



CONCURRENT DISORDERS

CAPACITY BUILDING TEAM

December 2022 Newsletter

Correlates of posttraumatic stress disorders among Veterans in the Canadian Longitudinal Study on Aging

While PTSD in Veterans is an area of study with a substantial body of research., most of this research focuses on current or recently released veterans and does not look at veterans who completed service decades earlier. This article takes data from the Canadian Longitudinal Study on Aging (CLSA) to examine the mental health of aging veterans compared to non-veterans. They also examine the effect of the era of service, service branch, duration of service, and sociodemographic factors.

The data found that compared to non-veterans the veteran sub-group was predominantly male and older than the non-veteran group. Non-Canadian veterans and Canadian Regular Force veterans were more likely to screen positive for PTSD (7-8%) compared to non-veterans and reserve veterans (4-5%). This remained the case ever after controlling for

other variables. Longer duration of service, and service in another country were both factors that were associated with higher prevalence of PTSD. These findings suggest PTSD does not develop uniformly among veterans and the development can be tied to multiple risk factors. Older age was negatively associated with prevalence of PTSD which may be due to several factors including length of time since traumatic event, stigma, and the morbidity of mental illness. Veterans who screened positive for depression and anxiety were more likely to screen positive for PTSD. Being completely retired also increased the likelihood of screening positive for PTSD.

Some limitations of the study are that they CLSA did not ask questions specific to combat exposure which in past research has been linked to prevalence of PTSD. The CLSA also did not ask questions about trauma exposure in or out of the military which could effect these results, or confirm any of the self-reported information of service with the Canadian Military.

[Click here to read the full article](#)



An Exploration of Young Adults with Opioid Use Disorder and How Their Perceptions of Family Members' Beliefs Affects Medication Treatment

Young adults have the highest prevalence of opioid use disorder (OUD) of all age groups, and overdose in this age group continues to be a significant concern. Despite the high usage of opioid's in this age group they have higher relapse rates, lower treatment completion rates, and declining use of buprenorphine as a treatment method. Young adulthood is a distinct developmental age in which families are relied upon for guidance in making decisions. The influence of family support and involvement in substance use treatment has been shown to increase treatment retention in the past, but there is limited data on how family beliefs about OUD and treatment affects young adults' treatment decisions. This study was qualitatively examined how young adults with OUD perceived their families' beliefs about OUD and treatment and how those beliefs impacted their decisions. Data was collected using a semi structured interview with open ended questions. Three main themes were found as a result of the interviews.

Theme 1: Family History of SUD and treatment negatively impacts how young adults perceived their substance use and treatment

- ~50% described a history of alcohol abuse and substance use in immediate and extended families
- Family history caused shame of "ending up like their parents" and views that they "should have known better as they saw for themselves the impact"
- Family history of parents receiving treatment impacts young adults' view on treatment—confirmation that they are like their parents, or equate the medication their parents were on with negative childhood experiences

Theme 2: Many families held negative or stigmatizing views of medication treatment

- More than 50% expressed they believed their families had stigmatizing views of substance use and opioid use disorder, and medication treatment
- Family involvement in treatment leads to complications due to parental anxiety—made a burden
- Knowledge of medication use leads to pressure to get off of the medication as quickly as possible
- 1/3 of patients reported support from family around medication treatment

Theme 3: Acceptance by family was important to young adults but they acknowledged that keeping treatment decisions from family was sometimes necessary.

- Support from other places but need to hide from parents as they do not have knowledge of addiction and continue to believe myths around medication
- Sharing treatment plans and steps means admitting extent of use

This study suggests that engaging families in psychoeducation around addiction, medications, and opioids could decrease the amount of stigma from families and allow families to be engaged and supportive in the treatment of young adults. Family history is an important factor in developing OUD and the history and impact of substance use on the young adults' childhood can lead to fixed ideas and perceptions of treatment options. Collecting not only a brief history but a history of parent treatment can open up a dialogue to understand and discuss and fixed ideas or misconceptions a young adult has about treatment options.

There are limitations to this study as it was qualitative and not quantitative so causation or correlation cannot be established. They also only interviewed young adults in treatment, so the opinions of those not interested or engaged in treatment were not captured.

[Click here to read the full review](#)

Cannabis Column- Assessment of clinical outcomes in patients with post-traumatic stress disorder: analysis from the UK Medical Cannabis Registry

PTSD is a condition for which the efficacy of SSRI's and other mainstay medications is variable, and research into novel PTSD therapies with more consistent efficacy and fewer side effect is needed. Cannabis-based medicinal products (CBMPs) have been anecdotally reported to relieve some PTSD symptoms and are being explored as a potential pharmacotherapy for PTSD all over the world. This article examines patients who have been diagnosed with PTSD and enrolled in the UK Medical Cannabis Registry. The researchers examined changes from baseline at 1,3 and 6 months after entering the registry based on self-report measures. 81.25% of patients reported statistically significant improvement

which was seen on multiple self-report measures in anxiety, depression, self-care, and pain. However, 18.7% reported deterioration or worsening of symptoms suggesting potential variability in response to CBMPs. Theories as to why CBMPs help with PTSD are in the novel stage but it is believed it is due to Cannabis and PTSD effecting the same region of the brain, and increasing connectivity in the amygdala. There are limitations to the study as it was observational and did not control for substance use, previous or naïve cannabis use, and other medications being taken.

[Click here to read the full article.](#)

Clinical Corner-Inpatient care provider perspectives on the development and implementation of an addiction medicine consultation service in a small urban setting

Medical education in Canada up to this point has offered little training to physicians in substance use and many physicians report discomfort in treating patients with a substance use disorder. Patients with an SUD often have co-morbid medical issues which can be severe enough to require hospitalization or intensive medical treatment. This time could potentially be an opportunity to approach patients about SUD treatment. However, due to the lack of experience physicians have with addiction this opportunity is often not taken and patients are treated only for their primary medical concern and are not connected with resources, treatment options, or started on medications related to their SUD.

To bridge this gap Canada began to implement Addiction Medicine Consultation Services (AMCS) about a decade ago. The goal of these services was to offer on-call professionals who specialize in addiction to help the primary medical team with diagnosis, psychosocial services, medication delivery and discharge planning in hospital settings. In 2017 AMCS's were established in Victoria, BC and this study was developed to evaluate provider awareness of the service, its perceived role in the continuum of care, and changes over time in the

perception of care quality for inpatients with SUD. Repeated cross-sectional surveys were administered to health care providers in the 3 months before the AMCS was established and 4 years later. Surveys were tailored somewhat to the discipline of the provider and their role. 76.6% of physicians and 75% of social workers were aware of the AMCS 4 years after they began, with nurses being least likely to be aware of the service (30.1%). Nurses were least likely to perceive that the AMCS has a positive impact on inpatient care for SUD, or that communication with the AMCS team was helpful. Social workers and physicians both rated the AMCS as being very helpful and that there was a significant positive impact on care. Nurses being less familiar with the program has been posited as a reason for this disparity. Physicians rates of comfort with SUD at the 4 year mark had increased slightly and perception of care quality increased significantly. Both nurses and physicians found that high case complexity was the main barrier for SUD inpatients at both time points. The perception that a lack of outpatient options, and lack of knowledge of pharmacotherapies as barrier decreased significantly by the 4 year timepoint. Nurses perceptions of barriers did not change over time. Social workers endorsed a greater number of barriers in caring for SUD in inpatients than nurses or physicians. (lack of time, supportive recovery services, withdrawal management services, residential care, primary care, medical/psychosocial supports, patient complexity and bed flow).

[Click here to read the full study.](#)

“Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending”–Carl Brand

Tobacco Addiction Recovery Program

**New Cycle Starting January 18th - Now Taking
Referrals!**

The Tobacco Addiction Recovery Program (TARP) is an 8-week group program for clients living with mental illness and/or addiction who are motivated to quit smoking.

Participants are able to receive up to a total of 26 weeks of Nicotine Replacement Therapy (NRT) at no cost!

Self-referral or referral by a health care professional is required.



For More Information Go To:

<https://www.cdcapacitybuilding.com/smoking-cessation>

Young Adult Substance Use Program (YA-SUP)

A program designed to meet the unique needs of young adults (17-25 years of age)

Who is this program for?

- ☐ Young adults age 17-25
- ☐ Young Adults looking to make changes to their substance use
- ☐ Young Adults committed to attending **group-based** treatment
- ☐ Those not in immediate crisis

How to Refer?

CONNECT (*self or professional*)

(905) 522-1155, Ext.36499

Internal referrals

can be made via Dovetale

Loved Ones Education Group

An 8-week group for the parents and other supporters of young adults with substance use problems focusing on changing the way you interact with your child or loved one to promote positive relationships and recovery.

Please register on the website:
<https://www.cdcapacitybuilding.com/youth-program>

The Young Adult Stream has a core ~12-week group structure and includes:

Five individual sessions including:

- ✓ Intake assessment (2 hours)
- ✓ 1 week feedback session (1 hour)
- ✓ Check-ins (1 hour) at weeks 4, 8, and 12

YA-SUP

Group Programming including:

- ✓ **Mind-Drug Connection** based in Cognitive Behavioural Therapy and Relapse Prevention.
- ✓ **Balancing Emotion and Mind** based on Dialectical Behavioural Therapy.
- ✓ **Mindfulness** based on Mindfulness-Based Stress Reduction.

Other Groups Coming Soon

We recommend attending 2 or more groups per week.



Young adults can continue accessing groups even after individual sessions are completed.



Consultations (time-limited) with a Nurse Practitioner, Psychiatrist, or Psychologist *may* be offered to help clarify diagnoses, recommend medications, and conduct additional testing. YA-SUP is **not intended for those only requiring access to consults.**

We want to work together. The YA-SUP is one part of a complex health and mental health system. We want to work together with current health and mental health providers to share care and collaborate to optimize treatment.

**Reduce negative
impacts of
substance use**

**Improve mental
health and
wellbeing**

**Increase
substance-free
activities**

St. Joseph's
Healthcare  **Hamilton**

More information here: <https://www.cdcapacitybuilding.com/youth-program>

One-Page Overview

[Click here](#) for a one-page overview of the YA-SUP program

The Young Adult Substance Use Program (YA-SUP)

LOVED ONES EDUCATION GROUP

Community Reinforcement Approach Family Training

The YA-SUP Loved Ones Education Group is a group for the parents and other supporters of young adults (17-25) with substance use problems. This may include immediate, extended, or chosen parents and family members or close friends and partners.

This group is based on **Community Reinforcement Approach to Family Training – Support and Prevention (CRAFT)**. CRAFT is an evidence-based approach to change the way you interact with your child or loved one to promote positive relationships and recovery. Substance use can be difficult to understand and challenging to cope with. CRAFT talks about how **behaviour makes sense** and how the environment, community, and social support can play a powerful role in recovery.



This group includes 8 sessions:

- Group Overview, Safety, and Self Care
- Understanding Substance Use
- Understanding Co-occurring Mental Health Concerns
- Positive Communication
- Past Patterns & New Strategies
- Rewards & Coping with Intoxication
- Allowing Negative Consequences
- Special Cases, Review, & Next Steps



Sign up today to participate in one of our future groups.
Groups run for 8-weeks, on Tuesday's 6:00-7:30pm.

If you are interested in participating in a Loved Ones Education Group, please register here: <https://www.cdcapacitybuilding.com/youth-program>

St. Joseph's
Healthcare Hamilton

Loved Ones Group

[Click here](https://www.cdcapacitybuilding.com/youth-program) to register for the YA-SUP Loved Ones Group



CONCURRENT DISORDERS FAMILY NIGHT LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

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**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Effective
Communication and
Support**

**Week 3: Boundaries,
Limits, and De-Escalation**

**Week 4: Doing For,
Motivation, and Self-Care**

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>

Concurrent Disorders Family Night
[Click here](https://www.cdcapacitybuilding.com/online-group-link) to join the CDCBT Family Night

Recovery During the Holidays

For some the holiday season is a difficult time. Please look at our tips below for supporting yourself and clients through the holiday season.

1. **Use Cope Ahead:** If you know a difficult event is coming up be it a family dinner or a work event where a substance may be present think about what you will do. How will you say no to something that is being offered? What is an exit strategy? What are your boundaries and how will you communicate them? What is some self-care you can do before or after to strengthen your emotional armor.
2. **Try to keep your routine:** If you attend meetings, groups or therapy, schedule holiday events around this. It is easy to let these things slide during a busy season but if this is a vulnerable time for you - keep your routine
3. **Self-Care:** schedule time out to take care of yourself, the season can be overwhelming and difficult so take time to do the things you enjoy so you are more resilient to potential negative emotions
4. **Reach Out:** Your holidays may not be spent with the same people, feel lonely or look different. Reach out to have a friend holiday gathering, take part in secret santa at work, attend a community event.
5. **Practice Acceptance:** we cannot change our past, accept that this holiday season is hard, and the emotions that come with it - what would make it easier next year?

Your CD Capacity Building Contacts

CDCBT Located at CPC West 5th Campus, Level 0 Outpatient		Fax: (905-521-6059)
Melissa Bond, CDCBT Admin Support (Part-Time)		Ext. 39343
Catherine McCarron, RSW, MSW, Manager		Ext. 34388
Victoria Stead, Psychologist for CDCBT, CDOP and YASUP		Ext. 39765
Tracie Groff Addiction Attendant		Ext. 36287
Michelle Sanderson Community Support Counsellor—Addiction Specialist & Transitional Specialist		Ext. 36868
Jonathan Paul, Community Support Counsellor—Addiction Specialist		Ext. 35324
Bill Baker, RP Mental Health Worker—Nights		Ext. 32801
Allicia Carter, RSW Mental Health Worker		Ext. 35324
Patrick Geuba, Registered Nurse		Ext. 35324
Cora Perrin, Community Support Counsellor—Addiction Specialist (PT)		Ext. 36287
BreAnne Dorion, RSW Mental Health Worker CPT		
Paige Hastings, RSW Community Support Counsellor - Addiction Specialist CPT		Ext. 34901
Rowan Blair (Concurrent Disorders Intern/Research Student)		Ext. 39124
The Young Adult Substance Use Program (YASUP) Located at CPC West 5th Campus, Level 0 Outpatient		Fax: (905-521-6059)
Meghan Barati, RSW Mental Health Worker		Ext. 33213
Meaghan Lardie, , Community Support Counsellor—Addiction Specialist		Ext. 33662
Opioid Replacement Therapy consultations available through Addiction Medicine Service Team		Contact Paging

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