Finding Stability: Navigating Cravings in the Midst of Psychosis

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Substance Use Disorders Center of Excellence

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Cravings Are a Normal Part of the Human Experience

- A craving is a subjective experience, described as a state of desire or wanting.
- The DSM-5 defines craving as "an unwanted persistent and intense desire to use despite negative consequences". (APA, 2013)
- Cravings are characterized by a mixture of cognitions, affect and physiological arousal which are provoked by conditioned cues.

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Dissecting a Craving

Cognitive

- "I need the substance to survive."
- "I am social only when I'm high."
- "This is going to feel so good."

Affect

- Euphoria, anxiety, excitement

Physical

- Heart racing, sweaty palms, often the same effect the substance creates when used

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Let's Recap

1. Conditioning of cues.

I use my credit card to cut lines of cocaine.

2. Cue triggers cravings.

I'm at the grocery store and pull out my credit card to pay. All of a sudden, I feel clammy and my heart is racing.

3. Biology takes over.

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Beyond People, Places, and Things…

- Emotions
- Memories
- Physical sensations

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Cravings and Severe Mental Health Disorders

- While the experience of a craving does not differ for those with severe mental health disorders, the cues or triggers may.
- Cravings may be driven by:
  - Psychosis
  - Mood
  - Cognitive impairment
  - Medication effects

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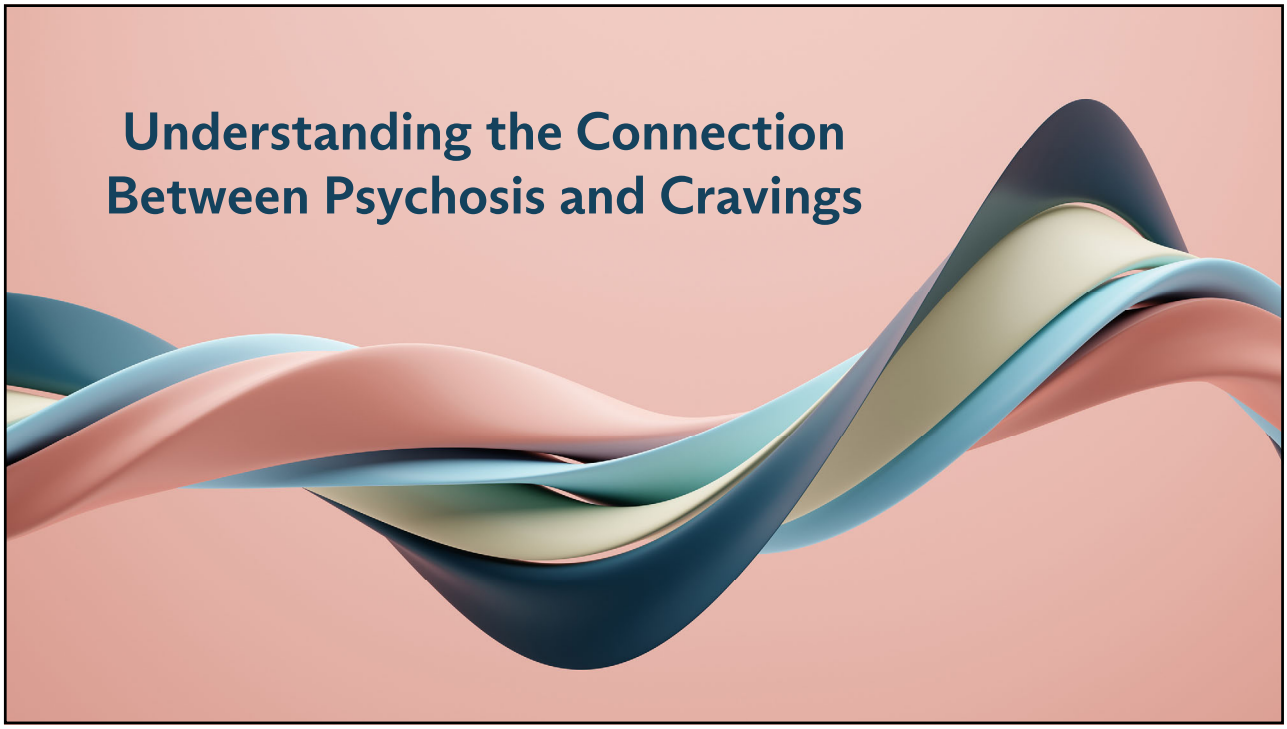
Understanding the Connection Between Psychosis and Cravings



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Substance Use to Relieve Symptoms

- *"Cannabis is the only thing that quiets the voices."*

Delusions Drive Substance Use

- *"They tell me it is part of my mission to use methamphetamine to become invincible so I can save the world."*

Paranoia Increases Cravings

- *"Xanax helps me forget, if only for a little bit, that those people are watching me and plotting my death."*

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Command Hallucinations Related to Use

- *"He said that if I don't do five shots of liquor a day, someone in my family will die."*

Impaired Reality Testing Around Consequences

- *"Fentanyl can't harm me like it does other people because I'm immune."*

Anhedonia and Emotional Blunting

- *"Using makes me feel alive for once."*

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Cognitive Disorganization

- *Examples:* Difficulty tracking time, goals, or coping strategies
- Urges feel sudden, overwhelming, and hard to interrupt
- The person may struggle to identify triggers or early warning signs
- Conversely, substance use may help people feel MORE organized.

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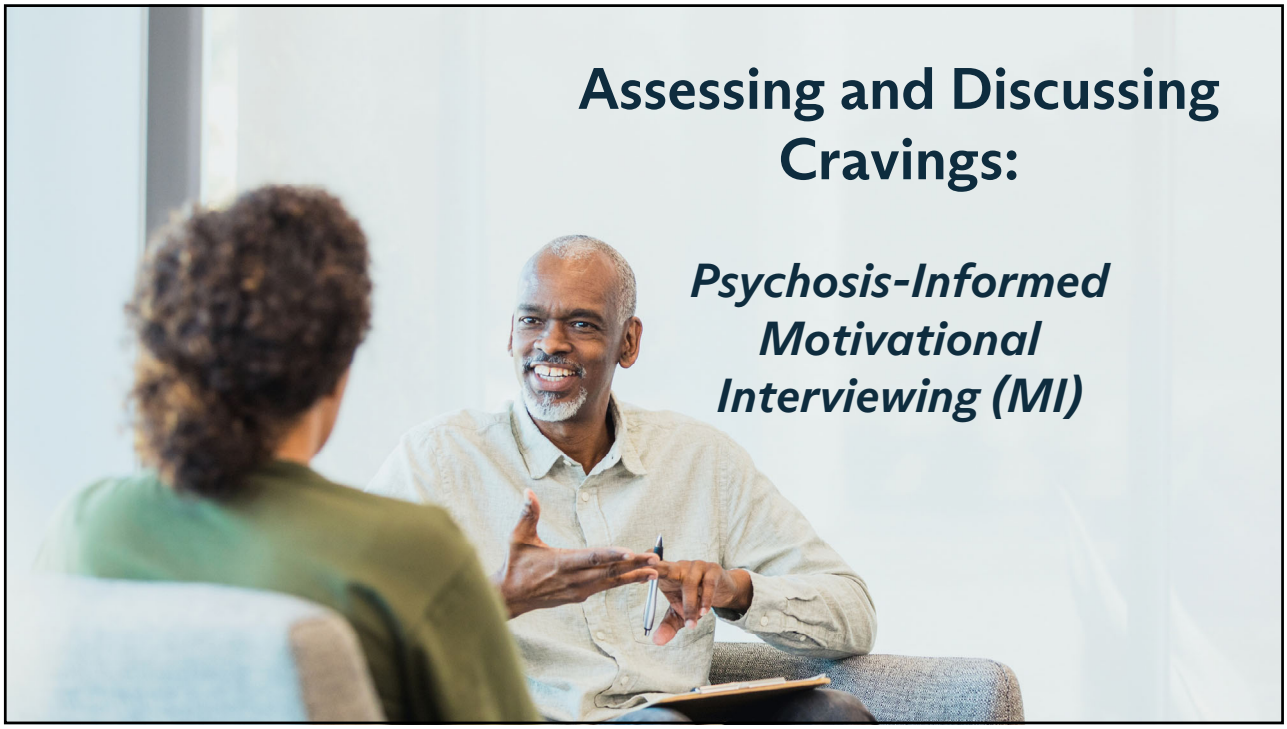

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Enter their experience
Assess function, not just frequency
Reality-check gently & collaboratively
Normalize ambivalence without requiring insight
Explore safer alternatives
Support small, symptom-informed goals
Track patterns together
The E.A.R.N.E.S.T Framework

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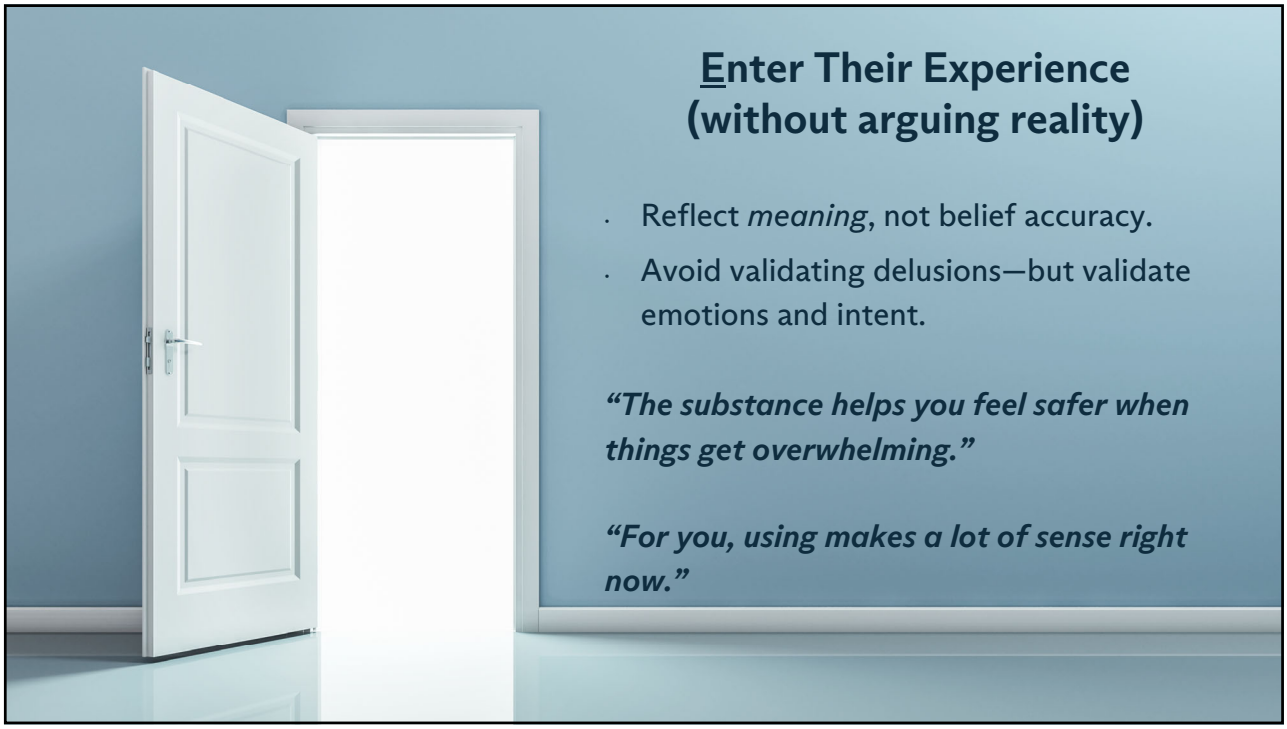
Enter Their Experience (without arguing reality)
Reflect *meaning*, not belief accuracy.
Avoid validating delusions—but validate emotions and intent.
"The substance helps you feel safer when things get overwhelming."
"For you, using makes a lot of sense right now."

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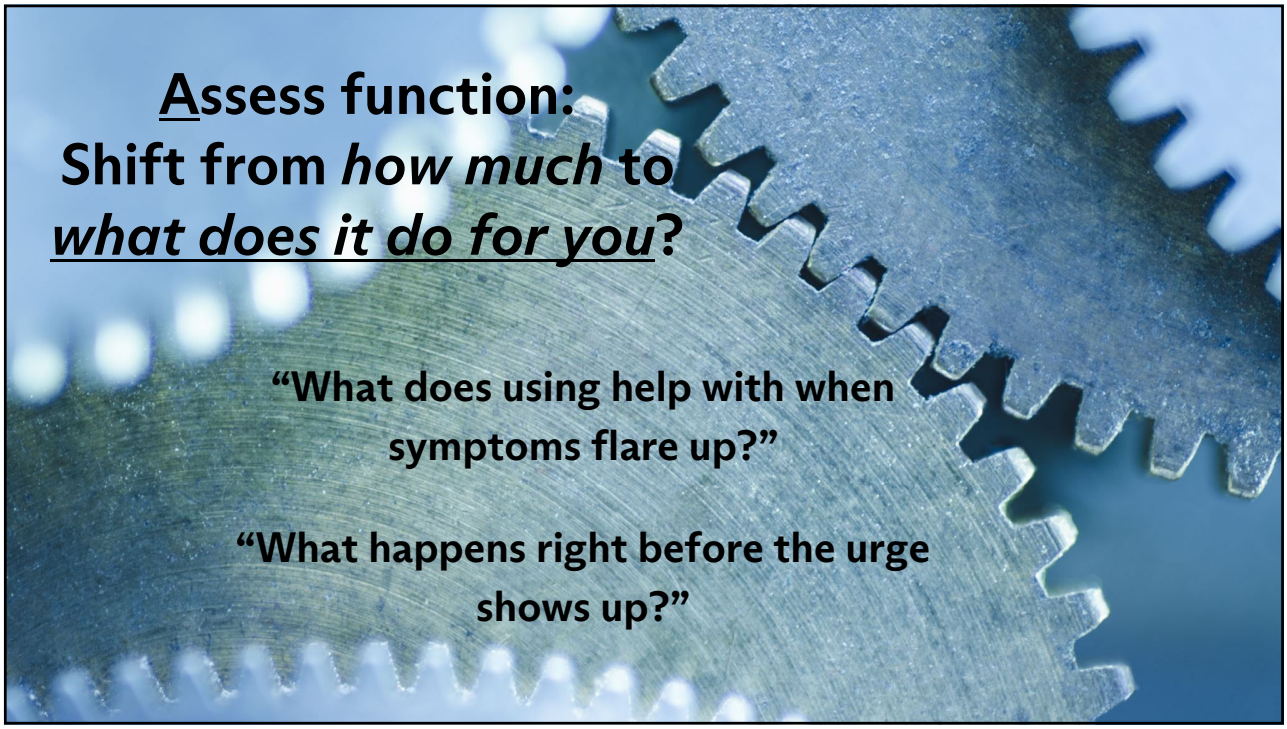
Assess function:
Shift from *how much* to
what does it do for you?
"What does using help with when symptoms flare up?"
"What happens right before the urge shows up?"

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Reality-check gently and collaboratively
"Would it be okay if I shared another way some people experience this?"
"Some people notice substances calm things short-term but make the voices louder later—how does that fit for you?"

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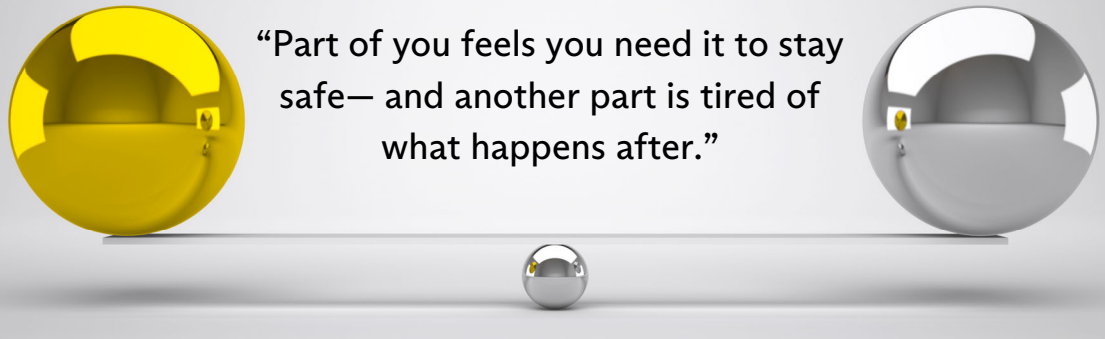
Normalize ambivalence without requiring insight



"Part of you feels you need it to stay safe— and another part is tired of what happens after."

"Using helps in the moment, and it also creates problems you don't want."

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Explore safer alternatives that meet the same need (reducing harm)

- If substance = *quieting voices* → grounding, PRN meds, sensory tools
- If substance = *reducing paranoia* → trusted person check-ins, low-stimulating environments
- If substance = *feeling something* → strong sensory input, movement, music

"If the goal is relief, can we test something that's lower-risk?"

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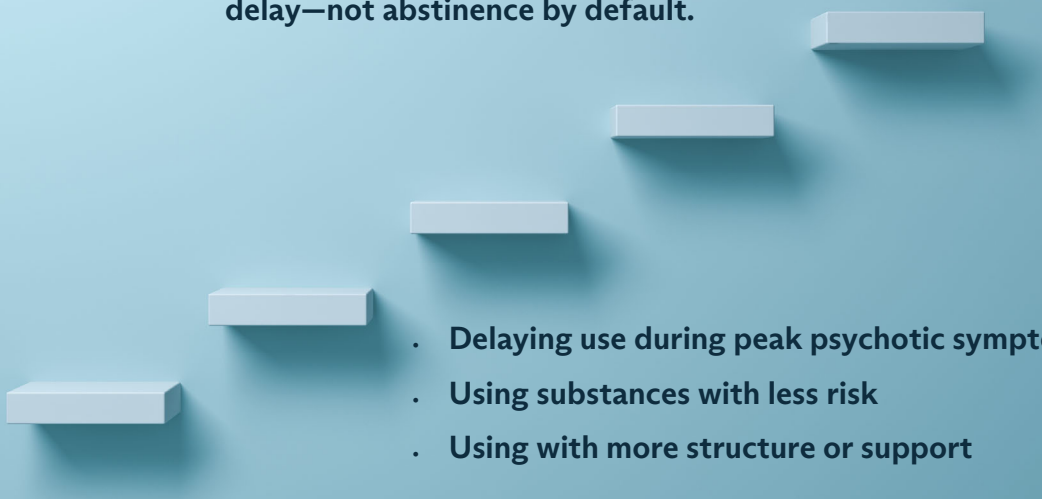
Support small, symptom- informed goals

Goals focus on safety, distress tolerance, or delay—not abstinence by default.



- **Delaying use during peak psychotic symptoms**
- **Using substances with less risk**
- **Using with more structure or support**

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Track patterns together

Collaboratively notice links between symptoms, cravings, and outcomes.

"What do you notice about the voices after using versus not?"

"When are urges strongest during the day?"

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Relaxation Techniques	Behavioral Techniques	Stimulus Control
• Guided imagery* • Breathing exercises • Body scanning* • Exercise/Yoga • Grounding • Music*	• Role play • Activity scheduling • Coping cards • Graded task assignments	• Paraphernalia • Physical Environment • Social Stimuli • Time-based Triggers • Digital & Media Triggers • Internal Cues

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Stimulus Control: *Paraphernalia*

Collaborate with the client to enlist supports, other than the treatment team, who can help:

- Remove alcohol, drugs, or unused prescriptions from the home
- Dispose of paraphernalia (pipes, syringes, rolling papers)
- Hold medications or dispense doses
- Use lockboxes or timed pill organizers

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Stimulus Control: *Physical Environment*

- Avoiding specific locations associated with use (bars, certain streets, specific rooms)
- Rearranging living space to remove “using spots” (e.g., moving a chair, changing lighting)
- Keeping doors open or staying in common areas rather than isolating
- Changing routines tied to use (e.g., different route home, new coffee shop)

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Stimulus Control: *Social Triggers*

- Limiting contact with people who actively use or encourage use
- Blocking or muting contacts who are associated with use
- Spending time with people who support recovery or harm reduction goals
- Planning structured social time during high-risk periods

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Stimulus Control: *Time-Based Triggers*

- Scheduling activities during predictable craving windows (evenings, weekends)
- Setting reminders for meals, sleep, or medications to reduce vulnerability
- Using alarms to prompt grounding or coping skills before cravings peak

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Stimulus Control: *Digital & Media Triggers*

- Unfollowing substance-related social media accounts
- Blocking ads or content related to alcohol or drugs
- Limiting late-night screen use if it is tied to use
- Subscribing to recovery-oriented or wellness content instead

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Stimulus Control: *Internal Cues*

- Using headphones or white noise if voices increase craving intensity
- Changing lighting or sensory input when paranoia or agitation escalates
- Grounding objects (textures, scents) to interrupt cue-driven responses
- Leaving environments that intensify delusions or perceptual distortions

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Reduced Risk Strategies

- Consider substances with less risk potential
- Plan to use with someone or use alternate resources (Never Use Alone, Safe Spot)
- Ensure family/friends have Narcan
- Wound care
- Reduced Use

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Relapse Management Plan	Examples
1. What I'm Trying to Protect or Improve	Feeling safe, staying houses, keeping my benefits, avoiding hospitalization, keeping my routine, being a good parent
2. My Early Warning Signs	Sleep changes, voices change, paranoia/fear, racing thoughts, feeling numb
3. What Cravings Mean for Me	Calm, quiet voices, feel something, feel protected or in control, make sense of what's happening
4. High-Risk Situations	Being alone too long, crowded or noisy places, conflict, trauma reminders, command voices, missing medication
5. What Helps	Grounding, sensory tools, PRN medication, distraction/movement, quiet or safe space, talking to someone I trust
6. Reducing Risk	Delay use for __ minutes, use less, avoid mixing substances, avoid using alone, use in a safe space, check-in with staff/support after
7. Who Helps Me Stay Safe	Person/Staff:_____ Phone: _____ After-Hours Support: _____
8. What Others Can Do	What helps, what makes it worse, how I prefer to be approached
9. If I Use	First step: Who I contact: How we reduce harm and reset the plan:
10. One Small Goal I'm Willing to Try	Example: "I'll contact someone before using when the voices get intense."

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Key Points

- Cravings for substance use are a result of conditioning along with changes in key parts of the brain.
- While the experience of a craving commonly involves affective, cognitive and physical components, the triggers of such cravings for those with severe mental illness may differ in nature as compared to those without severe mental illness.
- Understanding the function of one's substance use is important for effective interventions and prevention planning.

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References

- Khokhar, J. Y., Dwiel, L. L., Henricks, A. M., Doucette, W. T., & Green, A. I. (2018). The link between schizophrenia and substance use disorder: A unifying hypothesis. Schizophrenia research, 194, 78–85. https://doi.org/10.1016/j.schres.2017.04.016
- Mueser, K. T., & Gingerich, S. (2013). Treatment of co-occurring psychotic and substance use disorders. *Social work in public health*, *28*(3-4), 424–439. https://doi.org/10.1080/19371918.2013.774676
- Spencer, C., Castle, D., & Michie, P. T. (2002). *Motivations that maintain substance use among individuals with psychotic disorders*, *Schizophrenia Bulletin, 28*(2), 233–247. https://doi.org/10.1093/oxfordjournals.schbul.a006934
- Saddichha, S., et al. (2010). *Perceived reasons for and consequences of substance abuse among individuals with psychosis*, *Primary Care Companion to the Journal of Clinical Psychiatry, 12(5)*
- Vafaie N, Kober H. (2022). Association of drug cues and craving with drug use and relapse: A systematic review and meta-analysis. JAMA Psychiatry. 79(7):641–650. doi:10.1001/jamapsychiatry.2022.1240

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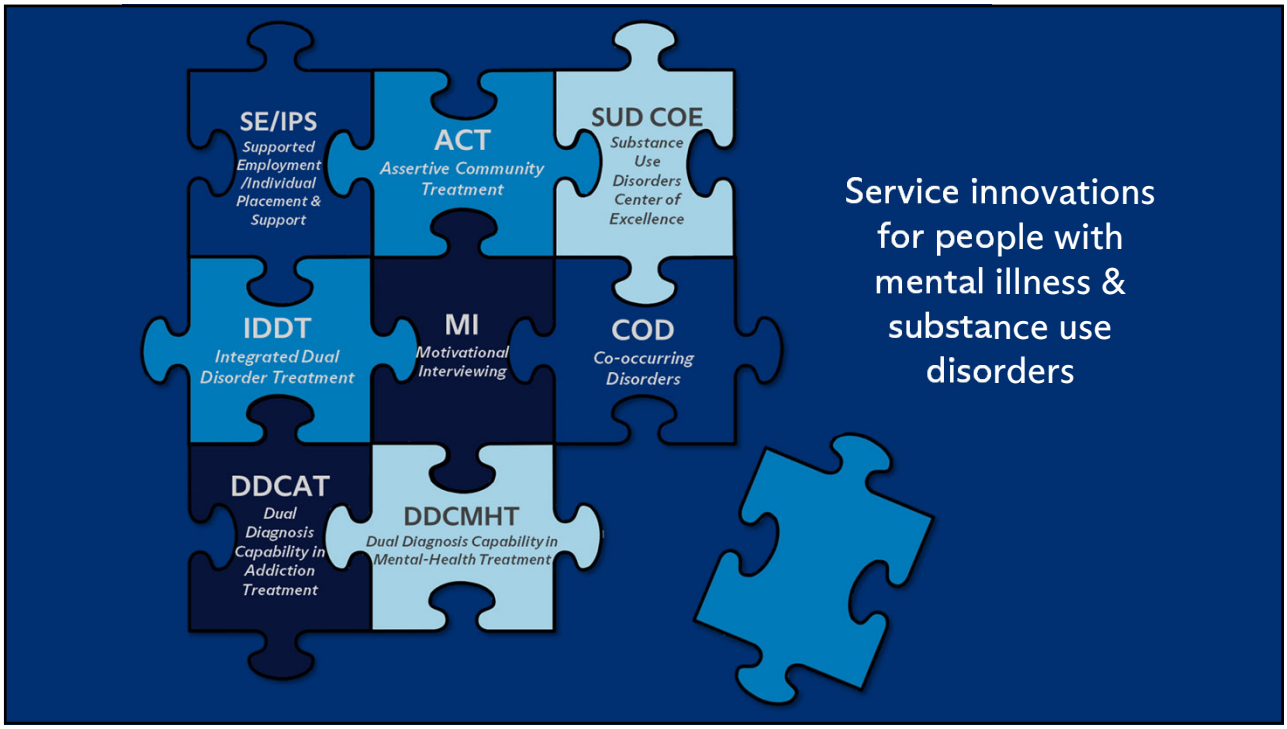

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Center for Evidence-Based Practices

at Case Western Reserve University

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Our technical-assistance services include:

- Service-systems consultation
- Program Consultation
- Clinical Consultation
- Training and education
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- Research

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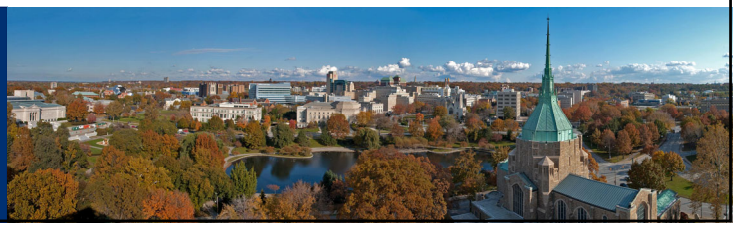

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