



# Working with Complexity:

Supporting People Affected by Concurrent Disorders

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*CREATING SOLUTIONS TOGETHER:  
Mental Health, Justice and Addictions*

Toronto Human Service and Justice Coordinating Committee




# What if...?





# What if...

- ...someone who is near and dear to you was showing very clear signs of having serious addiction and mental health problems - to the point that it was necessary to get them involved in mental health and addiction services and supports, or they had been charged and were being brought before the court?
  - ***What would you feel good about*** when you thought about the person becoming a service user in your local system?
  - ***What concerns*** might you have about them becoming service users in your region?
- 

## 6 Principles

- People First
- Under-recognized, but common
- Complex, but understandable
- Challenging, but treatable
- More than “clinical” problems
- From “*in spite of...*” to “*because of...*”



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*People with co-occurring disorders are **people first**... Too often these individuals pay a high price for co-occurring disorders*


*SAMSHA, 2002*

# Naming Addiction and Mental Health Problems

- Dual Diagnosis/Dual Disorders
- MICA - mentally ill chemical abusers
- MISA – mentally ill substance abusers
- SAMI - substance abusing mentally ill
- CAMI - chemical abusing mentally ill
- COAMD – co-occurring addictive & mental
- 3-D patients: drinking, drugged, disturbed
- “Double Trouble”/“Double Jeopardy”
- Multifarious Caseloads
- Comorbid Disorders
- Combined Disorders
- Co-occurring Disorders
- Concurrent Disorders



# Mental Illness, Addiction and Stigma

- Double stigma (but  $1+1=3$ )
  - Different views - community at large
    - the mentally ill - growth of illness model
    - the addicted - persistence of moralism
  - The view of addiction and of addicts among mental health workers
  - The view of mental health problems and the mentally ill among addiction workers
  - Internalized stigma – the last horizon
- 

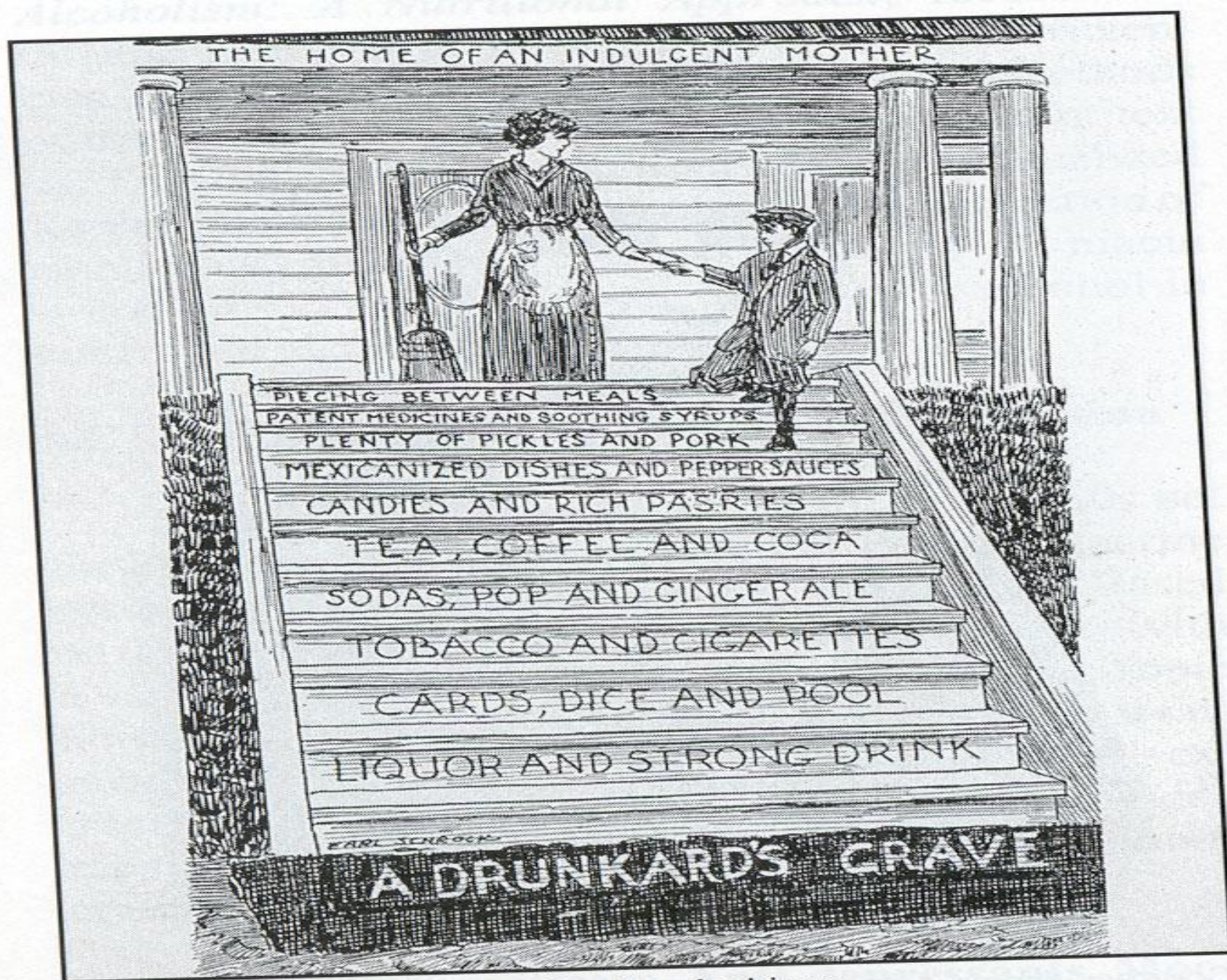


Sunday, March 14, 1915

## "HABIT" A CARTOON SERMON BY RODNEY THOMSON







Courtesy Illinois Addiction Studies Archives

## A Temperance Progression Chart



*“Junkies and drug pushers don’t belong near children and families. They should be in rehab or behind bars. The Conservative Government will clean up drug crime. Punish drug pushers with more jail time. Keep junkies in rehab and off the streets. Crack down on cross border drug smuggling. Who do you think is on the right track on crime? Check one →*

*Keep junkies in rehab and off the streets”*

**Junkies and drug pushers don’t belong near children and families.**





**They should be in rehab or behind bars.**

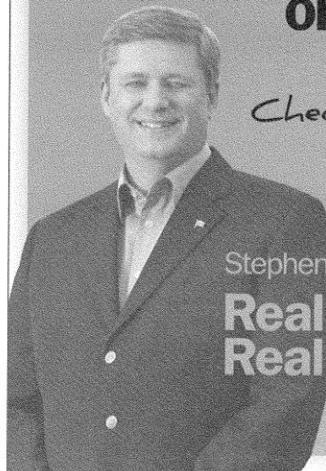
**The Conservative Government will clean up drug crime.**

- ✓ **Punish drug pushers with more jail time**
- ✓ **Keep junkies in rehab and off the streets**
- ✓ **Crack down on cross border drug smuggling**

**Who do you think is on the right track on crime?**

*Check one →*

	<b>Stéphane Dion</b> Liberal/Libéral	<input type="radio"/>
	<b>Stephen Harper</b> Conservative/Conservateur	<input type="radio"/>
	<b>Jack Layton</b> NDP/NPD	<input type="radio"/>
	<b>Elizabeth May</b> Green/Vert	<input type="radio"/>



Stephen Harper

**Real Action.  
Real Results.**

NAME	TELEPHONE
ADDRESS	EMAIL
CITY/TOWN	
PROVINCE	POSTAL CODE

**Compliments of Bev Oda, MP**


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# The Many Faces of Concurrent Disorders

- Depending on where you work, the profile of concurrent disorders will vary
  - Working with severe persistent mental illness...
  - Working with addiction populations
  - CD and youth, older adults, forensic, criminal justice, domestic violence...
- 



## Untying the Knot

Rush, 2010



# The Immediate Need: **I SEE**

- To **IDENTIFY**  
(→ screening)
- To **SUPPORT**  
(→ stigma-busting, person-centred, family-focused)
- To **ENGAGE**  
(→ assessment, referral, treatment, continuing care, outreach & follow-up)
- To **EVALUATE**  
(→ measure impact & outcome, identify key factors)

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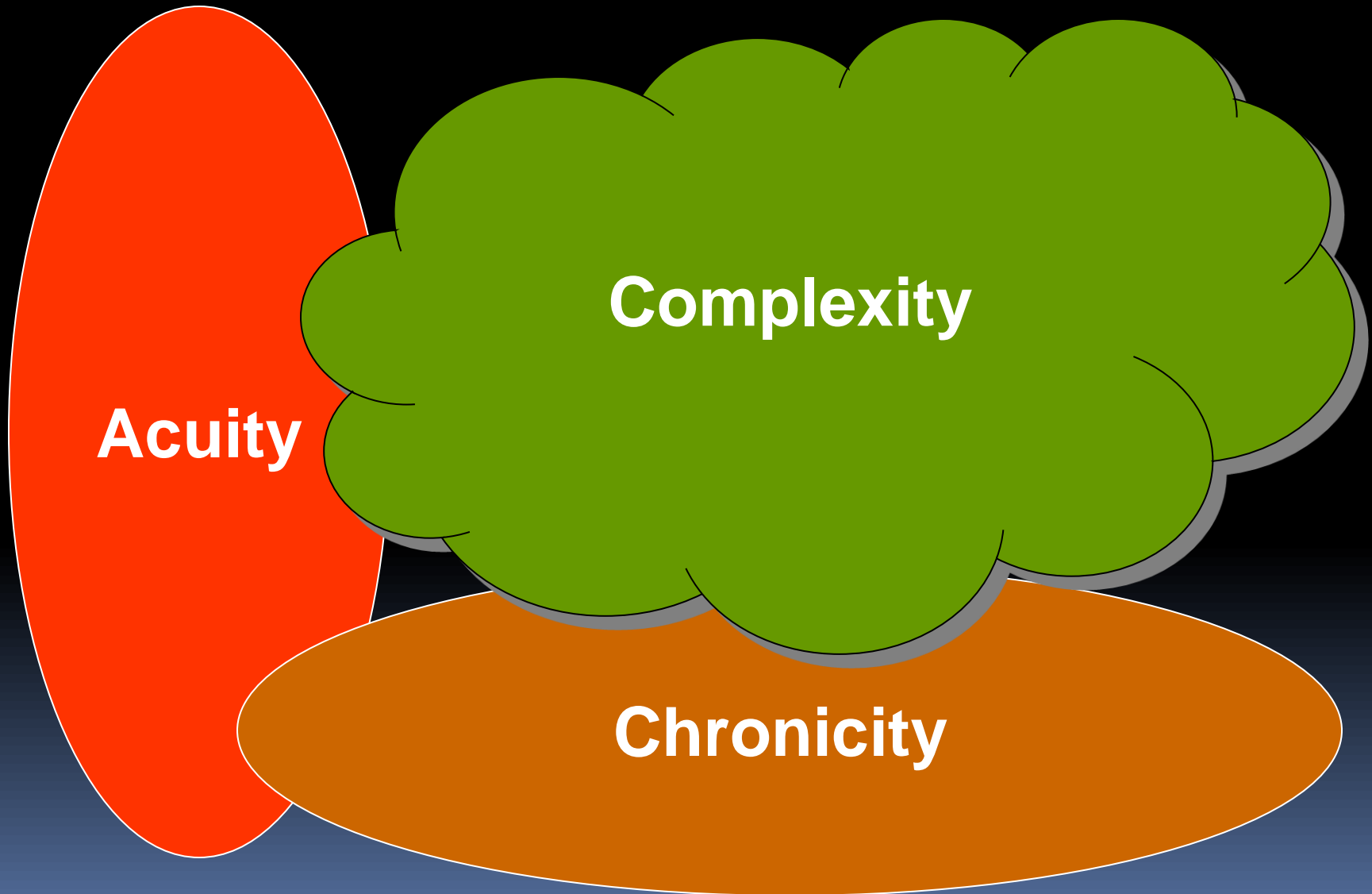






Complexity >>>>>>>>

# Nature of A+MH Problems

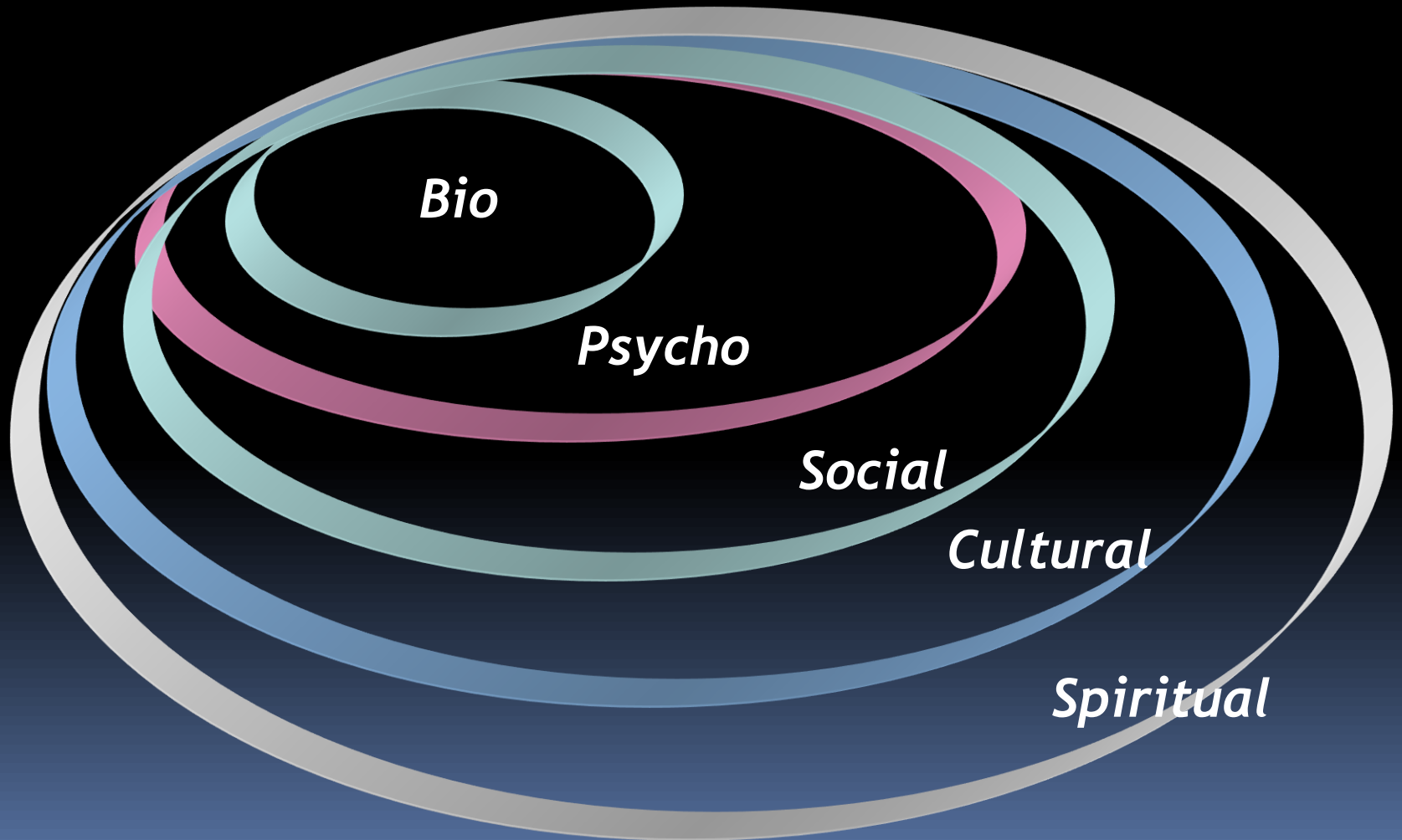


INTENSITY

...versus...

Extensivity

# Bio-Psycho-Social-*Plus* Model



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# Separate “systems”

*“I've gotten help for each individual thing but to get help for, like at the same time, you fall between the cracks and if one of your disorders is worse than another and then one doctor thinks you're seeing somebody else, basically nobody's helping you, nobody follows up, you kind of disappear in there”*


- Consumer, Health Canada Best Practices







# System “misfits”

- The client doesn't fit the way the systems are set up
  - The systems don't fit the ways clients are set up – i.e.: clients too often have complex needs and vulnerabilities
- 



# Stigma & Health Care System

You have to be active with the health care system when you're trying to get help for your family member ... *the dynamic is not that the system is serving you.* The dynamic is that you're getting what you need out of the system – and that takes effort. *Trying to deal with the mental health system or the addictions system for that matter ... can be just as frustrating as dealing with the problems your sick family member has all by yourself - and by that I mean just as soul-devouring and just as hope-destroying ...* because the health care system – well, you think of it as something that's going to help you. And when it doesn't, it's doubly devastating, right?

# Stigma & Health Care System 2

You know, it feels like you've been let down by your grandma or something.... *The door has been shut in your face by someone you thought was kind and benevolent.* So, we have to be strong and knowledgeable ... people have to become "system navigators" – *like a new profession that requires education and training.* You know, we have to be proactive and learn what to do, who to call, what kind of program is best and how to find the right spot in the system ... and we have to develop negotiation skills and talk like we have knowledge. (Support Group)

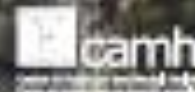




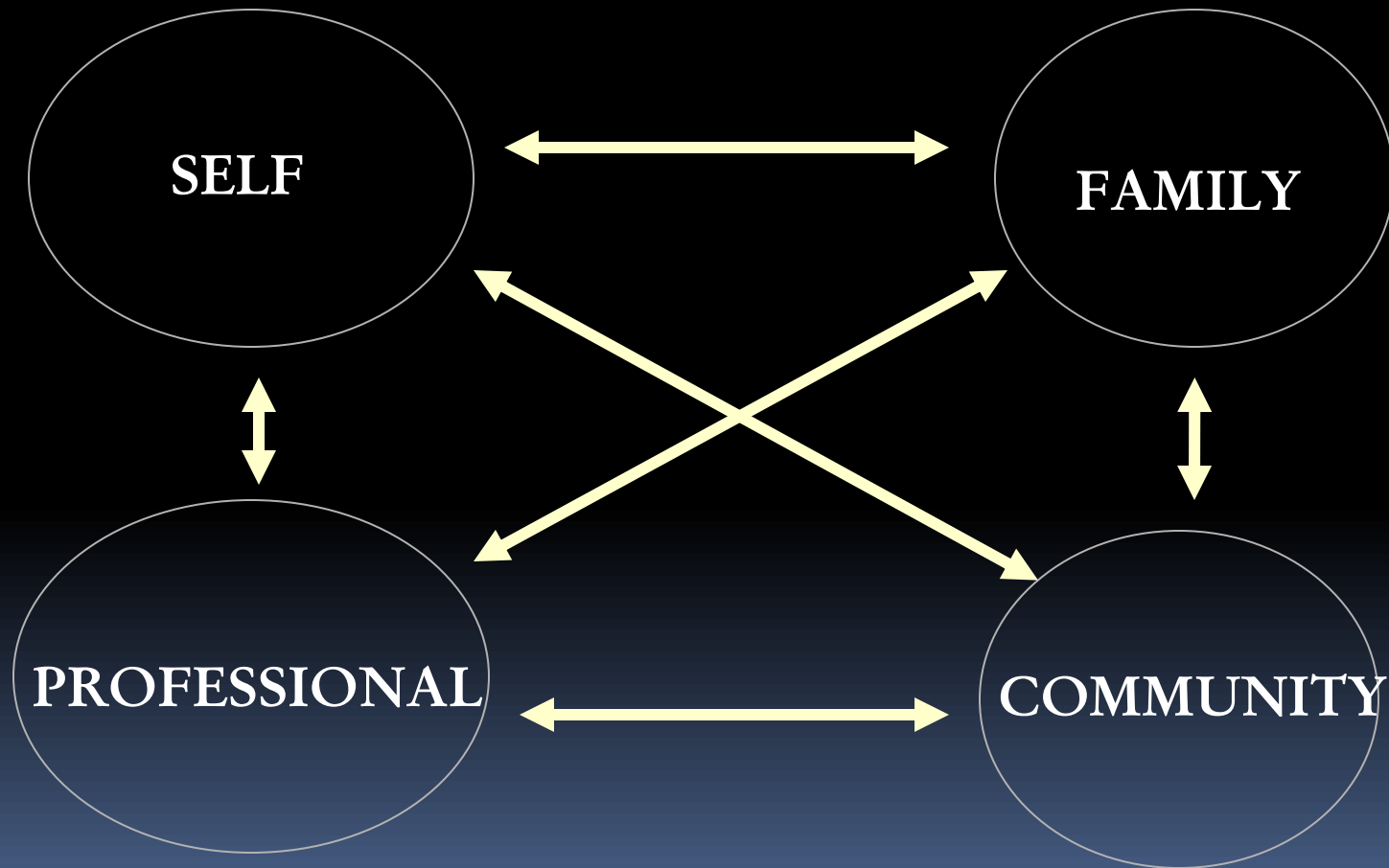
The background of the cover is a photograph of a forest. A dirt path leads from the bottom left towards the center of the image. On the right side, a large, moss-covered tree trunk is prominent. The forest floor is covered in green moss and ferns, and the trees in the background are lush and green.

# A Family Guide to Concurrent Disorders

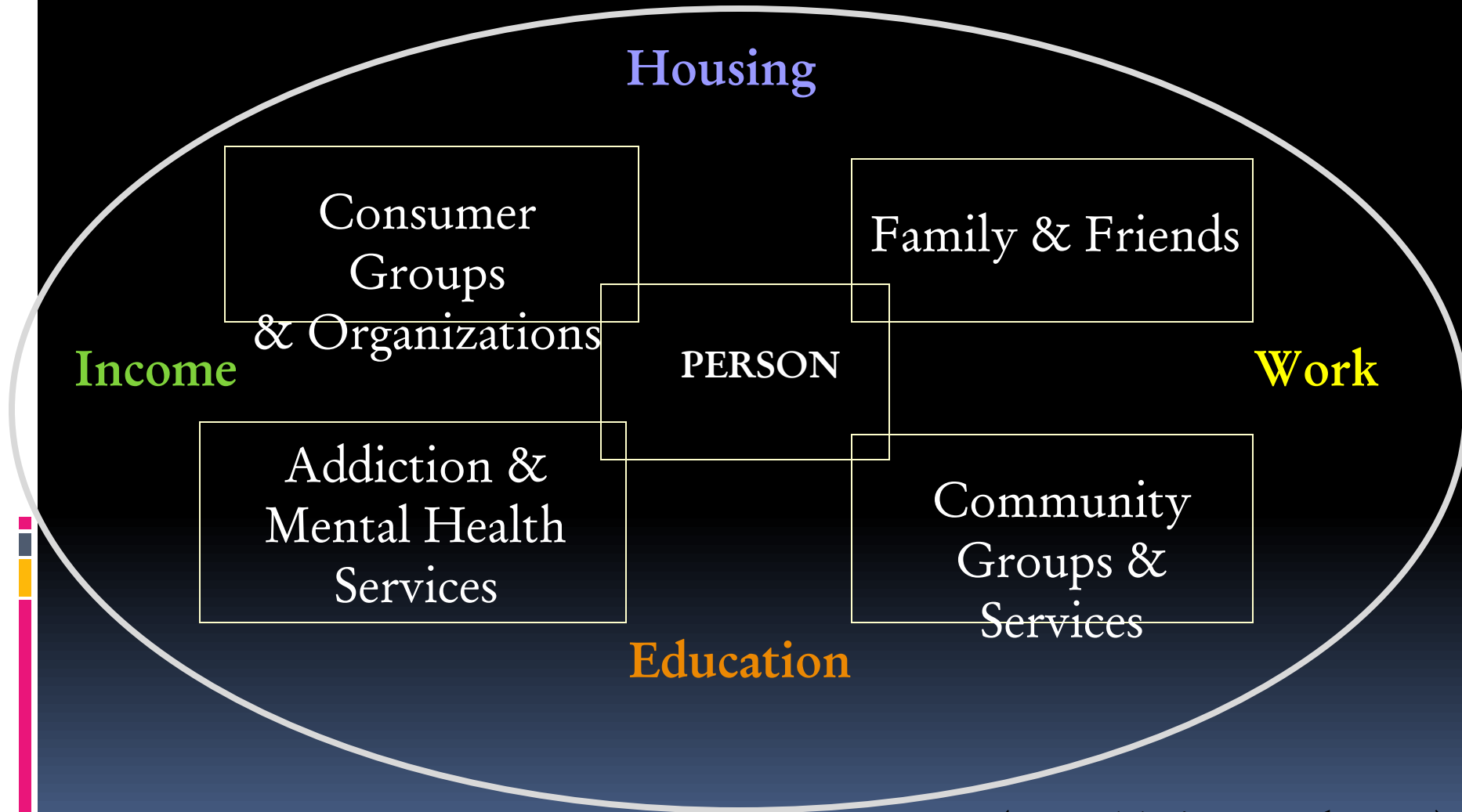
CAROLINE P. O'GRADY  
W. J. WAYNE SKINNER



# Care & Care-giving



# Building Holistic Perspectives



(From Trainor et al, 2000)

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Learning >>>>>>>>






# Learning to *Embrace* Complexity



# Building A CD Care Continuum

- Community-based services, including mobile and high support teams
  - Regional services for specialized assessment, treatment planning and intervention
  - Provincial resources for intensive, focused services
  - “Extensity” strategies
  - Consultation, liaison
  - Co-ordination and reciprocity between system components
- 




# CD Capable & CD Specialized






# CD “Capable”

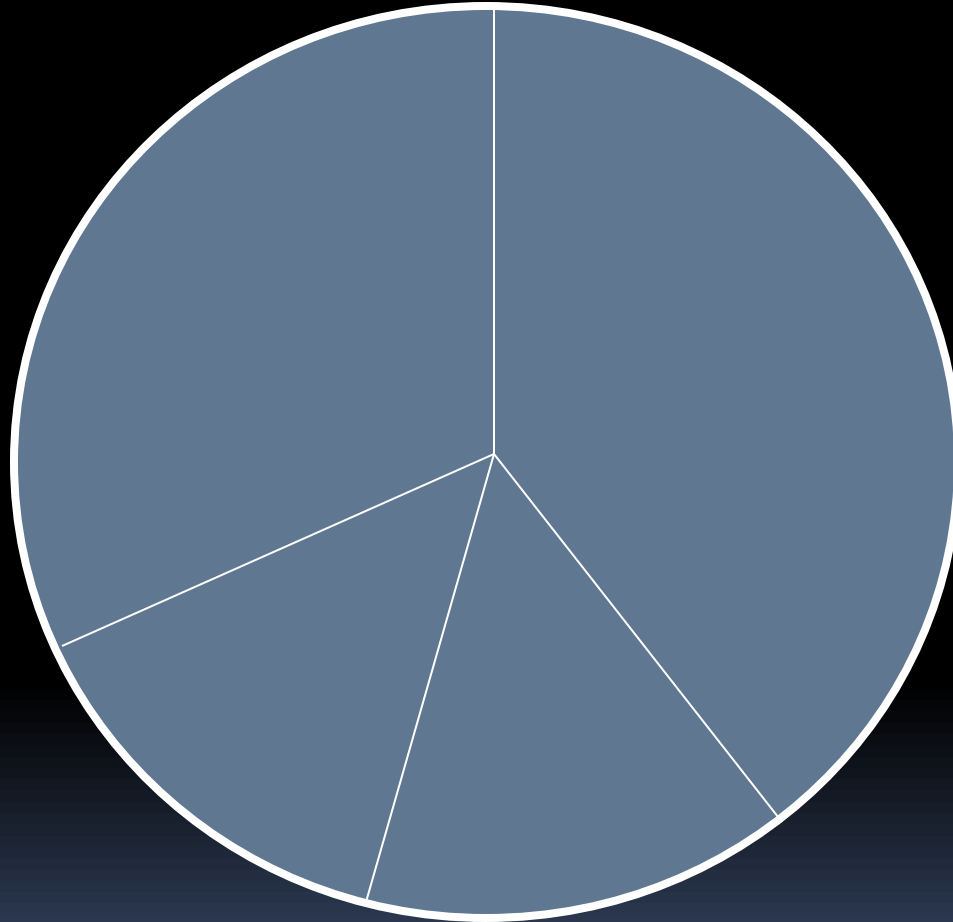
- Core competencies – (‘**ISEE**’)
    - Identify, Support, Engage, and Evaluate
    - Respond effectively to the needs of people affected by co-occurring addiction and mental health problems that we serve
  - Goal – everyone, everywhere
    - Core competencies would be measurably present in all clinical staff
    - System would work to support these best practices in all health & social services
- 



## CD “Specialized”

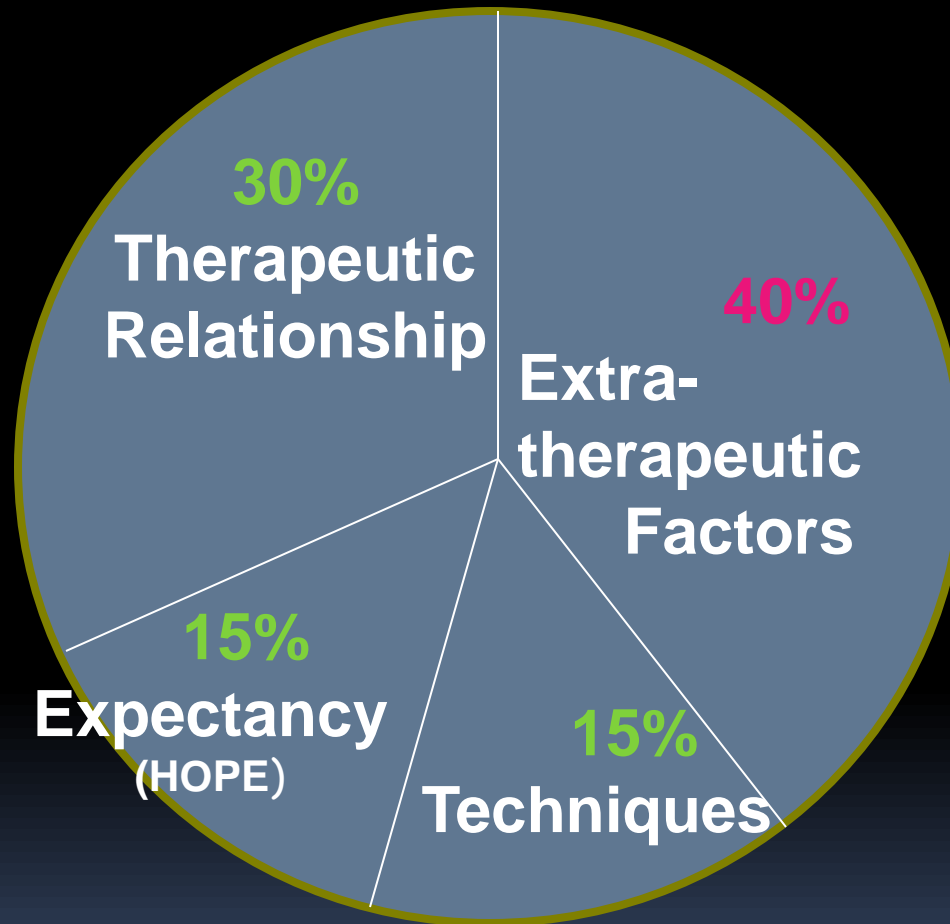
- Expertise in comprehensive assessment, treatment and support for co-occurring disorders for populations in which programs specialize – e.g.:
    - **Schizophrenia and addictions**
    - **Mood Disorders and addictions**
    - **Youth, addictions and mental health**
    - **Addictions and anxiety**
    - **Addictions and Personality Disorders**
    - **Self-harm and concurrent disorders**
    - **Addictions and anger**
    - **Trauma, mental health & addictions**
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# Therapeutic Factors Related to Improvement



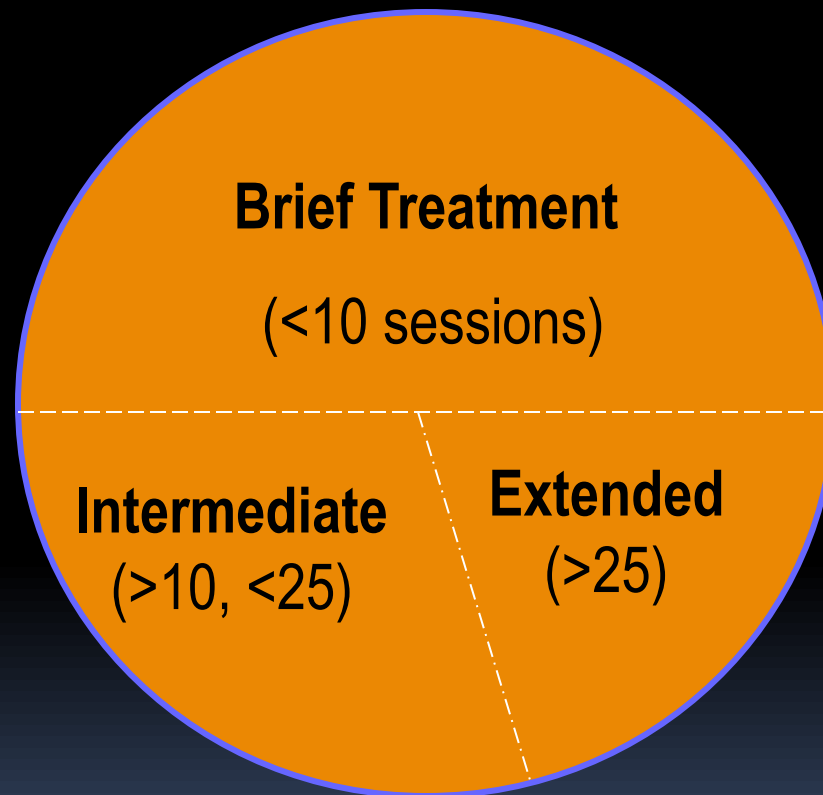
Lambert's Pie

# Therapeutic Factors Related to Improvement



- Asay & Lambert, 1999

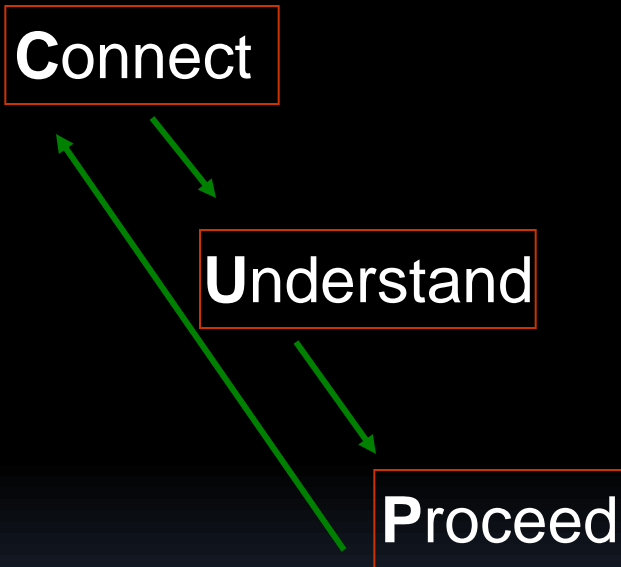
# Treatment Needed to Get Positive Result



Asay & Lambert, 1999



# Therapeutic Change: the Helping Process as a Guided Journey



*Interpersonal  
Processes*




*Stages of  
Treatment*

# The Most Important Factor...




“The most significant predictor of treatment success is an empathic, hopeful, continuous treatment relationship, in which integrated treatment and co-ordination of care can take place through multiple treatment episodes.”

- Ken Minkoff



# The evidence base for better practices

- Convergent findings over a number of different trials conducted with methodological rigour provide the strongest base
  - Most CD areas haven't been studied in that depth
  - Most research in addictions or mental health excludes people with co-occurring conditions, in order to optimize internal validity
  - This compromises the ecological validity of the evidence base, but we tend to extend findings anyway.
  - We need to research and evaluate real world populations to develop “really useful knowledge”
- 

# Better Clinical Practices in Concurrent Disorders - 1

- Make CD the expectation, not the exception
- Treat both addiction and mental health problems as primary
- Reverse the burden of proof
- Screen to identify who to assess further

# Better Clinical Practices in Concurrent Disorders - 2

- See assessment as an *ongoing process*
- Develop and use screening and assessment *instruments*
- See engagement as the fundamental treatment task

## Best CD Clinical Practices - 3

- *Everyone* needs to own the problem
- Use *motivational* approaches
- Be an *advocate* for the client's rights and needs
- Be *psychotically optimistic*, in a realistic way



"You know, we're just not reaching that guy."


## Better Clinical Practices - 4

- Develop *practical*, client-centred care plans
- Don't be surprised by *slips and relapses* – learn from them together
- Take a full *bio-psycho-social- cultural-spiritual -plus*) approach to recovery
- Be a *sponsor* of sustainable change – small, incremental things that are *valued by the client*





# Recovery

- Change as an ongoing process
  - Professional knowledge and skill is one of several potentially vital components in the process of change
  - Change is bigger than the therapies that assist it - it belongs to people, alone and especially together, as they struggle to emerge, develop and become whole
  - Recovery goes beyond symptom relief and resolution to self-esteem, identity, and meaningful living
- 

# Principles of Recovery in Mental Health

- *Internal conditions* experienced by people who describe themselves as being in recovery - *hope, healing, empowerment, connection*
- *External conditions* that facilitate recovery - implementing human *rights* principles, creating a positive *culture* of healing, providing recovery-oriented *services*
- Internal & external conditions produce reciprocal effects that are *mutually enhancing*
  - Jacobson & Greenley (2001)

# Recovery expressed...

- *One of the elements that makes recovery possible is the regaining of one's belief in oneself*
- *If we confront our illnesses with courage, and struggle with our symptoms persistently, we can overcome our handicaps to live independently, learn skills, and contribute to society, the society that traditionally abandoned us*

US Surgeon General's Report, 1999



Only connect.


- E. M. Forster






# *ALWAYS* Connect!

- the better way  
in CD practice



A caution,  
a challenge,  
an opportunity





# The Learning Conundrum

- Typical approach
  - Get trained
  - Get inspired
  - Go home
  - Good luck! (you are on your own)
- From holistic values to integrated practices
- From knowledge to skills





## Beyond the workshop...

- Knowledge *mobilization* (from knowing about to knowing how to actually do)
  - Attitudes, values, beliefs
  - Better practices
  - Skill development
- Supervision, consultation, “technical support”
- Building *communities of practice*
  - – local, regional, provincial, national

Thank you!

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