

## Explore Chapter 10

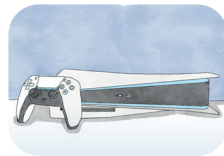
*This chapter presents stories based on real-life experiences of people facing schizophrenia and substance use disorders, showing their struggles, turning points, and paths to recovery. These personal stories provide valuable insights into the condition, treatment approaches, and the vital role of family support in recovery.*



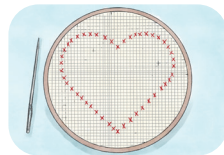
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**like a victory**



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## Fast Facts

**Shared journey.** Recovery from schizophrenia and substance use disorder is a shared journey. When medical professionals, caregivers, and patients work together, meaningful progress becomes possible.

**Beyond medication.** Treatment isn't just about medication. A comprehensive approach, including antipsychotic medication, psychotherapy, family support, and lifestyle adjustments, together creates the best path to recovery.

**Setbacks are not failures.** Recovery isn't linear. Relapses can happen, but they are part of the process. Patience, perseverance, and the right adjustments help individuals get back on track.

**Family support matters.** Caregivers are not passive observers - they are pillars of strength in the recovery process. Education, understanding, and structured support at home can make a life-changing difference. "

## 10.1

### Michael's journey: Every small step feels like a victory



**Michael, a 30-year-old man, had struggled with social interactions since childhood. Those close to him recalled subtle signs of unusual behavior and difficulty connecting with others, suggesting early indicators of his condition.**

As a teenager, he found comfort in art and music, but he also started using drugs, mainly cannabis and amphetamines. For him, these **substances became a way to cope** with stress and emotions he found difficult to manage. But soon, it became a habit he couldn't break.

The struggles with schizophrenia and substance use disorder

At 23, Michael had his **first psychotic episode**. His family was terrified. He started hearing voices and was convinced people were watching him. He was experiencing fear and intense anxiety. Initially, doctors suspected substance-induced psychosis, but as time passed, even in times when he wasn't using substances, the **symptoms persisted**. That's when he was diagnosed with **schizophrenia**.

For years, it was a **cycle** - medications, therapy, moments of improvement, then relapse. **The combination of schizophrenia and substance use made everything harder.**

Despite years of treatment with different medications, he continued to struggle with persistent symptoms, like auditory

hallucinations and paranoia. Taking his medication consistently was a challenge. His family often found him **isolated** in his apartment, **messy**, and **disconnected** from reality. Other times, he'd disappear for days, leaving his mother, Maria, and his sister, Ana, worried. They were concerned about his safety and future, but never stopped believing things could improve.

Then, one night, he was brought to the hospital after a severe episode. Ana and Maria sat in the waiting room, exhausted and afraid.

"We've done everything we can. What if he never gets better?"

Maria whispered.

Dr. Lara, Michael's psychiatrist, met them with a steady, reassuring voice. "We're not just treating schizophrenia," she explained.

"We need to address substance use and cognitive problems, too. It's a delicate balance, but we'll take this journey together."

Then she added,

"He needs the right treatment, and he needs you."

The turning point: a tailored treatment plan

Determined to find a better approach, Dr. Lara decided to introduce a novel antipsychotic medication suited to Michael's needs - one that had shown promise in **treating both** schizophrenia and substance use disorder.

Ana and Maria were eager to **learn how to support** Michael in adhering to the treatment and create a structured and stable environment at home that would reinforce his medical treatment.

To maximize Michael's chances of success, Dr. Lara assembled a **multidisciplinary team** that included a psychotherapist, a substance use counselor, and a cognitive rehabilitation specialist.

"A treatment extended beyond medication, that can address the interconnected aspects of Michael's condition."

Dr. Lara said.

Building a partnership between caregivers and professionals

Ana took the lead in attending family education sessions, where she learned about the complexities of schizophrenia and substance use disorder and the essential role caregivers play.

These meetings helped her **recognize early warning signs of relapse and use strategies to gently guide Michael toward healthier coping mechanisms.**

Maria, meanwhile, focused on **creating a structured daily routine**. Simple actions, like having regular meals, involving Michael in small chores, and encouraging short walks, became part of his rehabilitation.

Both Ana and Maria also joined **support groups for families** affected by schizophrenia and substance use disorder. There, they found solace, shared experiences, and received encouragement.

"Your role is crucial," Dr. Lara often reminded them.

"Medication can stabilize the symptoms, but a stable and understanding environment is what sustains recovery."



Facing setbacks

The path was far from smooth. At one point, Michael missed his follow-up appointment and had a **relapse**, triggered by drinking alcohol at a friend’s party. Maria cried that night, afraid they were back to square one. It was a harsh reminder of **how fragile recovery could be**.

But Dr. Lara reminded them that **setbacks are part of the process**.

“This isn’t failure,”

she said. “It’s a lesson.”

The pharmacological treatment was adjusted, and psychosocial interventions were reinforced alongside the pharmacological treatment. Michael resumed therapy sessions, and Ana worked with the counselor to gently limit Michael’s exposure to environments that might tempt him toward substance use.

Small steps toward recovery

After several months, the **combined efforts** began to show tangible results. Michael’s psychotic episodes diminished in frequency and severity.

His cognitive function improved, allowing him to engage in conversations and even take a part-time job at a local library.

His substance use had also markedly declined, thanks to **consistent counseling** and his family’s **unwavering support**.

Maria described it best:

“It’s like seeing Michael slowly return to us. It takes patience, but every small step feels like a victory.”



Final Reflection

“**Recovery isn’t about perfection; it’s about progress.**” Dr. Lara always said. And day by day, step by step, Michael moved closer to stability, a testament to the strength of teamwork between his medical team and his family.

Michael’s story is a call to action for all caregivers: your dedication and love can transform what seems impossible into a reality. With perseverance, collaboration, and the right treatment, even in the most complex cases of schizophrenia and substance use disorder, recovery is possible.



## 10.2

Alex's Journey:  
Early action

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**Alex, a 31-year-old man, had been facing mental health challenges that initially went unnoticed by his family.**

Concerns arose when he started **withdrawing** from social interactions, **avoiding** friends and family, and shared beliefs that seemed **unusual**. He heard voices others couldn't, felt intense paranoia about being watched by strangers, and suspected his phone was being used to spy on him. He even felt the air around him was contaminated.

Encouraged by the family, Alex shared these experiences with his family doctor, who immediately referred him to a hospital for specialized psychiatric evaluation and care.

### Understanding the Diagnosis

At the hospital, Alex shared the severity of his experiences. He described how the **anxiety, paranoia, and hallucinations** made it impossible for him to sleep. He had stopped smoking, fearing that cigarettes were poisoned. His **insomnia, confusion, and constant distress** showed his profound suffering.

Initially, he thought his symptoms were due to his recent episodes of substance use - methamphetamine, cocaine, and alcohol during "chemsex" sessions. However, his partner noticed that even when Alex wasn't using substances, he still had paranoia and delusions, which suggested an **underlying mental health condition**.

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After a thorough evaluation, Alex was diagnosed with *schizophrenia, complicated by substance use disorder*. In addition, his history of HIV and **other health conditions made his case particularly complex**.

### A comprehensive treatment plan

Alex was admitted to the psychiatric unit, where a multidisciplinary team of specialists created a **personalized treatment plan** for him. The approach was **holistic**, addressing **both schizophrenia symptoms and substance use disorder**.

**Medication:** Alex started *antipsychotic therapy*. Careful **adjustments to dosage** were made to minimize the risk of side effects while ensuring efficacy.

**Therapy and Psychoeducation:** Non-pharmacological interventions have **complemented pharmacological treatment**.

Alex and his family participated in *psychoeducation sessions* to **learn** about schizophrenia and SUD, **identify triggers**, and **build coping strategies**. *Cognitive-behavioral therapy (CBT)* helped him manage paranoia and delusions, while *motivational interviewing* supported his journey toward reducing substance use.



Instead of demanding immediate sobriety, his care team **focused on harm reduction strategies**, helping him take small but meaningful steps toward stability.

**Physical Health Support:** His *physical health* was also a priority. **Nutritional guidance, sleep hygiene strategies**, and **routine HIV care** were included in his treatment plan to support his overall well-being.

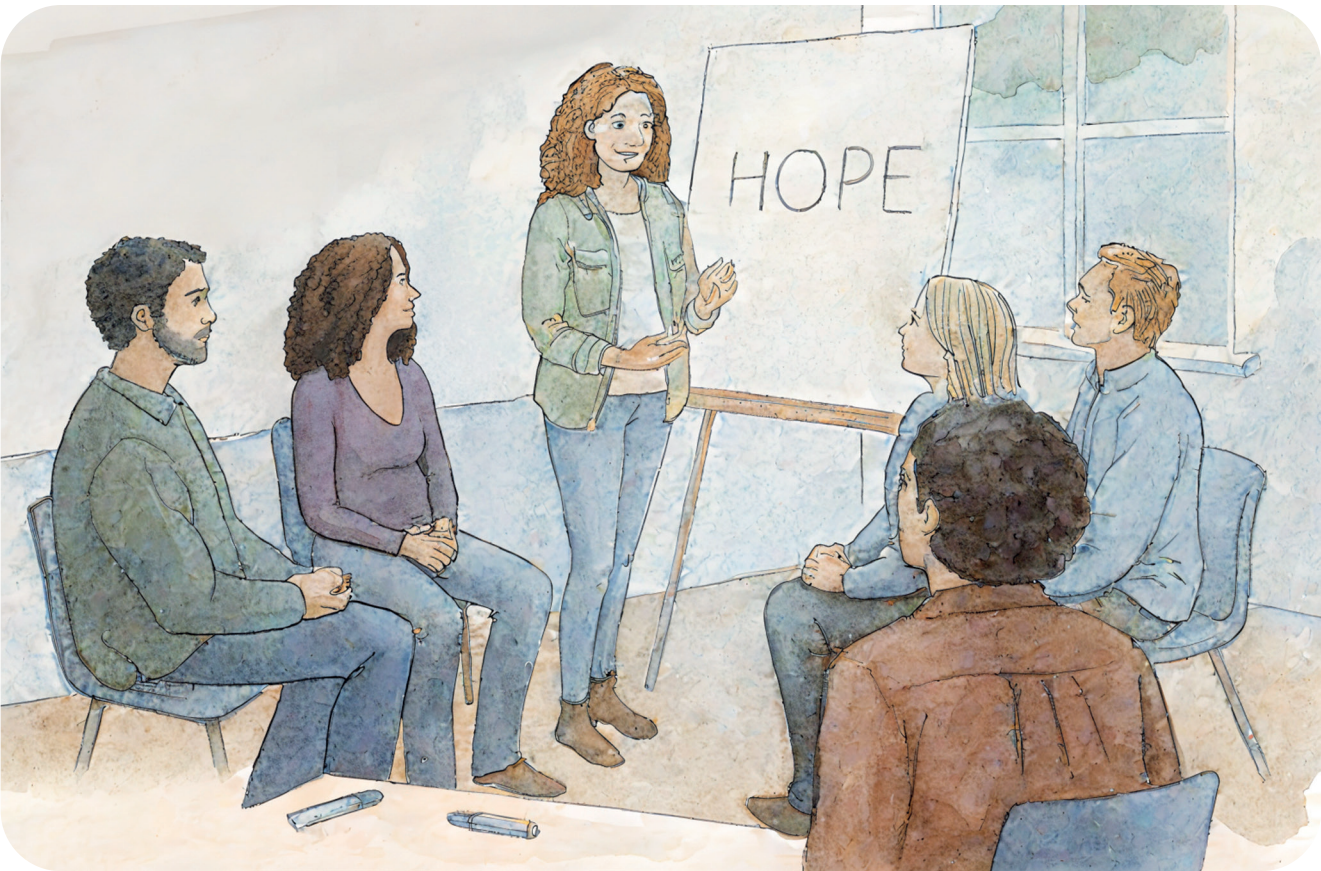
Signs of progress

**Recovery often develops gradually**, and for Alex, the first signs of improvement

appeared within the first week of hospitalization. His anxiety eased, the voices became quieter, and his delusions of poisoning and surveillance began to fade.

By the second week, he reported sleeping more peacefully – a breakthrough in his recovery. Over the next month, his thinking became clearer, and he became more engaged in therapy.

After two months, Alex had made significant progress. While he still had occasional intrusive thoughts, he had learned ways to manage them. His delusions were significantly reduced, and, importantly, he showed **growing optimism about rebuilding his life**.



The role of family support

Alex’s journey demonstrates the vital role of family and social support in managing both schizophrenia and substance use disorder.

His family’s decision to **seek help early** made a huge difference. During his hospitalization, they actively **participated in family therapy**, learning how to create a supportive home environment. Their involvement **built trust** and **created a strong basis** for Alex’s continued recovery.

Equally important was the dedication of his care team. They approached Alex’s complex needs with **empathy and persistence**, adjusting his treatment as he progressed.

Key lessons from Alex's story  
EARLY HELP INCREASES THE CHANCES OF RECOVERY

Timely diagnosis and treatment can significantly improve outcomes for individuals with schizophrenia and substance use disorder.

HOLISTIC CARE IS ESSENTIAL

Addressing both psychiatric and substance use issues of dual schizophrenia, as well as physical health, leads to more effective and lasting recovery.

FAMILY AND SOCIAL SUPPORT MATTER

The involvement of loved ones provides motivation, stability, and encouragement throughout the healing process.

INTEGRATED TREATMENT MAKES THE DIFFERENCE

Medication, therapy, and lifestyle changes together create the best path to recovery.

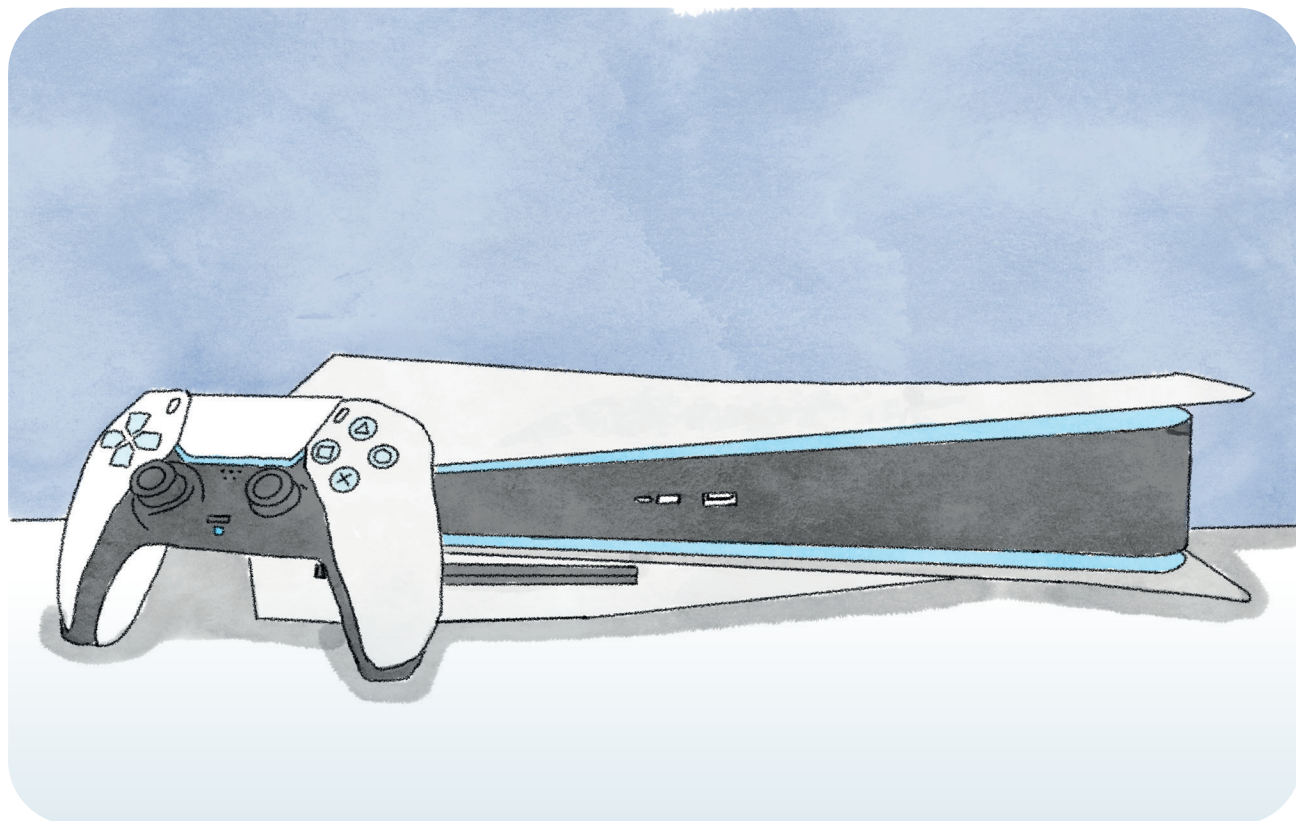
*Alex’s story reminds us that even in the face of complex challenges like schizophrenia and substance use disorder, recovery is achievable. With compassion, personalized care, and continued support from loved ones and medical professionals, people like Alex can find hope and rebuild their lives step by step.*



## 10.3

## David's journey: A story of resilience and hope

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**At just 23 years old, David found himself facing the challenging combination of serious break from reality symptoms and heavy cannabis use.**

Living with his parents and younger brother, he spent most of his time **withdrawn** from the world, **relying on cannabis and video games** as his primary **sources of comfort**.

Although his family had no history of schizophrenia, **signs of social anxiety** and **difficulty connecting** with others emerged early, which later escalated into a full-blown psychotic episode.

This initial episode, triggered by cannabis use, led to a 40-day hospitalization. Diagnosed with a psychotic disorder from the schizophrenia spectrum and cannabis misuse, David's journey through treatment was filled with both **encouraging progress and difficult setbacks**.

### The first steps in treatment

His initial treatment focused on **reducing symptoms** like delusions and hallucinations, which responded well to medication. However, negative symptoms - such as a **lack of motivation and apathy** - remained.

Feeling stigmatized, David decided to **stop the medication prematurely**, resulting in a **rapid relapse** characterized by the return of psychotic symptoms and increased cannabis use.

This early phase of his treatment journey highlighted the difficulties of managing both mental health and

substance use challenges. It also reinforced **the need for consistent support from both medical professionals and loved ones**.

### CHANGING COURSE

When David returned to care, his condition had worsened. He experienced persistent delusions, hallucinations, and social isolation, alongside intense cravings for cannabis.

Initial treatment led to **partial improvement** in positive symptoms, but was **held back by side effects**, ultimately requiring a change in approach.

A new pharmacological strategy was implemented with a **gradual transition between medications**. Over several weeks, both his positive and negative symptoms eased, and his cravings diminished somewhat. His progress was not always steady, but with ongoing effort, he managed to abstain from cannabis for two months. By the fourth month, David regained some functionality and eventually started a job.

### The challenge of stigma

Despite the improvement in symptoms, David consistently **refused non-pharmacological interventions, because of stigma**. This resistance limited opportunities to address deeper

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social and psychological challenges, emphasising **the importance of destigmatizing mental health care**.

Fortunately, his **family played a critical role in his recovery**, offering **emotional and practical support**. Their involvement helped compensate for his limited engagement with professional psychosocial interventions, though this dynamic is not always present in similar cases.

**LESSON IN RESILIENCE**

David's story, although ultimately showing encouraging outcomes, reflects **the complex and often unpredictable path of treating schizophrenia spectrum disorders with comorbid substance use**.



**How well treatment works can be very different for each person, and relapses can occur even when progress seems promising.**

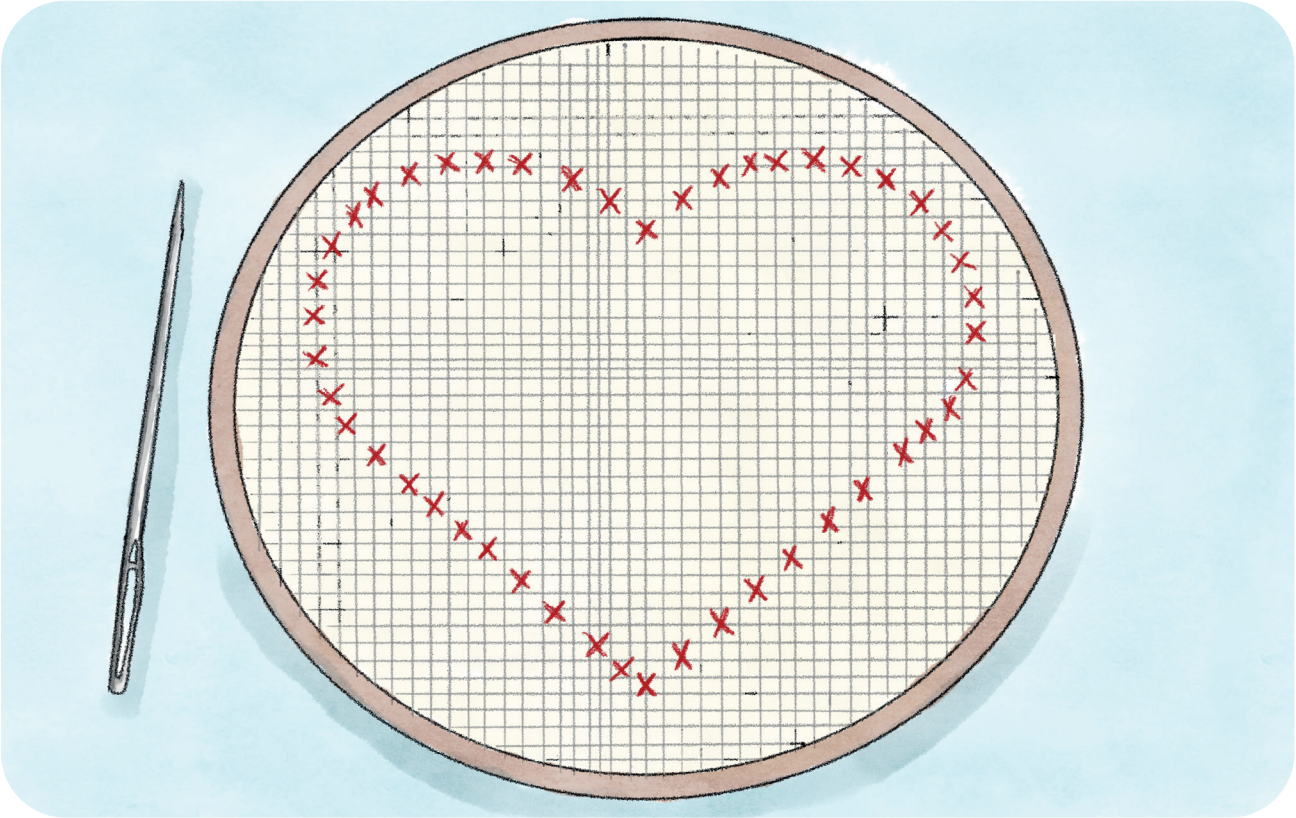
David's story reminds us that a **personalized approach**, combining medication, therapy, and family support, is often the most effective path forward.

It also highlights **the need to break down stigma** so that individuals facing similar challenges feel empowered to seek help without fear of judgment.

***Recovery is not a straight line - it is a journey of resilience, patience, and adaptable care. Your love and support as caregivers are invaluable anchors on this journey.***

**10.4**

**Sarah's journey:  
Back for my daughter**



**Sarah, a 36-year-old single mother, had always been a loving and devoted caregiver to her 14-year-old daughter, Emma.**



However, the challenges of the global pandemic brought about **unexpected mental health difficulties for Sarah**. Already inclined to anxiety, she began **using cannabis** to manage her stress. Unfortunately, without realizing it, this **aggravated a hidden psychiatric condition**. Over time, whispers in her mind became constant voices, and delusional beliefs intensified, resulting in **increasingly unpredictable and alarming behavior**.

The breaking point came during a supermarket visit, where Sarah caused a public disturbance. This event led to her admission to an inpatient psychiatric unit.

### Signs and Diagnosis

At admission to the hospital, Sarah presented **severe symptoms**, such as:

- Auditory hallucinations urging harmful actions
- Persecutory delusions that made her feel constantly watched and threatened
- Overwhelming anxiety and agitation
- Episodes of aggression

Her **use of cannabis, initially as a way to cope**, had unfortunately likely aggravated her condition. Sarah’s medical care team conducted a comprehensive evaluation, including an assessment of her psychiatric history, substance use patterns, and social context.

Sarah’s care team performed a thorough assessment, looking closely at her psychiatric history, substance use patterns, and social context. This detailed evaluation helped in establishing the diagnosis of **schizophrenia and cannabis use disorder**, and creating a **comprehensive treatment plan** to address both disorders.

### Treatment and Support

Sarah’s medical team implemented a **multidisciplinary treatment plan**, combining medication, therapy, and family support to guide her toward stability.

Throughout this difficult period, her sister, Laura, played an important role, stepping in to care for Emma while also providing strong support for Sarah’s recovery.

- **Pharmacological treatment.** Sarah was prescribed antipsychotic medication to stabilize her symptoms and reduce the intensity of hallucinations and delusions. Adjustments to dosage and medication type were made based on her response, ensuring efficacy while minimizing the risk of side effects. Additionally, medications to support her **withdrawal from cannabis** and **manage anxiety** were carefully integrated into her regimen.

- **Non-Pharmacological Interventions:**
  - ♦ **Psychoeducation:** Sarah and her family attended sessions to **understand** schizophrenia, the impact of substance use, and strategies for relapse prevention.
  - ♦ **Cognitive-Behavioral Therapy (CBT):** Sarah worked with a therapist to **challenge distorted beliefs, develop coping mechanisms, and fight cravings** for cannabis.
  - ♦ **Family Therapy:** Her care team facilitated sessions with Emma and Laura to **improve communication, set realistic expectations, and create a supportive environment**.
  - ♦ **Occupational Therapy:** Activities were designed to rebuild Sarah’s confidence and daily routine, focusing on her role as a mother and her plans for **reintegration into daily life**.

### Recovery path

Recovery was gradual and marked by **small but meaningful milestones** over several months:

**Weeks 1-2.** Initial **stabilization** was achieved, with a noticeable reduction in aggression and hallucination intensity. Sleep and appetite began to improve.

**Weeks 3-4.** Sarah gained **insight** into her condition, recognizing her hallucinations and paranoia as symptoms of schizophrenia. She also began actively participating in therapy sessions.

**Months 2-3.** Sarah made significant **progress** in managing her symptoms and coping with cravings. Her family reported improved communication and fewer conflicts during visits.

**Month 4.** Sarah reached a **level of stability** that allowed for discharge. She returned home with a clear treatment plan, including ongoing therapy, medication adherence, and community support programs.

### The power of family support

Sarah’s **recovery was a family journey**. Her sister, Laura, became her biggest advocate, balancing caregiving duties for Emma while ensuring Sarah followed the treatment. **Open communication with the medical team** allowed her family to stay involved in key decisions, providing the **steady encouragement** Sarah needed to keep going.

Emma also played a vital role in Sarah’s progress. Her presence during visits became a **source of motivation**, reminding Sarah of her responsibilities as a mother and reinforcing her commitment to recovery.



# What Sarah’s story teaches us

## Integrated care is essential.

Dual schizophrenia needs treatment plans that address both mental health symptoms and substance use simultaneously.

*Treating one without the other is rarely effective long-term.*

**Recovery takes time.** Sarah’s journey highlights the **importance of patience and perseverance**, with progress often measured over months rather than weeks. Celebrate the small victories.

## Family involvement is key.

The active participation of caregivers not only supports the individual in recovery but also strengthens the caregiving system.



## Teamwork leads to better results.

Combining medication with tailored therapy and social support creates comprehensive care and improves the chances of lasting recovery.

*Sarah’s story powerfully demonstrates that recovery, while challenging, is truly achievable with the right support and interventions.*

*Today, Sarah is back at home, carefully rebuilding her life with Emma while diligently continuing her treatment.*

*She remains connected to her care team and community resources, building a strong foundation for long-term stability*

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