Within the work of the *CURA program: Addiction trajectories and service trajectories*, the Douglas Mental Health University Institute presents the **14th exchange session** within the **Cross-training program** on concurrent mental health and substance use disorders

Substance use, mental health and delinquency: Better collaboration, from detection to treatment

Participant guide

Wednesday, April 27, 2016

David Forest
Untitled
Collection Les Impatients

This activity is being held with the support of funding received by the *CURA program (Communities-Universities Research Alliance –Addiction trajectories and services trajectories)*, the *Association des intervenants en dépendances du Québec (AIDQ)* and the *Academic Affairs, Teaching and Research Directorate - Montreal West Island Integrated University Health and Social Service Centre*

aidq
ASSOCIATION DES INTERVENANTS EN DÉPENDANCE DU QUÉBEC

ARUC
Alliance de recherche universités-communautés

Trajectoires addictives et trajectoires de services : les personnes toxicomanes au carrefour de réseaux de prise en charge.

Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal

Québec

What is "cross-training"?

Cross-training is an approach that is becoming increasingly used to improve the functioning of services within a network. The aim is to create a better understanding of the role of each partner to ensure an optimal continuity of services. Cross-training programs generally involve observational **personnel rotations** among different teams working with a same or similar clientele in order to allow professionals to learn more about other resources and different methods of intervention. This technique helps to enhance professional collaboration and also improves the continuum of services. Since 2007, **exchange sessions** have been added to the program, such as the one that you are attending today.

What does this 14th exchange session consist of?

The general objective is to present an overview of the needs and the service trajectories for **youths and adults at risk for, or having, substance use, mental health, and delinquency problems**, and to discuss based on methods of evaluation, intervention and collaboration.

The exchange session that you are participating in today is composed of the following activities:

- Conferences;
- Group discussions based on case studies;
- Presentations of collaboration projects;
- Question periods;
- A review of the day.

On behalf of all of the partners involved in the organization of this activity, I wish you an excellent exchange session!

Michel Perreault, Ph.D.

Who are the participants?

This exchange session brings together, via visioconference, participants from 18 distinct sites in the regions of Montreal, Mauricie, Outaouais and Sept-Îles. In total, more than 400 professionals will be taking part in this day. These individuals come from the fields of psychiatry, substance abuse treatment, public health, school boards, as well as the network of services for public security. Also among us, and involved in the organization of the day, are professionals from establishments within the health network as well as alternative resources, community organizations, and universities.

Am I a model participant?

- The model participant responds to his or her primary needs (drinks, snacks, meals, washroom) within the time allotted for breaks, and respects the schedule;
- The model participant makes sure to turn off his or her cellphone, pager, tablet, gramophone, or telegraph before the beginning of the presentations;
- The model participant is happy to know that if he/she has mentioned having a food allergy in the registration form, there will be a lunch box with their name on it reserved for them at the registration table at the front of the Douglas Hall. If in doubt, please speak to Louise Bénard.

Acknowledgements

This activity is offered courtesy of funding received by the *CURA program (Communities-Universities Research Alliance –Addiction trajectories and services trajectories)*, which is co-directed by Serge Brochu and Michel Landry, the Ass*ociation des intervenants en dépendances du Québec (AIDQ)*, and the *Academic Affairs, Teaching and Research Directorate - Montreal West Island Integrated University Health and Social Service Centre* and from the contribution of all resources that support the continued participation of their personnel. A special thank you to our collaborators from the CISSS de l'Outaouais and the addiction rehabilitation services of the CIUSSS de la Mauricie-et-du-Centre-du-Québec as well as to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator or reporter, as well as those who have joined our research team in order to help support the event. Thank you!

Please address any questions or comments to our (superb and) fabulous team members:

Registration	Diana	514-761-6131, ext. 2829 diana.milton@douglas.mcgill.ca
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Case study # 1 (adult): Antoine, 33 years old

During early adolescence, Antoine began drinking regularly and using cannabis with his friends. He sometimes consumed alcohol at home with his father, whom he often saw drunk, especially on the weekend. During his third year of high school, he began receiving failing grades, due to difficulty concentrating during class. He was then caught using cannabis at school. The school principal asked him to see the school psychologist. Preoccupied by the impact of substance use on Antoine's progress in school, the psychologist offered to help him take inventory of his substance use and to reduce it. The adolescent refused to collaborate, because he felt that he was unable to stop drinking and smoking cannabis, which was the only strategy that he found helpful to forget his family problems and to fit in with his group of friends. Antoine dropped out before finishing high school. A few years later, while a young adult, he experienced episodes of paranoia, not knowing whether they were a result of his cannabis consumption or not. He was afraid of mental illness and did not want to look crazy.

Currently 33 years old, Antoine lives alone in an apartment. His substance use, which he pays for by working under the table, allows him to forget the constant pain of living. He drinks a case of 24 beers each day and spends about $5000 per year to purchase cocaine. He does not have any friends that he can count on and he only talks to his parents once or twice per year. When he starts having liver problems, Antoine decides to consult a doctor, who suggests that he take part in a group therapy at a substance use treatment center. During the few sessions that he attends, Antoine finds that the other participants get on his nerves. Furthermore, he does not appreciate having to stop his consumption due to the antidepressants that he is prescribed. Since this first attempt at treatment, he has attended 21 day-stays in three different treatment centers. Also, he is hospitalized numerous times for problems related to his consumption. He believes that he has acquired many tools from these therapy visits, even if he feels he is on his own and isn't understood by the staff members, who tend to always concentrate on his consumption rather than his depressive state.

Back in his apartment, Antoine continues to regularly consume cocaine and alcohol because he cannot find any other way to face his emptiness, his anxiety attacks and his psychological distress. For months now, he has been waiting to receive services from a therapy center with housing because he wishes, despite everything, to feel better in his skin. Recently, he began dating Nadine, someone he met in one of his therapy groups. Antoine consumes with his girlfriend in order to feel close to and appreciated by her.

Discussion questions

1) Is the case of Antoine representative of the clientele that you work with? (How many people agree?)
   ☐$_1$ All ☐$_2$ The majority ☐$_3$ The minority ☐$_4$ None
2) In your practice, in which way could you handle Antoine's situation? Which actions could be taken, from a clinical standpoint?
3) What existing services or programs could be involved to help Antoine and/or his entourage?
4) In your opinion, what could have been done to prevent the situation that Antoine finds himself in?
5) In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and delinquency problems, what would you suggest?

Case study # 2 (adult): Claire, 28 years old

Claire spends the majority of her adolescence between treatment centers and her foster family, where the woman taking care of her sells her benzodiazepines. She also regularly consumes alcohol and marijuana. Claire begins prostituting herself in order to pay for her substance use at the age of 15. When she reaches legal age, she leaves to go and live in the street and frequents pushers. When she is between 22 and 24 years old, she is incarcerated for stealing and putting counterfeit money into circulation. This period is one of the rare moments that she stops consuming.

Today, Claire is followed by a social worker from her CIUSSS with whom she does not get along. Claire thinks that she does not have a problem and does not want to pursue treatment. According to Claire, she is not being given means to be happy, only to stop consuming, and without offering her any alternative solutions. The 28-year old woman prostitutes herself, steals money from her clients without their knowledge and lives in the street with a group that she considers to be her family. She has also recently started using crack and morphine. Following a suicide attempt, she is referred to a psychiatric service without any follow-up. She reports having a bad experience, passing the night at the emergency department and deciding to leave the next day without recalling what happened the day before.

Six months ago, the police raided a building that she was staying in. Following this event, Claire was given a community sentence with the condition of participating in therapy. She does not feel ready to begin treatment and is caught smoking a joint. She is expelled from the rehabilitation center, after which she makes two other attempts at therapy, without success. However, she feels that something is changing. The fact that she sees others improving makes her feel better, even if she thinks that she is unable to get to that point herself. She then decides on her own to call another treatment center, where one of the entry conditions is to be sober for at least a week, though she has difficulty not consuming anything for even one day. Her social worker has not heard from her for more than three days. In the street, people say that Claire consumed, and on a high from cocaine, is now on the run.

Discussion questions

1) Is the case of Claire representative of the clientele that you work with? (How many people agree?)
   ☐$_1$ All ☐$_2$ The majority ☐$_3$ The minority ☐$_4$ None
2) In your practice, in which way could you handle Claire's situation? Which actions could be taken, from a clinical standpoint?
3) What existing services or programs could be involved to help Claire and/or her entourage?
4) In your opinion, what could have been done to prevent the situation that Claire finds herself in?
5) In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and delinquency problems, what would you suggest?

Case study # 3 (adult): Sylvain, 40 years old

Sylvain is unhappy with his married life. He has two children, seven and eight years old, and works in building maintenance. He consumes cannabis every day, as well as cocaine and alcohol multiple times during the week. Despite his frequent fights with his wife, Sylvain does not want a separation, because he wants to remain with his children.

The police stop him one day while he is driving impaired. Sylvain is very agitated and aggressive; he attempts to physically resist being arrested. The police determine that he does not seem to be in touch with reality, and decide to bring him to the psychiatric emergency department, where it is learned that he has fallen into a toxic psychosis. His driver's license is taken away. Having three court appearances in a short period of time makes him realize that he has a substance use problem. Sylvain considers himself lucky to have lost his license and to have been imposed the legal condition of following treatment within the community rather than being given a prison sentence. It is a first step toward help for his substance abuse.

His probation officer checks to make sure that he attends his appointments with the psychoeducator at the addiction rehabilitation center. During these weekly meetings, Sylvain is sober and appreciates the fact he is able to talk about his problems without being judged. He is happy to recognize that the feeling of being sober is good for him. However, he does not appreciate the fact that his wife, his mother or his friends have to drive him around when needed. Despite all of this, Sylvain continues to drink almost every day and takes speed, since it is less costly than cocaine. Also, he continues to smoke cannabis, and even grows it for profit. When he fights with his wife, he now has the habit of taking her car, without having any insurance coverage or a license, to go and drink at a local bar to forget his problems. Frustrated his wife's threats to leave him and by the pressures from his entourage who are constantly watching what he does, Sylvain finds it hard to imagine how his life could be enjoyable without using substances. He does not feel like he is a good father and is afraid to be alone; he no longer loves his wife and his job bores him. Upon his return from a bar after a night of heavy drinking, he is stopped once again by the police while under the influence.

Discussion questions

1) Is the case of Sylvain representative of the clientele that you work with? (How many people agree?)
   ☐$_1$ All ☐$_2$ The majority ☐$_3$ The minority ☐$_4$ None
2) In your practice, in which way could you handle Sylvain's situation? Which actions could be taken, from a clinical standpoint?
3) What existing services or programs could be involved to help Sylvain and/or his entourage?
4) In your opinion, what could have been done to prevent the situation that Sylvain finds himself in?
5) In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and delinquency problems, what would you suggest?

Case study # 1 (youth): Felix, 16 years old

When he was nine years old, Felix's parents separated, after years of conflict and psychological violence. His father, who has problems with alcohol, marijuana and cocaine, left home, and maintained very little contact with his son. Felix could feel his father's indifference, as he would constantly insult him and treat him with contempt.

Felix and his mother live in precarious financial and social conditions. His mother has an alcohol problem, as well as depression. She loves her son, but has difficulty providing him with adequate parental support.

From the time he was in elementary school, Felix had a mediocre academic career. He is impulsive, disturbs the class, lacks friends and is ostracized at school. When he enters high school, Felix quickly falls in with a group of older students who take part in substance use and sell marijuana and speed. They include him in their group and introduce him to substance use. Felix develops a strong feeling of belonging with this group, even though he is often picked on by the majority of the members.

At 14 years old, he begins selling drugs and regularly consumes them at parties and during outings. At 15 years old, Felix consumes marijuana and alcohol on a daily basis. He also regularly takes speed and amphetamines. His profits from drug sales no longer support his substance use, and his connection with members of his gang lead him to commit various crimes. He commits robberies and begins recruiting for pimps. At 16 years old, Felix no longer maintains contact with his father and he has a conflictual relationship with his mother's new partner. He announces to his mother that he is leaving home, and quits school to go live with older members of his gang, who he considers to be his new family. His mother threatens to contact the DPJ (youth protection department) if he leaves home.

The month after he does leave home, Felix is caught committing a robbery. After appearing in court, he receives a sentence of one year probation within the community. Felix refuses to speak to the staff involved with his follow-ups, as well as to his mother, with whom he is very angry.

Discussion questions

1) Is the case of Felix representative of the clientele that you work with? (How many people agree?)
   ☐$_1$ All ☐$_2$ The majority ☐$_3$ The minority ☐$_4$ None
2) In your practice, in which way could you handle Felix's situation? Which actions could be taken, from a clinical standpoint?
3) What existing services or programs could be involved to help Felix and/or his entourage?
4) In your opinion, what could have been done to prevent the situation that Felix finds himself in?
5) In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and delinquency problems, what would you suggest?

Case study # 2 (youth): Josiane, 17 years old

Throughout elementary school, Josiane is a model child. Her parents both have demanding jobs, with a high social status, but are rarely present at home. In total, there are three children in the family, and Josiane is the oldest.

At about 15 years old, Josiane becomes disinterested with school and starts paying lots of attention to her appearance, her social status and her sex appeal. She identifies with other popular youths at school and wants to be accepted in their group. To fit in, she starts smoking and drinking alcohol. She goes to parties where risky sexual games take place, and experiments with some types of drugs. Naturally very anxious, she gravitates toward alcohol in particular, as it allows her to relax. Her parents do not notice any changes in her, because her grades remain good, and because they are often absent.

However, o her 17th birthday party, Josiane endures a traumatic event. After she has been drinking, she becomes the victim of a sexual assault perpetrated by some youths. Unable to talk about it, but humiliated and despondent, she consumes more and more to calm her suffering. She barely attends school anymore, and the school contacts her parents. Knowing that something is going on, her mother makes an appointment with Josiane's family doctor and contacts the CLSC in her sector to find out how they can obtain help as quickly as possible. The school administration suggests that they consult the school social worker. The steps taken by her parents lead to a fight with the young girl, who leaves home, slamming the door, after dinner. After many hours of waiting for her to return, her parents call the police to signal her disappearance. Josiane finally comes home on her own, the next day, not knowing where else to go. That day, Josiane tries to commit suicide by swallowing various medications found in her parents' room. They find her unconscious on her bed and call 911.

Discussion questions

1) Is the case of Josiane representative of the clientele that you work with? (How many people agree?)
   ☐1 All ☐2 The majority ☐3 The minority ☐4 None
2) In your practice, in which way could you handle Josiane's situation? Which actions could be taken, from a clinical standpoint?
3) What existing services or programs could be involved to help Josiane and/or her entourage?
4) In your opinion, what could have been done to prevent the situation that Josiane finds herself in?
5) In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and delinquency problems, what would you suggest?

Case study # 3 (youth): Martin, 19 years old

Martin is a college student in social science and works part-time as a pharmacy clerk. He lives in an apartment with a roommate.

Martin intensively consumes alcohol and cannabis, three times per week, from Thursday to Saturday, within the context of going out to bars with his friends. He can consume anywhere from 5 to 8 beers in a short period. He often combines smoking joints with drinking alcohol. Occasionally, he takes cocaine that is offered to him, to be able to consume more alcohol and party longer. Martin has a hard time having fun without substance use. He feels uncomfortable and anxious.

Last month, Martin was involved in a car accident upon leaving a bar. He was the passenger in the car, and his friend was driving under the influence of alcohol. Martin was met by a liaison nurse from a substance abuse rehabilitation center following his stay in the emergency department after the accident. In shock, realizing that he or his friend could have died, he accepts to talk about his substance use to the nurse. His evaluation reveals that his alcohol and cannabis consumption qualify as abuse, and that his cocaine use is considered to be at risk. The contact was particularly positive, as the nurse was able to provide emotional support, without judgment, all the while encouraging him to take a first appointment in a substance abuse treatment center to assess his substance use and then decide if he would like to pursue treatment.

Martin decides to make a first appointment with an addiction professional to discuss his concerns about consuming alcohol and drugs while driving. He does not want to stop going out, by realizes that he should probably diminish the risks that he takes, particularly with regard to drinking and taking drugs while driving, both as a driver and as a passenger. He thinks about eventually diminishing his alcohol and cannabis use, which have been causing him more problems in the last year at work (lateness and absenteeism) and at school (failing grades in certain subjects), but not right away. He finds it important to live his life as a youth and to not fall into a routine with lots of responsibilities right away.

Discussion questions

1) Is the case of Martin representative of the clientele that you work with? (How many people agree?)
   ☐$_1$ All ☐$_2$ The majority ☐$_3$ The minority ☐$_4$ None
2) In your practice, in which way could you handle Martin's situation? Which actions could be taken, from a clinical standpoint?
3) What existing services or programs could be involved to help Martin and/or his entourage?
4) In your opinion, what could have been done to prevent the situation that Martin finds himself in?
5) In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and delinquency problems, what would you suggest?

Where to find your discussion group

- **Groups # 1 to 5: Basement of Douglas Hall**
- **Groups # 6 to 9: Bowerman room in the Dobell pavilion**
- **Group # 10: Room K-3325, 3rd floor of the Porteous pavilion**
- **Group # 11: Room K-3126.2, 3rd floor of the Porteous pavilion**
- **Group # 12: Maurice-Forget room, 2nd floor of the Douglas Hall**
- **Group # 13:Gaston-Harnois room, 2nd floor of the Douglas Hall**
- **Group # 14: Room K-3223, 3rd floor of the Porteous pavilion**
- **Group # 15: Room B-0102 – Basement of the Dobell pavilion**

How to get to the Porteous pavilion?

From inside: Descend to the basement of the Douglas Hall and follow the arrows. The permanent directions and signs may also be useful for you to follow. When you arrive at the elevator, ascend to the 3rd floor. **Room K-3223** is in the **B wing**, in the corridor behind you. **Room K-3126.2** is located in the **A wing**, in the corridor to your right. **Room K-3325** is in the **C wing**, in the corridor to your left.

From the outside: Exit the Douglas Hall through the main doorway. Follow the pathway on your right and then turn right. The Porteous Pavilion can be found on your left, after the Emergency Pavilion. When you enter the Porteous Pavilion, you must wait for the first set of glass doors inside the building to close completely before you will be able to open the second set of glass doors. Take the elevator to the 3rd floor. **Room K-3223** is in the **B wing**, in the corridor behind you. **Room K-3126.2** is located in the **A wing**, in the corridor to your right. **Room K-3325** is in the **C wing**, in the corridor to your left.

Return to the auditorium of the Douglas Hall at 2:10 pm. Please be on time!