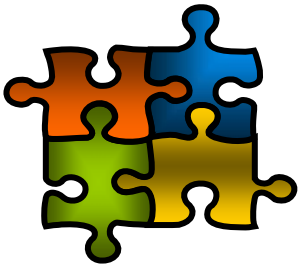
Ninth Exchange session

Offered as part of the cross-training program aiming to improve the continuity of services and programs for youths, youths at risk for, and youths having concurrent mental health and substance use disorders.

Eating disorders and substance use for youths (15-30 years old): Better understanding for better interventions.

November 23rd, 2012
Douglas Institute

Participant Guide



Welcome to the ninth training session offered as part of the "*Cross-training program aiming to improve the continuity of services for youths, youths at risk for, and youths having concurrent mental health and substance use disorders".*

History of cross-training in the South-West of Montreal

Initiated by the Committee of Mental Health Partners of the South-West (COPASM) in 2002, the cross-training program consists of joint training activities and personnel exchanges between mental health, substance abuse and prevention resources, particularly those serving the clientele of South-West Montreal. This project also involves members of the neighbourhood police. Up until this point, exchange sessions have reached over 1,203 professionals, while 221 internships have taken place within the framework of personnel exchanges.

Cross-training is an approach that is being used more frequently to improve the functioning of services within a network. It aims to generate a better understanding of the role of each partner involved to ensure optimal service continuity.

Cross-training programs involve **personnel exchanges** among different teams working with the same, or a similar clientele to allow professionals to acquire knowledge about other organizations, other means of intervention, and new areas of expertise. Cross-training aims to allow knowledge acquisition and the improvement of skills for people who provide services to the same clientele.

> *The goal is not to make service providers capable of doing the work of other professionals, but to promote an environment of improved collaboration in order to fulfill a continuum of client needs.*
>
> - Simmonds, 2003

The cross-training session in which you are participating today consists of short presentations, workshops, a panel, and a synthesis of the day. This format is one that was proposed during a consultation of key informants from each network. You are one of more than 200 professionals coming from mental health, substance abuse, prevention, public health, public security, and universities.

On behalf of all of the partners involved in the implementation of this project, we welcome you to this cross-training exchange session!

Michel Perreault, Ph.D.

Ninth exchange session offered as part of the cross-training program
November 23rd, 2012 from 8:30 a.m. to 3:30 p.m. at the Douglas Institute

Eating disorders and substance use for youths (15-30 years old): Better understanding for better interventions.

Organization of the activity

In 2009, a research team headed by Michel Perreault, researcher at the Douglas Institute, received funding from the Drug Strategy Community Initiatives Fund (DSCIF) of Health Canada to pursue a consultation on the training needs for professionals working with a clientele consisting of youths (15-30 years old) at risk for or having concurrent mental health and substance use problems. The results of this consultation identified the primary themes on which the exchange sessions would subsequently be based on, with the current session focusing on eating disorders and substance use among young people. The format, based on discussions centered on clinical cases within small groups of professionals from different networks, is the one which emerged during the consultation process. Following previous exchange sessions, a compilation and analysis of comments issued by participants via their evaluation forms has initiated certain adjustments to the procedures of these sessions in order to correspond more adequately to the needs of participants. Among these, suggestions from participants have provided the opportunity to allocate more time to the exchanges and group discussions based on clinical cases.

The Objectives of the Exchange Sessions

The current exchange session (November 23rd, 2012) will enable:

> **a better understanding of the evaluation methods of symptoms and interventions for youths and adults with eating disorders and substance use.**

The synthesis of the day will be based on the exchanges taking place within the discussion groups, where two clinical case studies will be explored.

Participants

Over two hundred professional staff members, program managers, and members of the police force are taking part in this event. They originate from the principal Montreal centres in psychiatry and substance abuse involved with the South-West region of Montreal, namely the Douglas Mental Health University Institute, Centre Dollard Cormier – Institut universitaire sur les dépendances, la Direction de santé publique of Montreal, and the Service de police de la ville de Montréal (SPVM). Among the other participants involved in the organization of the day are professionals from health network establishments and alternative community resources in the South-West of Montreal (Carrefour Jeunesse Emploi de l'Ouest de l'île, CSSS Sud-Ouest-Verdun, Centre de référence du grand Montréal, Portage, and the Centre de crise L'Autre Maison), as well as many other resources, such as the Association des centres de réadaptation en dépendance, Anorexie et Boulimie Québec (ANEB), Cumulus : Drug Awareness Program, GCC la Violence : groupe communautaire contre la violence, Domrémy Mauricie / Centre-du-Québec.

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Acknowledgments

This activity is offered to you free of charge due to funding obtained from the Douglas Institute, Health Canada, Prends Soin de Toi Program (foundation) and the contribution of partner resources that support the continued participation of their professional staff members. A special thank you goes out to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator and reporters, who have joined our research team in order to help support the event. Thank you!

Eating disorders and substance use for youths (15-30 years old): Better understanding for better interventions.

Clinical case studies

Adolescent Case Study: Marie, 17 years old

Marie is a seventeen-year-old who lives with her father and twin sister on the West Island. Her mother passed away five years ago from a malignant brain tumor. She used to be very close with her sister, but since the death of their mother, Marie has pulled away from her both her sister and her father. Her father tries to organize outings with Marie, such as going to a drive-in movie like they used to, but Marie is no longer interested in such outings.

A year after the death of her mother Marie started restricting her eating severely. Within 2 months she had lost 25 pounds, going from 130 pounds and a BMI of 21 to 105 pounds, with a BMI of 16.9. Marie was 13 years old when she was diagnosed with Anorexia Nervosa at the Sainte Justine hospital, 6 months after the onset of her symptoms. At that point, her weight had dropped to a BMI of 15, and she had lost her menses. Her father had brought her into the hospital after she had fainted following a 24-hour fast. Marie was kept in the hospital for 7 months against her will, in which time she returned to a normal weight of 125 pounds. Upon leaving the hospital, Marie began starving herself again, and for the first time, she began binge-eating and purging through self-induced vomiting. Weight loss followed.

In the past year, Marie has started using stimulants such as cocaine and amphetamines in the service of her eating disorder, as they provide appetite control and help to modulate negative moods such as anxiety and depression. Marie has been experiencing increasing affective instability in the past 6 months, and her psychiatrist is starting to consider whether she might be developing a comorbid Borderline Personality Disorder. Marie is very afraid of becoming attached to others, and as a result, inconsistently attends therapy. This continues the symptom cycle.

Marie's social network is limited due to her shyness, anxiety, and avoidance of social interactions, particularly if they involve food. Despite being underweight with a BMI of 17, Marie thinks that her body is disgusting and hides it with loose clothing. When Marie does go out, she tends to spend most of her time with other teenagers who also have drug abuse problems. She has started seeing the social worker at school because her teachers have noticed that she has become withdrawn and they are concerned about her.

Marie has recently started working long hours as a waitress in a coffee shop in order to earn enough money to pay for her binge-eating and drug use. She tends to use binge-eating and drug use interchangeably to modulate her moods. She reports thinking about suicide regularly, and has had several near-miss suicide attempts, mostly through overdose.

Discussion questions:

1-Is Marie's case representative of the clientele with whom you work?

2-Which elements would you bring up in order to analyze the case of Marie?

- What could help her :
- What can be an obstacle for her :

3-What would be the priorities to establish in order to help Marie?

4-What is the main general finding that you would like to have emerge from your discussion group regarding this clinical case study?

Adolescent Case Study: Sarah, 16 years old

Sarah is a young 16-year-old girl who resides with her mother and stepfather, and visits her biological father every second weekend. At her mother's house, Sarah has a 9-year old half-sister who has been suffering from juvenile diabetes since she was diagnosed at the age of 5. Her sister's diabetes has required many medical interventions and follow-ups at home, as it proved to be difficult to control for the first few months after her diagnosis. Also, Sarah's father has suffered from numerous depressive episodes as an adult, though none have required hospitalization.

One of Sarah's school friends, Chloe, knowing her friend's situation, consults the school nurse. Basically, Sarah has reported to Chloe that she has tried various weight-loss diets in the past two years and has currently found THE best way to lose weight. Her method, which she confessed to Chloe, does not involve any food deprivation. Chloe informs the nurse that she has heard Sarah vomiting in the toilet in the washroom, once at school, and the other time while she was visiting her. On both occasions, Sarah claimed that she had indigestion. Chloe mentions that she has noticed that her friend has lost weight in the last few months and that she is becoming more irritable. Her character is changing. Teachers at the school are also mentioning that Sarah's grades are slipping since last year, and that she increasingly lacks concentration and motivation. Finally, Chloe admits to having consumed cannabis a few times with Sarah on weekends at parties, but says that she is worried by the fact that Sarah consumes alone every night of the week as well. According to Chloe, Sarah does not view this as a big problem, explaining that "it helps her to relax".

The nurse succeeds in scheduling an appointment with Sarah in order to evaluate the situation. Sarah allows the nurse to take her vital signs, but refuses to be weighed. Her vital signs are unstable. After being questioned by the nurse, she explains that the results of this test are due to her consumption of cannabis. Sarah refuses to let the nurse contact her parents, fearing their reaction to her drug use. She promises the nurse that she will cease consumption of "pot" and accepts to meet with her in the next week for a follow-up. The following week, Sarah's mother receives a call from Provigo supermarket, informing her that her daughter has been caught stealing chocolate bars. She goes to pick up her daughter at the store, and as it is only a first offense, the situation is resolved amicably. Sarah's mother confronts her regarding her behaviour. Sarah shuts herself off, and explains simply to her mother that she wanted to bring the chocolate bars to a friend's party and that she did not have any money to purchase them. Sarah's mother is worried, because from what she knows of her daughter, she has never stolen anything in the past. She has also noticed the decrease in her daughter's grades at school. Not knowing how to approach the situation, and facing a wall of silence from Sarah, she broaches the subject with the team treating her other daughter's diabetes (with whom she has frequent contact) in order to obtain their advice on the matter.

Sarah's parents have been separated since she was 4 years old, marking the end of a relationship that was quite difficult, namely due to the depressive episodes of Sarah's father and the fact that her mother let the relationship go. Sarah's mother obtained complete custody of her daughter (with visitation rights every second weekend by Sarah's father), and met her current partner one year later. They moved in together rather quickly, and Sarah's half-sister was born when Sarah was 7 years old. Different health problems

emerged with the young child, and after multiple medical consultations, the diagnosis of juvenile diabetes was reached. The household endured many changes to adapt to the reality of a child afflicted with such a chronic disease.

On her end, Sarah experienced episodes of intimidation and exclusion from her peers in the 5th and 6th grade. At one point, she was overweight, and was often teased in the schoolyard. Her best friend stopped spending time with her to befriend more “popular” kids. Sarah did not talk about her social problems with her parents, as they were very occupied by the care being provided to their youngest child. Soon after graduating to high school, Sarah promised herself that she would make changes that would allow her to be included in the social groups surrounding her. It was near the end of her first year of high school that she began experimenting with different weight loss diets.

Discussion questions:

1-Is Sarah's case representative of the clientele with whom you work?

2-Which elements would you bring up in order to analyze the case of Sarah?

- What could help her :
- What can be an obstacle for her :

3-What would be the priorities to establish in order to help Sarah?

4-What is the main general finding that you would like to have emerge from your discussion group regarding this clinical case study?

Young Adult Case Study: Christine, 24 years old

Christine is a 24-year-old woman, who moved to Quebec two years ago from another province to live with her boyfriend who she had met online. Christine's partner Steven is a young 22-year-old man who works full-time in a warehouse where his uncle is his boss. He has been working as many hours as possible since they had their now 6-week-old daughter in order to save enough money to buy a car for the family. The couple is experiencing conflicts because Christine feels that Steven should be at home, whereas he feels that she should be working more or 'they just won't make it'.

Pre-pregnancy, the couple was reportedly smoking marijuana and using cocaine occasionally. Christine reportedly stopped all substances during her pregnancy. Christine is really proud that she was able to stop using cocaine while pregnant, but as she is not breastfeeding, she has been smoking marijuana 'a few times a week' to help 'deal with things'.

The referral states that she is a new mom who is being followed by the perinatal team at the CLSC for her infant's failure to gain weight, after usual CLSC post-birth follow-up. Christine talked to her nurse about her past, her nightmares, her extreme vigilance when her boyfriend wasn't home and her feeling of not 'being here' sometimes. The nurse referred Christine to first line mental health services of the CLSC to treat her PTSD symptoms, and to assist with 'couple issues'. It is difficult to make a first appointment to see Christine. She can't get to CLSC easily with her child and as it is the middle of winter. As a result, a first appointment is made at Christine's home.

At the first meeting with Christine, the social worker notices the multiple healed scars on her hands, arms, wrist, legs and neck. Christine talks about her anxiety regarding her daughter. She really wanted a child and was excited to be pregnant, but now that her daughter is here she isn't able to cope, she feels she 'isn't even here sometimes'. The worker also noted that the new mom calls her daughter 'piggy' when she appears to be hungry and calls her 'fatty' while changing her. Christine gained almost 70 lbs while pregnant and feels she 'is huge' and states jokingly that her daughter 'did it to her'. The worker notices that conversely, Christine seems thin. Christine informs her that she has lost 50 lbs. since giving birth six weeks ago. Since giving birth and in particular since losing the pregnancy weight, she is having difficulty sleeping and is having 'all kinds of nightmares again'.

She continues to open up about her past to the social worker. She describes in detail her experiences of sexual exploitation through the production of child pornography in another province involving her step father who was eventually incarcerated. Christine spent most of her youth in and out of foster care. She says that she was abused while in care as well.

Her only 'real family' is her last foster mom who has Multiple Sclerosis, and is living in the province where Christine grew up. They Skype regularly and the couple plan to go see her with their daughter when the road conditions improve.

She states that the only therapy that did help her was from someone that she 'really liked' who specialized in PTSD treatment at the mental health center that she met through the assistance of her foster mother, and saw for about two years from the age of 17 to 19.

Steven was raised by his mother who was a single parent and had never had another serious relationship. She is described as being supportive, but the couple doesn't want her to be too involved, as she 'tends to want to organize our lives'. She feels closer to Steven's uncle and his wife, who have no children of their own.

The worker gets a call from Christine's nurse at the perinatal team, who suggests that Christine get a blood analysis because she had low iron during her pregnancy, has recently reported feeling week and dizzy, and has had low blood pressure since having her daughter. Christine's blood work is also concerning; her potassium is on the low side and her iron level is very low. The nurse is having difficulty contacting Christine.

When the worker calls to speak with Christine, Steven answers as Christine is sleeping. As the worker explains that she was calling to speak with Christine regarding her health, Steven explains that he is not surprised because she 'has been up to all kinds of crap with food again', but refuses to explain further as Christine will be really mad at him.

Discussion questions:

1-Is Christine's case representative of the clientele with whom you work?

2-Which elements would you bring up in order to analyze the case of Christine?

- What could help her :
- What can be an obstacle for her :

3-What would be the priorities to establish in order to help Christine?

4-What is the main general finding that you would like to have emerge from your discussion group regarding this clinical case study?