
	<b>Canadian Mental Health Association</b> Ottawa <i>Mental health for all</i>	<b>Association canadienne pour la santé mentale</b> Ottawa <i>La santé mentale pour tous</i>	
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**Concurrent Disorder Groups for Individuals with Dual Diagnosis - It Can Be Done!**



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*Canadian Mental Health Association, Ottawa Branch*  
**Tuesday, June 16, 2015**

	<b>Canadian Mental Health Association</b> Ottawa <i>Mental health for all</i>	<b>Association canadienne pour la santé mentale</b> Ottawa <i>La santé mentale pour tous</i>	
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**Videoconference Event ID:**  
 45067175

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**OTN Service Desk:**  
 1-866-454-6861

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**Handouts on CNSC website**

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<http://www.community-networks.ca/en/vchandouts>



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## How to submit your Feedback about today's session

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Survey Monkey  
Questionnaire QR Code:



Survey Monkey web link:

<https://www.surveymonkey.com/r/Jun-16-2015-ConcurrDisordersandDD>

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## Session Overview

- 1) Services at CMHA Ottawa – Context
- 2) Presentation on Concurrent Disorders and modifications for people with dual diagnosis
- 3) Understanding the learning needs of individuals with dual diagnosis and how to make modifications



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## CMHA Ottawa



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## CMHA Referral Guidelines

- Clients must have a serious mental illness, as defined by the Ministry of Health
- Clients must be homeless or at imminent risk of becoming homeless.
- Clients with multiple and complex needs, who are not able to formulate and/or implement their own community support plan without intensive support

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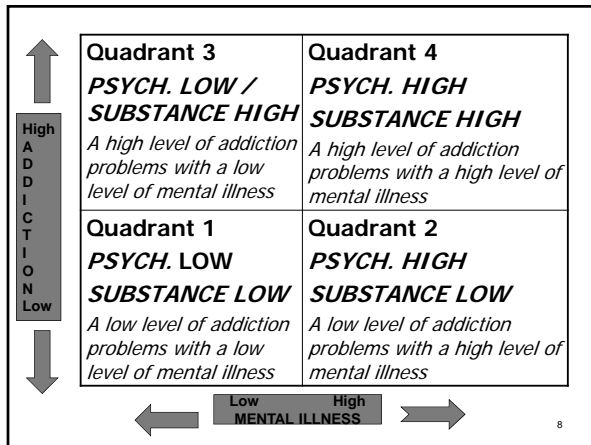
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Why is CMHA in the business of addressing concurrent disorders?




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## Why Concurrent Disorders?

- It is estimated that 37-65% of individuals with a serious mental illness have a co-occurring substance use disorder.

Mueser, K.T., Noordsy, D.L., Drake, R.E., Fox, L. (2003) Integrated Treatment for Dual Disorders: A Guide to Effective Practice. New York: The Guilford Press

- Small amounts of substance use have a severe impact on mental health.

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## Impact of Substance Abuse on Psychiatric Illness

- *The Effects are Additive.....*

- ↑ Relapse and re-hospitalizations
- ↑ In severity of symptoms of mental illness
- ↑ Family / interpersonal conflict
- ↑ Financial problems
- ↑ Risk of violence / aggression (perpetrator and/or victim)
- ↑ Risk of homelessness / housing problems
- ↑ Legal problems
- ↑ Risk of severe physical health problems
- ↑ Suicide risk

- *All of these effects add up to Early Mortality*

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## Socio-environmental Factors

“Substance abuse and mental illness are not ‘medical’ diagnoses alone, but are also strongly influenced by socio-environmental factors that are an indication of deep social inequities and poverty”

(Drake et al., 2008)

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## Integrated Treatment: CMHA OTTAWA



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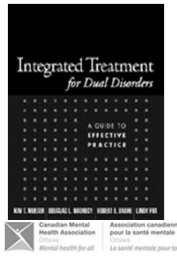
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## Integrated Treatment for Dual Disorders

—Drake, R. E., Fox, L., Mueser, K.T., & Noordsy, D.L. (2003) *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: The Guilford Press.

- ◆ Integrated Treatment
- ◆ Assessments
- ◆ Individual Approaches
- ◆ Group Interventions
- ◆ Working with Families
- ◆ Appendices



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## Components of Integrated Treatment

- Integration of services
- Comprehensiveness
- Assertiveness
- Harm Reduction Approach
- Long term perspective
- Motivational based treatment
- Availability of multiple bio-psycho-social interventions
- In all interventions, both mental illness and addictions are taken into consideration and considered primary



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## Stages of Change Prochaska and DiClemente (1992)

1. Pre-Contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance




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## Levels of Treatment within the CD Program Matched to Stages of Change

**Stage of Change = Treatment Group**

- |                                 |                    |
|---------------------------------|--------------------|
| • Pre-contemplation             | Engagement         |
| • Contemplation/<br>Preparation | Persuasion         |
| • Action                        | Active Treatment   |
| • Maintenance                   | Relapse Prevention |
| • Termination                   | Peer Support       |

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## Therapeutic Modalities at CMHA

- Art Therapy
- Dialectical Behavioral Therapy
- Psychoeducational Approach
- Solution Focused Therapy
- Transactional Analysis
- Cognitive Behaviour Therapy
- Motivational Interviewing

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## Principles of Recovery

- **Person involvement** – each person participates actively in all aspects of his/ her recovery plan
- **Self-determination/choice** – each person determines his/her own unique recovery plan
- **Growth Potential** – everyone has the potential to change and to continually improve
- **Hope** – each person has the hope and belief that he/s he will recover
- **The need of a supportive environment to thrive** – each person is helped by the presence of others, who believe in them.



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## Criteria for CD Group Support

- Severe and persistent mental illness
- Problematic substance use
- Multiple and complex needs, i.e., homelessness, trauma, unemployment, dual diagnosis, etc.



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## Clients in Concurrent Disorder Treatment Groups: September 2013

- Total of 358 clients participate in 28 weekly group sessions (5+ art therapy)
- All groups are open-ended, many are population specific. (e.g. Smoking Cessation Group, DD/CD Group, Young Adults, Older Adults, DBT-S, etc.)
- The groups are held on site and in the community at various partner agencies



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## Dual Diagnosis

- Having both a developmental delay and a mental illness or mental health issue
- In Ontario, 45% of adults with a DD received a psychiatric diagnosis during a revised, and accepted 2-year period, and 26% of those with a psychiatric diagnosis were classified as having a serious mental illness

Quintero, M. & Flick, S. Co-Occurring Mental Illness and Developmental Disabilities. (September/October 2010) *Social Work Today*. Vol. 10 No. 5 P. 6  
Emergency department visits and use of outpatient physician services by adults with developmental disability and psychiatric disorder.  
Lunsky Y, Lin E, Balogh R, Klein-Geltink J, Wilton AS, Kurdyak P.  
*Can J Psychiatry*. 2012; 57(10):601-7.  
Institute for Clinical Evaluative Sciences ([www.ices.on.ca](http://www.ices.on.ca))



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## Challenges for Clients with DD

- Use of abstract jargon
- Material too complex
- Structure of group
- Difficulty concentrating



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## Origins of CD-DD group

Cloak of competence: clients were participating in regular groups but not getting the benefits of group:

- Clients copied other participants' responses
- Clients looked bored, fidgety or restless
- Clients were not able to relate to other peers



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## Origins (continued)

- Clients had difficulty following the flow of discussion and processing the material
- Discussions were too abstract
- Use of metaphors

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## Development of DD group

- Workers were not able to see changes in behaviours related to substance use
- Dual diagnosis team started having discussions with CD team about these issues
- CD team was also identifying challenges in CD groups
- Internal staff member completed her Master's degree practicum in the concurrent disorder program focusing on creating a concurrent disorder group for dual diagnosis

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## CD-DD Group Framework

- Overarching goal: adapting the delivery to clients' communication and learning style
- Combination of techniques: using a teaching style and tools for clients with developmental disability and principles of Motivational Interviewing

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## CD-DD Group Adaptations

- Modelling
- Visual, tactile and auditory learning
- Repetition
- Positive reinforcement and Motivational Interviewing
- Concrete, skills based

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## Concurrent Disorder Manual

**CONCURRENT DISORDER  
GROUP TREATMENT  
PROGRAM  
Manual 5  
DUAL DIAGNOSIS  
&  
PEER SUPPORT**

Canadian Mental Health Association – Ottawa Branch



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## Structure of CD-DD group

- 1) Check in – keep it brief
- 2) Grounding exercise & breathing exercise – DD clients sometimes have difficulty with this
- 3) “I am proud” exercise – orient clients to positive frame of mind
- 4) Break
- 5) Psychoeducation session
- 6) Goal for the day – “My plan”

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## Modules

- 27 modules in the Concurrent Disorder Manual for Dual Diagnosis
- Each session follows the same format
- Each session focuses on a different psychoeducation piece
- Psychoeducation topics build on each other to increase clients' knowledge, awareness and skills

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## Content

Modules	Content
1	Tactile grounding, group rules, teaching breathing exercises
2-6	Emotions, moving towards link between emotions and using
7-8	Awareness around using
9-15	Triggers
16-21	Coping mechanisms and strategies
22	Substance Use pros & cons
23	Values
24-25	Relationships
26-27	Facts about alcohol and marijuana use

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## Module on Effects of Substances in CD group (not modified)

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## Exercise on Polysubstance use Modified for CD-DD group

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## Sample Module on Polysubstance Use

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## Challenges

- Open group – not stage specific
- Keeping clients focused for the duration of group
- Difficulty doing the task or the exercise
- Getting to group
- Providing adequate support to clients in group and outside of group
  - Inside group: to ensure clients understand the exercise or help them focus on task
  - Outside group: to support client to reinforce learnings or practice during the week

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## Addressing challenges:

- Keep topics short, interesting and interactive
- Be skilled at bringing participants back to focus
- Length of session from 1 hour to 1 ½ hours
- Re-interpret clients' messages about use for the group

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## Addressing challenges:

- Sit with the challenges for a bit
- Consider moving clients to stage-wise group if appropriate or ready
- 2 facilitators-one to keep the group going and one to offer support through exercises (external brain)
- Invite support workers to attend group

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## “Joe”

### Pre-group:

- Mild developmental delay, FASD
- Polysubstance use
- Frequent police contact

### Post-group:

- Reduced substance use
- No polysubstance use
- Reduced police contact
- Talking about smoking cessation
- Tried to run a CD group in his friend's basement

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## “Mary”

### Pre-group:

- Mary was punching walls, had tenuous housing and erratic emotion regulation.
- Lots of tension and difficulty with interpersonal relationships

### Post-group:

- No longer hitting walls
- Housing stable
- A peer to other residents in the home
- Sobriety
- Able to express emotions in other ways (eg. Goes for a walk)

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## Benefits

- Meeting the needs of clients with dual diagnosis
- Increase capacity and competence on the concurrent disorder team
- Within the agency, raising awareness of clients with dual diagnosis and their needs
- Increase in knowledge transfer

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## Integration: Things to think about

- Not every client needs specialized services
- Increase facilitator skills to work with all populations (ABI, DD, etc.)
- Increasing capacity – opening the group to community partners
- Identify champions

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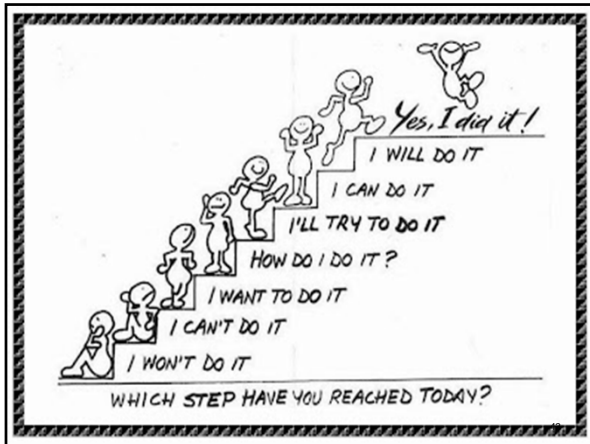
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## Questions ?

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## Module on stress

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Put your thinking caps on!


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