorder



- Problem use reflects use patterns that lead to negative consequences.
- SUDs are characterized by increasing physical and emotional need for substance use along with impairments including health problems; disability; and failure to meet major responsibilities at work, school, or home.[2]

National Survey on Drug Use and Health (NSDUH)

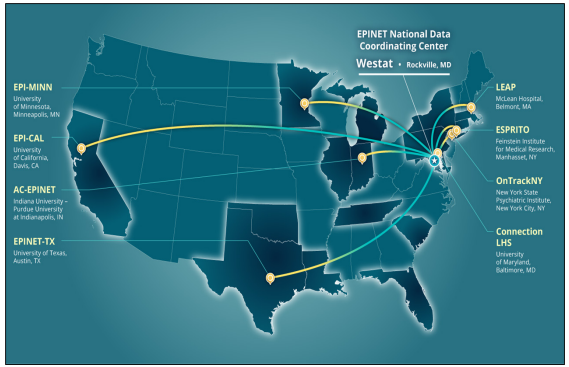
- The NSDUH provides nationally representative data on the use of tobacco, alcohol, and drugs; SUDs; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States.
- NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health.



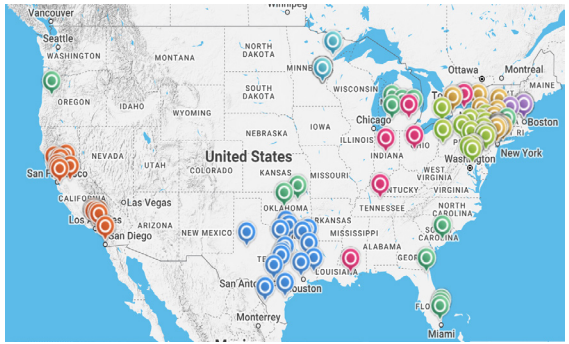
Source: SAMHSA, 2023

Early Psychosis Intervention Network (EPINET)

- EPINET links early psychosis treatment programs through standardized data collection and integration into a national database.
- Service users, families, staff, clinicians, healthcare administrators, and researchers collaborate to improve early psychosis care through quality improvement and practice-based research initiatives.
- 8 hubs, 100+ early psychosis clinics across 6 states
- Connection Learning Healthcare System is a 2-state hub connecting 23+ programs in Pennsylvania and Maryland



Source: University of Maryland School of Medicine, 2025



Source: Early Psychosis Intervention Network, 2025

Sources: National EPINET ; Pathways RTC ; NIH

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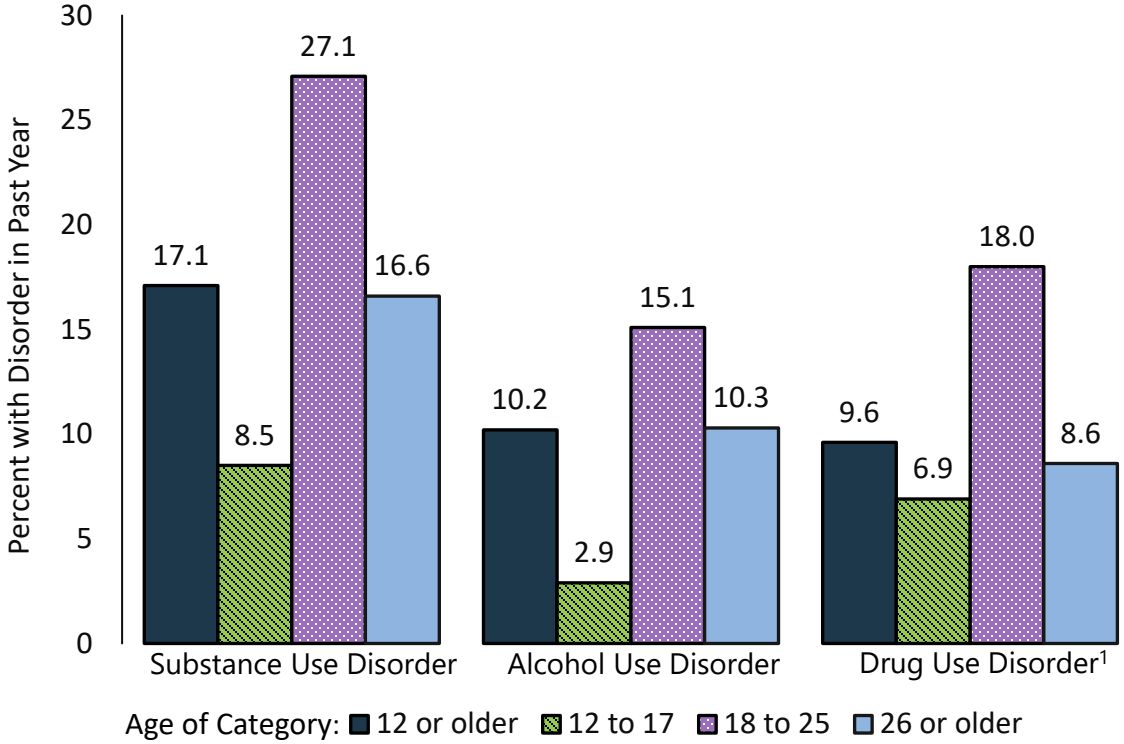
Prevalence of substance use and SUD among individuals experiencing ESMI

SUD, Alcohol Use Disorder, or Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2023



[1] Includes data from all past-year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health.

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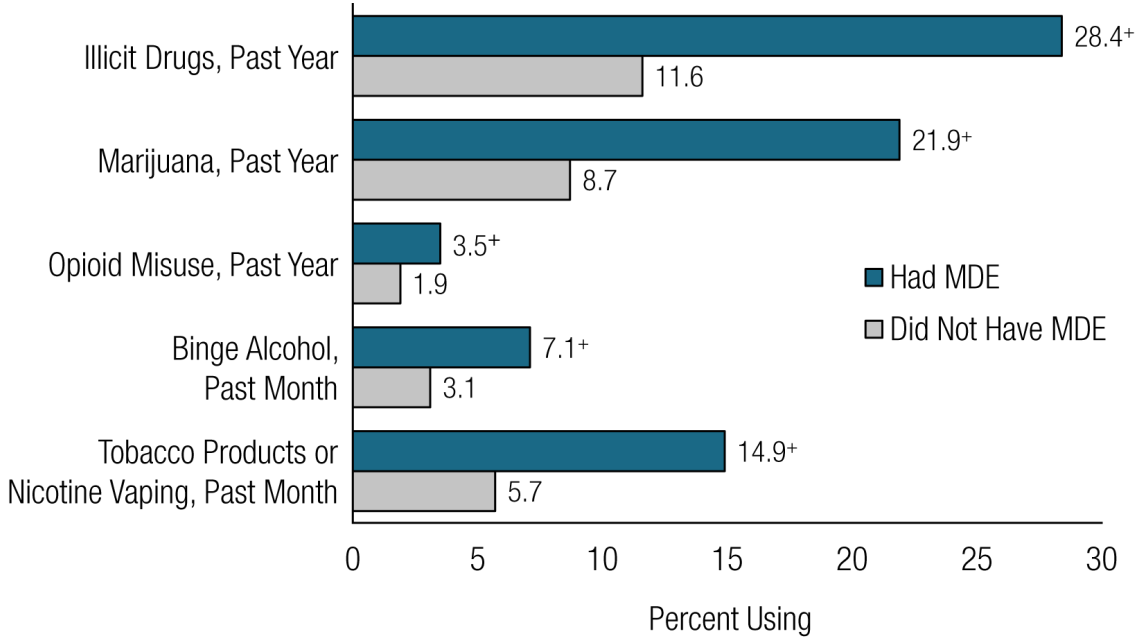
Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2023



+ Difference between this estimate and the estimate for adolescents without MDE is statistically significant at the .05 level.
Note: Adolescent respondents with unknown MDE data were excluded.

Source: NSDUH Data Brief: Gender Differences in Mental Health among Young Adults Aged 18 to 25.

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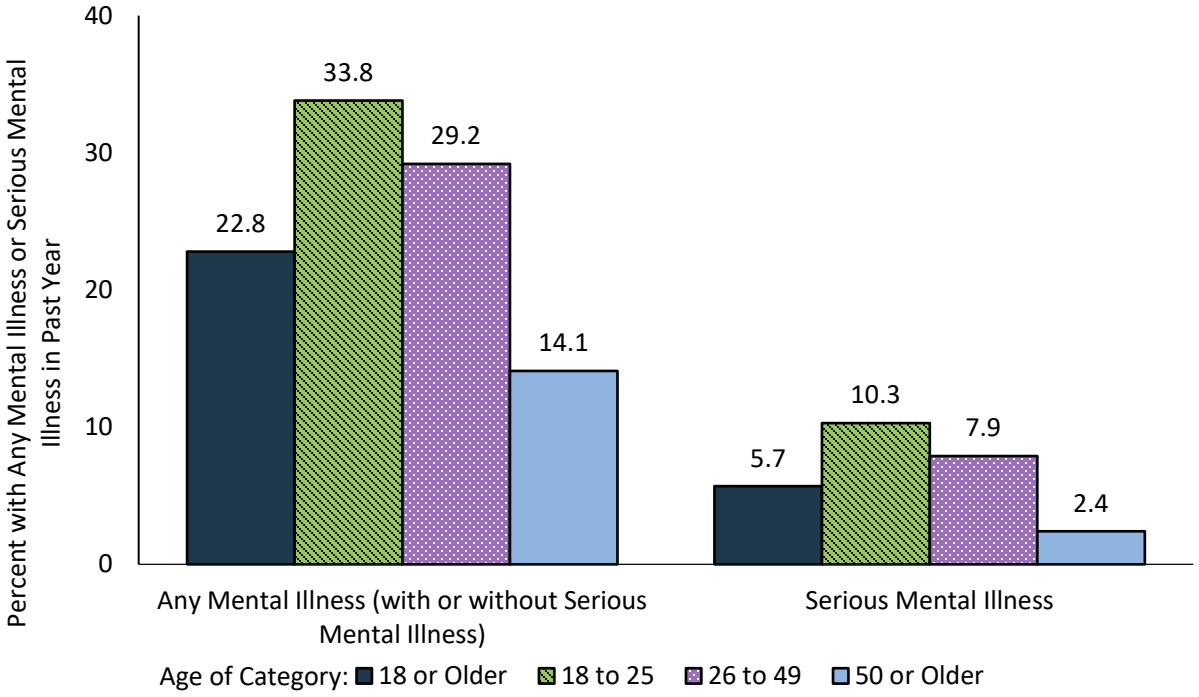
Any Mental Illness or Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2023



Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health.

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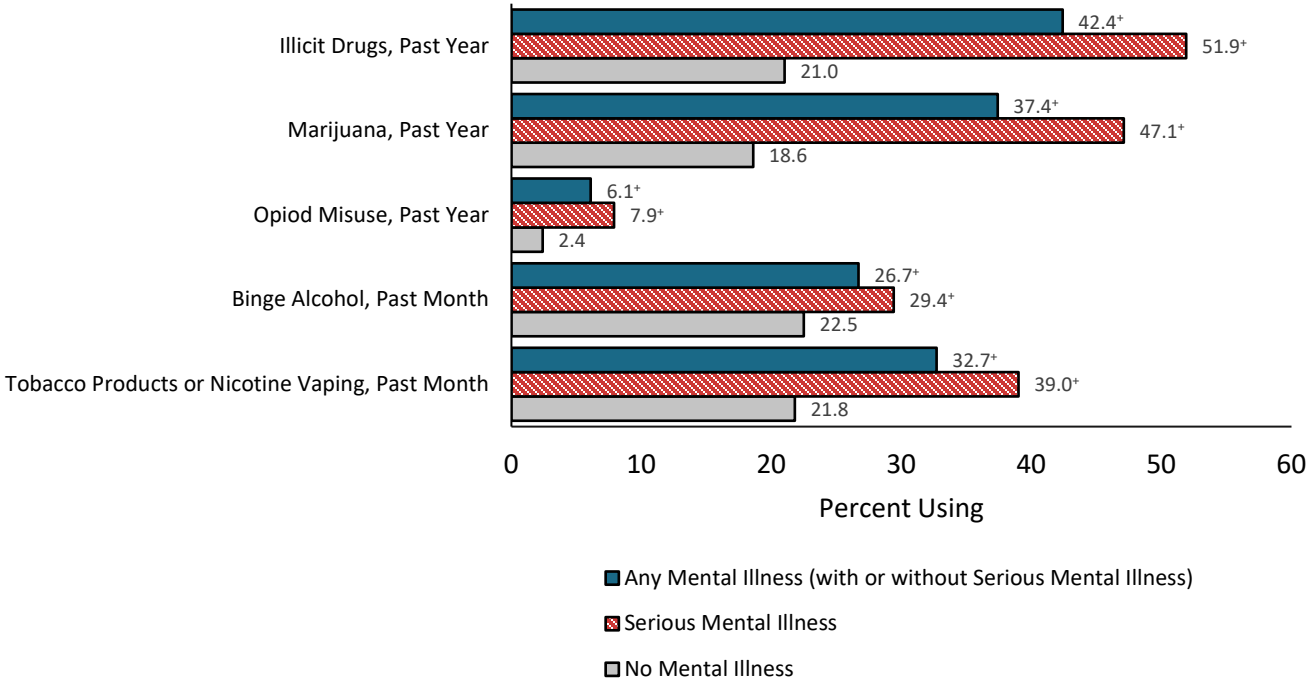
Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2023



+ Difference between this estimate and the estimate for adults aged 18 or older without mental illness is statistically significant at the .05 level.

Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health.

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Examine national data on substance use correlates in a subgroup of ESMI

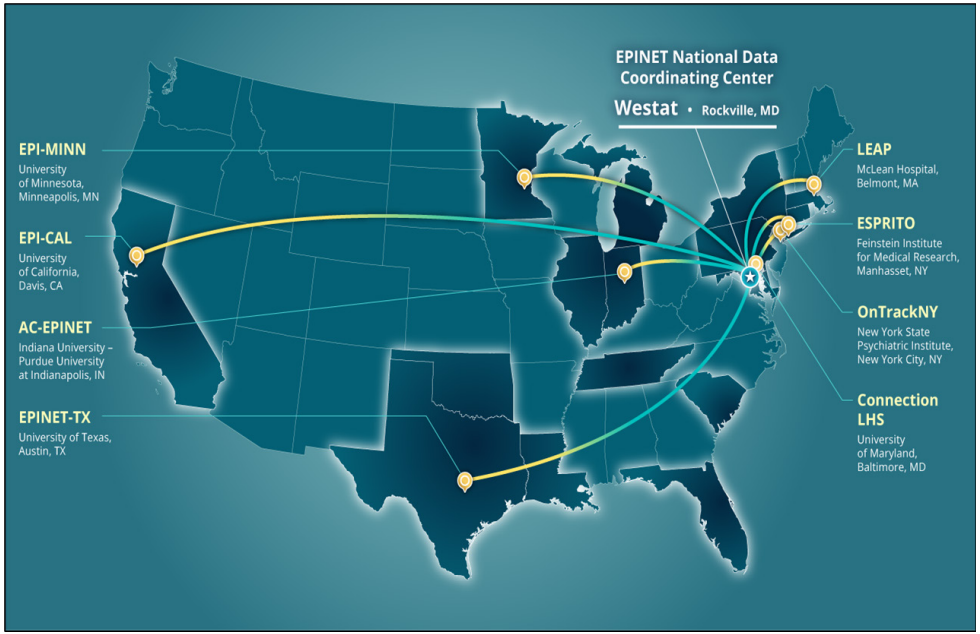
EPINET – Using Data to Understand Treatment Needs

- Increased development and adoption of early psychosis treatment programs has provided opportunities to explore clinical and functional characteristics across a heterogeneous population
- Prior findings indicate greater substance use comparative to general population, with estimates of nicotine, alcohol, and cannabis use ranging from 20-60% of early psychosis treatment participants at admission[3,4]
- Critical gaps in knowledge
  - How do patterns of substance use change over the course of treatment?
  - Are clinical presentation and recovery orientation associated with substance use propensity?

EPINET Data - Analytic Subset

Characteristic		N = 2,589[1]
Age at Intake		21.3 (4.4)
Sex		
	Female	839 (33%)
	Male	1,526 (61%)
Race/Ethnicity		
	White	1,012 (39%)
	Black	779 (30%)
	AAPI	142 (5.5%)
	Hispanic	138 (5.3%)
	Other	518 (20%)
EPINET Hub		
	AC-EPINET	319 (12%)
	CLHS	812 (31%)
	EPI-CAL	234 (9.0%)
	EPI-MINN	166 (6.4%)
	EPINET-TX	380 (15%)
	ESPRITO	277 (11%)
	LEAP	268 (10%)
	ONTY	133 (5.1%)
DUP[2] (Months)		16 (56)

[1]N (%), M (SD) [2]Duration of Untreated Psychosis



Source: University of Maryland, School of Medicine

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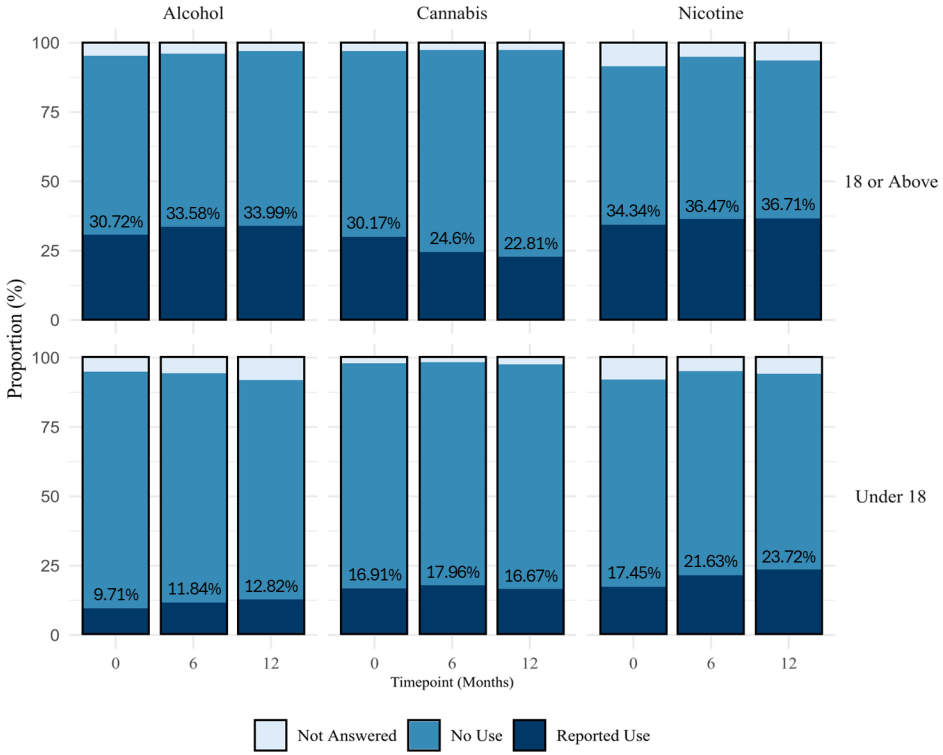
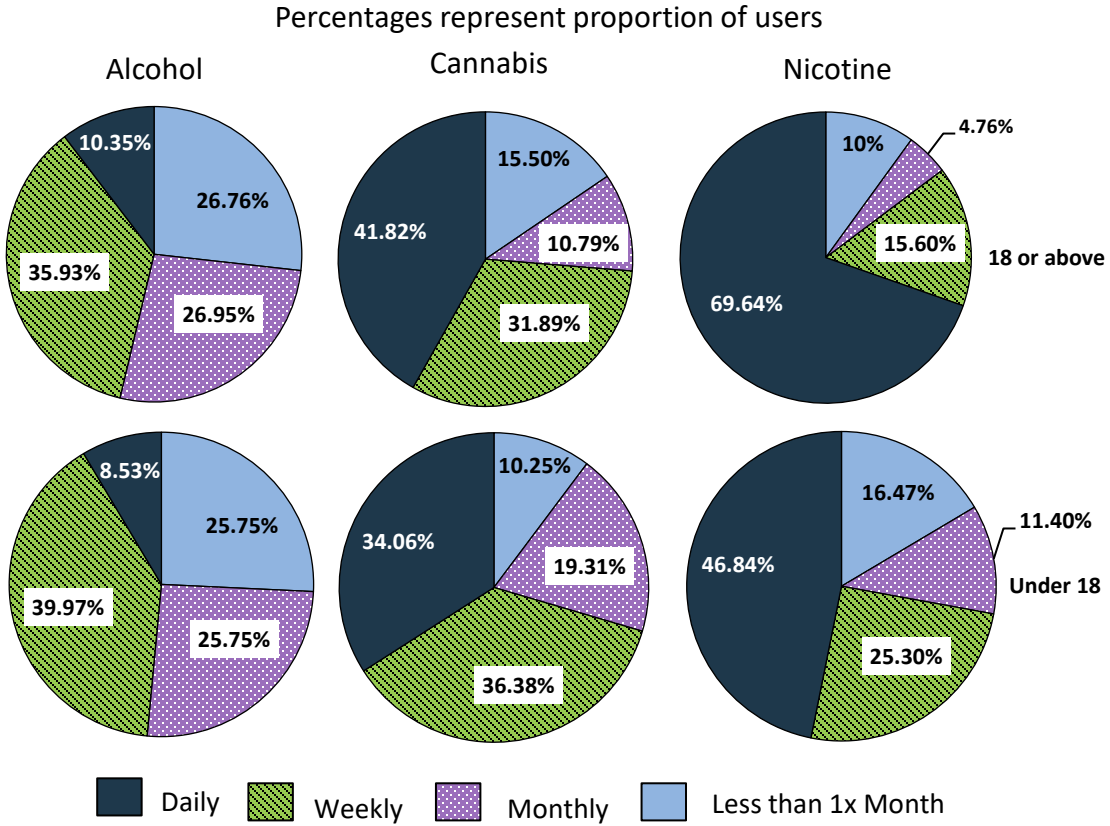
Patterns of Substance Use



- Relative sample attrition present
  - 0 months: 2,589
  - 6 months: 1,269
  - 12 months: 928
- Gradual reduction in cannabis use within adult subset
- Increase in nicotine use in those <18 years of age, potentially influenced by reaching legal age

Source: Citation: Murphy, S.M., Phalen, P., & Bennett, M. Examining Patterns and Predictors of Substance Use in Early Psychosis. [In Process]

Frequency of Use



Variable		Baseline (n = 2,589)	6 Month (n = 1,269)	12 Month (n = 928)
Nicotine				
	Daily	455 (18%)	239 (20%)	177 (20%)
	Weekly	113 (4.5%)	48 (3.9%)	33 (3.7%)
	Monthly	39 (1.6%)	26 (2.1%)	11 (1.2%)
	< 1x Month	76 (3.1%)	28 (2.3%)	16 (1.8%)
	Unknown	99	45	31
Alcohol				
	Daily	57 (2.2%)	24 (1.9%)	14 (1.5%)
	Weekly	200 (7.9%)	108 (8.6%)	70 (7.7%)
	Monthly	152 (6.0%)	85 (6.8%)	76 (8.3%)
	< 1x Month	149 (5.9%)	78 (6.2%)	40 (4.4%)
	Unknown	44	19	14
Cannabis				
	Daily	275 (11%)	114 (9.1%)	60 (6.6%)
	Weekly	217 (8.5%)	99 (7.9%)	72 (7.9%)
	Monthly	80 (3.1%)	42 (3.4%)	41 (4.5%)
	< 1x Month	102 (4.0%)	26 (2.1%)	21 (2.3%)
	Unknown	48	21	16

Source: Citation: Murphy, S.M., Phalen, P., & Bennett, M. Examining Patterns and Predictors of Substance Use in Early Psychosis. [In Process]

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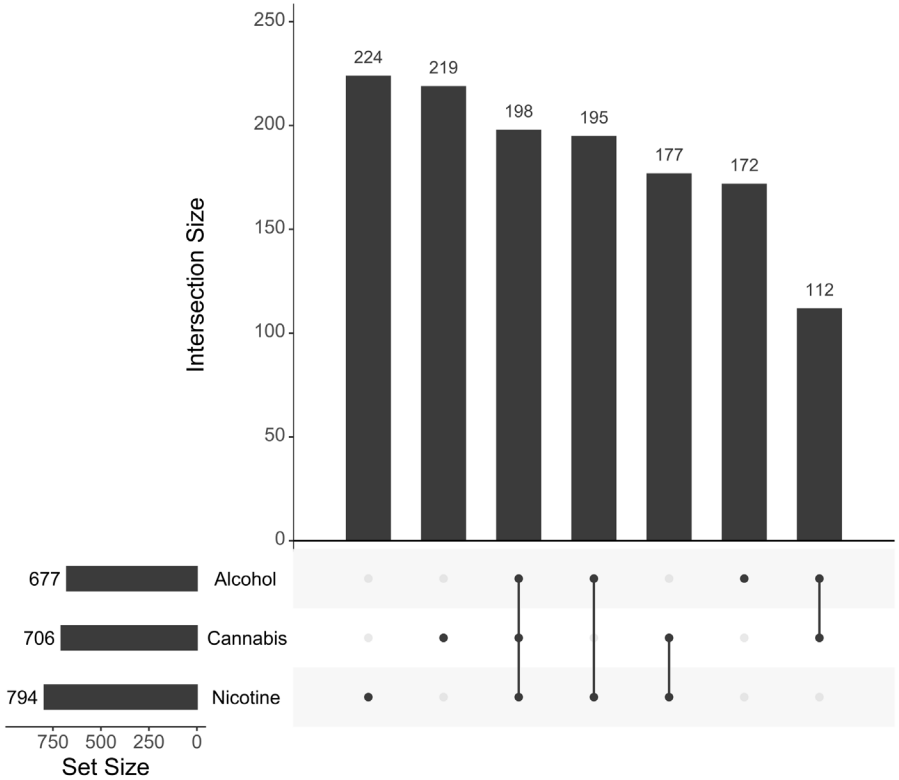
Polysubstance Use – Intake



Source: Citation: Murphy, S.M., Phalen, P., & Bennett, M. Examining Patterns and Predictors of Substance Use in Early Psychosis. [In Process]

Prevalence of polysubstance use

- 26% of participants at admission report using multiple substances; 8% report using alcohol, cannabis, and nicotine

Alcohol use and implications

- 75% of alcohol use occurred concurrently with use of another substance, highest of the three substances
- Limited research surrounding patterns of alcohol use in this population

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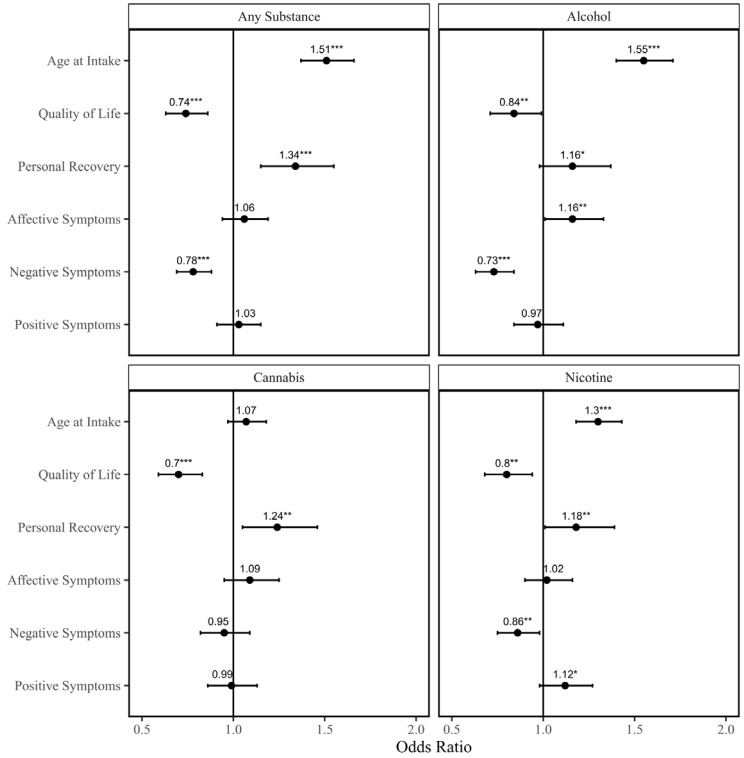
Contributors to Substance Use



Source: Citation: Murphy, S.M., Phalen, P., & Bennett, M. Examining Patterns and Predictors of Substance Use in Early Psychosis. [In Process]

Symptomatology

- Associations between pronounced affective symptoms and increased use align with self-medication theory frequently endorsed within early onset population[5,6]
- Negative symptoms associated with decreased propensity for use may indicate potential influence from the social environment

Person-centered characteristics

- Opposing associations between quality of life and personal recovery diverge with existing research base[7,8]

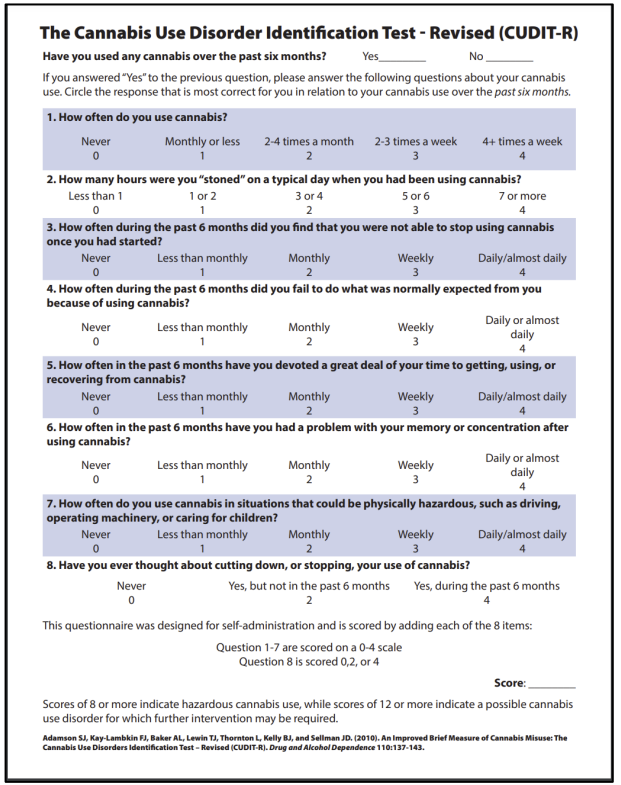
Implications

- General Trends
  - Half of the sample endorsed substance use at admission; this remains consistent over 12 months.
  - 30% of the sample endorsed daily substance use at admission; this decreased slightly over time.
- Nicotine Use
  - Nicotine was more frequently used than either cannabis or alcohol.
  - 18% of the sample reported daily nicotine use at admission; this increased slightly over time.
  - Over 70% of nicotine users report use of at least one other substance.
- Cannabis Use
  - Rates of cannabis use declined over time in those 18+ years of age.
  - Rates of cannabis use remained consistent over time in those <18 years of age.
  - Interpret with caution due to attrition or potential influence of disengagement.
- Alcohol Use
  - Rates of alcohol use increased over time, potentially influenced by availability due to age of sample.
  - Weekly alcohol use was most frequently endorsed by both age groups.

Ways to communicate about substance use and SUD at the start of ESMI treatment

Complex Clinical Picture

- *In clinical settings, the presentations are complex with many symptom proxies and high comorbidity, leading to diagnostic and nosologic difficulties and thereby affecting the overall clinical outcomes.*[9-12]
- **Step 1:** Assess substance use and SUD
  - Ask a few questions at admission
  - Heaviness of Smoking Scale
  - Alcohol Use Disorder Identification Test
  - Cannabis Use Disorder Identification Test
- **Step 2:** For the first few months, assume that the participant is experiencing ESMI that may be worsened by substance use
- **Step 3:** Offer all components of mental health care
- **Step 4:** Reassess at 6 months
- **Step 5:** Partner with SUD treatment program and develop a process for assessment and referral



The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? Yes_____ No _____

If you answered "Yes" to the previous question, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the *past six months.*

1. How often do you use cannabis?

Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
0	1	2	3	4

2. How many hours were you "stoned" on a typical day when you had been using cannabis?

Less than 1	1 or 2	3 or 4	5 or 6	7 or more
0	1	2	3	4

3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

Never	Less than monthly	Monthly	Weekly	Daily/almost daily
0	1	2	3	4

8. Have you ever thought about cutting down, or stopping, your use of cannabis?

Never	Yes, but not in the past 6 months	Yes, during the past 6 months
0	2	4

This questionnaire was designed for self-administration and is scored by adding each of the 8 items:

Question 1-7 are scored on a 0-4 scale
Question 8 is scored 0,2, or 4

Score: _____

Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). ***Drug and Alcohol Dependence*** **110:137-143.**

Source: CUDIT

Communication about Substance Use and SUD

- Young people want to make their own decisions about when and how to address substance use.[14]
- In contrast, family members often see substance use as an obstacle to recovery.[15,16]
- Young people and families often struggle to communicate about psychosis and substance use due to their differing perspectives.[16]
- Conversations to assess substance use can be even more complex given changing norms.
- It is challenging for providers to forge a person-centered relationship with young people who use substances while being responsive to family member concerns.[16]
- There are no established guidelines for negotiating this process.[13,14]

Findings about Communication – Common Themes

- Respect for different views
  - **Participant 08:** *There can be an air of judgmental-ness…It can feel like there's not a whole lot of trust [from some providers]...I definitely liked how she [current provider] took a neutral stance.*
- Good communication process
  - **Participant 11:** *They were slow conversations. I mean, it took me a while to open up…about…it [cannabis].*
- Conversations complicated by changing norms
  - **Parent 12:** *...it's his friends, people at his job, I feel like it's in the music, it's in the songs, it's popular, it's becoming more and more acceptable, and it's being legalized.*
  - **Participant 09:** *I think that experimenting with marijuana is—it's not an essential part of the human experience, but…there is this culture around it. So being more sympathetic to that culture [would be good].*

Communication about Substance Use and SUD

- **Step 1:** At admission, review approach to substance use and SUD with participants and families. Emphasize participant autonomy.
- **Step 2:** Offer resources to learn about substance use, SUD, and relationships with ESMI.
- **Step 3:** Let family members know that you will talk with their loved one about substance use and SUD.

- *We have learned that not using substances is the best way for participants to reduce symptoms, achieve goals, and feel good now and in the future. Different people do this in different ways and on different timelines. Some stop right away. Others cut down over time. Many stop for a while and see how things improve and then decide their next steps. You are the best judge of what will work for you. There are many things we can do to help you prepare. This is something that we will talk with you about so that whatever approach we take is one that feels like a good fit.*
- *Many families want us to get their children to stop using substances. This is for good reason. Lots of times families see a connection between substance use and mental illness and feel strongly that stopping will improve things. We have talked to young people in programs like ours and have learned from them that being respectful of their views about substance use, recognizing their needs and preferences, and making them the center of these discussions is the approach that they are most open to. We will keep substance use on our list of things we discuss with your child and make sure he/she is respected and has accurate information about its impact on mental illness. This might sometimes feel slow to you – why can't we just get them to stop? When you feel that way, let's make sure to talk about it.*

Person-centered strategies to address substance use and SUD in ESMI treatment

Young People May Not Want to Change Substance Use

- Summary
  - Substance use and SUD are present for may participants at admission for ESMI care
  - Participants, families, and providers may view substance use differently
- Reasons for continued use
  - Desire to be independent
  - Peer pressure or social norms
  - Belief that substances help
  - Some substances viewed as safe
  - Have already modified other behaviors

Communication and Behavior Change Practices

- Communication approach: collaborative, person-centered, non-judgmental
- Ask about how they view their substance use and listen
  - *"Tell me about your drinking/smoking."*
  - *"How do you see [substance] being part of your life during treatment?"*
- Provide person-centered psychoeducation about risks and risk-reduction
  - *"Was there a time when you were using less?" "What was that like?" "Why did you do that?" "What are you considering now?"*
  - *"What do you know about [substance]?" "Can I provide some information about [substance]?"*
- Track use
  - *"You mentioned that you'd like to cut back on your cigarette smoking. As a first step, how about you track how many cigarettes you smoke per day? You don't need to change anything! Just writing down when you smoke can be a good first step. What do you think about that?"*
- Offer and coordinate treatment
  - Medication assisted treatment or counseling

Communication and Behavior Change Strategies

- Reduce quantity or frequency
- Try a different product
- Change situations
  - *"What are situations where you use cannabis but don't want to?" (e.g., at work, while driving?)*
- Continue talking about behavior change goals
- Incorporate into treatment plan directly or indirectly
  - *"Last week you said you wanted to try ____; how did that go?"*
- Celebrate any positive change, as defined by the participant

Example: Nicotine

- 30-year-old combat Veteran smoking 1 pack of cigarettes per day presenting for individual tobacco treatment
- Smoking goal: *“I’d like to reduce from 20 to 10 cigarettes per day.”*
- Impact
  - Established trust and rapport
    - Veteran has been consistent with all 5 appointments.
    - Veteran shared that he was worried about how I would respond to his goal to reduce and was pleased that I supported his goal.
    - I correct myself and apologize if I use the word “quit” instead of “reduce” out of habit – and I remind him that we are aligned in his goal, and he expresses understanding.
  - Sustained progress
    - Has had several days of smoking 10 or fewer cigarettes per day.

Example: Cannabis

- Mid-twenties participant in ESMI treatment program, daily cannabis use contributing to poor management of symptoms resulting in hospitalizations
- Participant goal: Continued cannabis use, no change in frequency
- Family member goal: Abstinence
- Process
  - Worked with participant and family member to find compromises
  - Participant: Liked the feeling of cannabis, choices were his to make
  - Family: Poor symptom management, other substances in cannabis
  - Compromise: Choose standardized and predictable alternatives
  - Impact: Decreased conflict, participant started using less frequently (more to feel good on some days rather than high every day), better symptom management, participant and family felt good that they worked together on solution

Summary

- Substance use and SUD are prevalent in ESMI.
- Examining trends in use over time can support greater understanding of treatment needs.
- Communication about substance use and SUD in ESMI can respect participant preferences and values.
- Approaches to intervention that address participant-determined goals can foster a positive relationship, which may lead to further change in the future.

Resources

- Substance Abuse and Mental Health Services Administration: First-Episode Psychosis and Co-Occurring Substance Use Disorders. Publication No. PEP19-PL-Guide-3 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019
- Substance Abuse and Mental Health Services Administration. (2024). 2023 Companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-020). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- Tobacco smoking and nicotine vaping in persons with first episode psychosis – PubMed
- Scoping Review of Cannabis-Reduction Psychosocial Interventions and Reasons for Use among Young Adults with Psychosis – PubMed

References

1. American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™* (5th ed.). American Psychiatric Publishing, Inc.. https://doi.org/10.1176/appi.books.9780890425596
2. SAMHSA. (2024). 2023 Companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-020). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic
3. Sánchez-Gutiérrez, T., Rodríguez-Toscano, E., Roldán, L., Ferraro, L., Parellada, M., Calvo, A., López, G., Rapado-Castro, M., La Barbera, D., La Cascia, C., Tripoli, G., Di Forti, M., Murray, R. M., Quattrone, D., Morgan, C., van Os, J., García-Portilla, P., Al-Halabí, S., Bobes, J., de Haan, L., … Arango, C. (2023). Tobacco use in first-episode psychosis, a multinational EU-GEI study. *Psychological medicine*, *53*(15), 7265–7276. https://doi.org/10.1017/S0033291723000806
4. Rogers, R. T., Marino, L., Scodes, J., Wall, M., Nossel, I., & Dixon, L. (2023). Prevalance and course of tobacco use among individuals receiving coordinated specialty care for first-episode psychosis. *Early intervention in psychiatry*, *17*(2), 192–201. https://doi.org/10.1111/eip.13320
5. Archie, S., Boydell, K. M., Stasiulis, E., Volpe, T., & Gladstone, B. M. (2013). Reflections of young people who have had a first episode of psychosis: what attracted them to use alcohol and illicit drugs? *Early Intervention in Psychiatry*, *7*(2), 193-199. https://doi.org/10.1111/j.1751-7893.2012.00355.x
6. Lobbana, F., Barrowclough, C., Jeffery, S., et al. (2010). Understanding factors influencing substance use in people with recent onset psychosis: A qualitative study. *Social Science & Medicine*, *70*(8), 1141-1147. https://doi.org/10.1016/j.socscimed.2009.12.026
7. Bruins, J., Pijnenborg, G. H. M., Visser, E., & Castelein, S. (2021). The association of cannabis use with quality of life and psychosocial functioning in psychosis. *Schizophrenia Research*, *228*, 229-234. https://doi.org/10.1016/j.schres.2020.11.059
8. Peralta, V., García de Jalón, E., Moreno-Izco, L., et al. (2022). Long-term outcomes of first-admission psychosis: A naturalistic 21-year follow-up study of symptomatic, functional and personal recovery and their baseline predictors. *Schizophrenia Bulletin*, *48*(3), 631-642. https://doi.org/10.1093/schbul/sbab145

References (continued)

9. Correll, C.U., Arango, C., Fagerlund, B., et al. (2024). Identification and treatment of individuals with childhood-onset and early-onset schizophrenia. *European Neuropsychopharmacology: The Journal of the European College of Neuropsychopharmacology*, *82*, 57–71. https://doi.org/10.1016/j.euroneuro.2024.02.005

10. Gupta, N., Gupta, M., & Esang, M. (2023). Lost in translation: challenges in the diagnosis and treatment of early-onset schizophrenia. *Cureus, 15*(5), e39488. https://doi.org/10.7759/cureus.39488

11. Lundberg. M., Andersson, P., Lundberg, J., & Desai Boström, A.E. (2024). Challenges and opportunities in the diagnosis and treatment of early-onset psychosis: A case series from the youth affective disorders clinic in Stockholm, Sweden. *Schizophrenia (Heidelb), 10*(1), 5. https://doi.org/10.1038/s41537-023-00427-z

12. Pelizza, L., Leuci, E., Leucci, A. C., et al. (2024). Diagnostic shift in first episode psychosis: Results from the 2-year follow-up of the "Parma Early Psychosis" program. *Schizophrenia Research*, *267*, 99–106. https://doi.org/10.1016/j.schres.2024.03.010

13. Lucksted, A., Essock, S.M., Stevenson, J., et al. (2015). Client views of engagement in the RAISE Connection Program for Early Psychosis Recovery. *Psychiatric Services, 66*(7), 699-704. https://doi.org/10.1176/appi.ps.201400475

14. Drapalski, A.L., Piscitelli, S., Lee, R.J., Medoff, D., & Dixon, L.B. (2018). Family involvement in the clinical care of clients with first-episode psychosis in the RAISE Connection Program. *Psychiatric Services*, *69*(3), 358-361. https://doi.org/10.1176/appi.ps.201700080

15. McCarthy, J.M., Wood, A.J., Shinners, M.G., et al. (2022). Pilot development and feasibility of telehealth Community Reinforcement and Family Training (CRAFT) for early psychosis and substance use. *Psychiatry Research, 317*, 114804. https://doi.org/10.1016/j.psychres.2022.114804

16. Hestmark, L., Romøren, M., Hansson, K. M., Heiervang, K. S., & Pedersen, R. (2023). Clinicians' perceptions of family involvement in the treatment of persons with psychotic disorders: a nested qualitative study. *Frontiers in psychiatry*, *14*, 1175557. https://doi.org/10.3389/fpsyt.2023.1175557

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