SPPH 554 DL
Detailed course syllabus
SPPH 554 Course Overview

Summary of Assessment

Module 1: Health of the homeless

Module 2: Addicted mothers & drug use in pregnancy, & childhood trauma

Module 3: Injection Drug Users

Discussion Board Forums

Course Schedule

Assignments description, rubrics, and formative feedback forms (Appendix)

Tentative detailed agenda for face to face sessions
SPPH 554 Course Overview

INTRODUCTION
Welcome to SPPH 554: Mental Health and Addictions in Vulnerable Urban Populations.

This course will focus on knowledge and skills necessary to work with vulnerable populations, particularly homeless people, substance-abusing pregnant women and mothers, and injection drug users. The course will describe the nature of severe addiction and mental illness and its relevance to public health. Its aim is to provide students with core knowledge and understanding of different behavioural, biological, environmental, historical, medical, and socio-cultural aspects of addictions and severe mental illness. Clinical and public health options to address the needs of vulnerable populations will be discussed, and assignments are geared toward providing students with hands-on knowledge and skills to understand and assess the needs and develop ideas for a continuum of care for vulnerable populations.

The SPPH 554 DL course content has been designed to introduce students to and prepare them for working with vulnerable populations in academic, research, or health care delivery work settings. Throughout the term, students will have the opportunity to meet individuals belonging to the vulnerable populations covered in this course and learn from practical experiences of the instructor, guest speakers, and fellow students.

LEARNING OUTCOMES
By the end of this course, you will be able to:

1. Understand the relationship between different components of health in the development of mental illnesses and addictions;
2. Become familiar with major different health care responses for different vulnerable populations;
3. Have an understanding of clinical concepts related to the treatment of vulnerable populations;
4. Be able to conduct a needs assessment to identify existing services for vulnerable populations;
5. Learn about the nature and policy challenges related to effective treatment options (e.g., substitution clinics); and
6. Be able to sketch a system of care for vulnerable populations, including how to access the health care system, supports needed, and how to identify and address gaps.
READINGS AND RESOURCES

REQUIRED TEXTBOOK
There is no required textbook for this course.

REQUIRED READINGS
Required readings will supplement both the classroom and on-line materials. You are expected to read all required readings before the face-to-face meetings.

Please refer to the modules for assigned required readings.

ADDITIONAL READINGS
A list of additional readings is included at the beginning of each module. Additional readings are related to the topics covered and may be of interest to you.

ADDITIONAL RESOURCES
These resources posted at this time are meant to provide you with guidance for your assignments. The specific requirements for each assignment can be found in the Assessment section. You will also find the grading rubrics for the assignments in this section. Additional resources may be added during the course by the instructor.

Sample Case Study
Needs Assessment
Continuum of Care Guide

ACCESSING THE LIBRARY OFF CAMPUS

In your course, links and references are provided to articles and other resources that are licensed through the UBC Library. To access them, you need to be logged on to the UBC network on campus or connected via EZproxy. If you are not connected by one of these means, you will be asked for a login name and password. You can use your CWL and password to log in to retrieve the resource.

For further information on how to connect to the library remotely, please go to http://services.library.ubc.ca/personal-computers/connect-from-home/
COURSE STRUCTURE

SPPH 554 DL is a mixed mode, or *blended*, course. This means that you will be working with your instructor and fellow students both online and face-to-face in the classroom. It is necessary for you to participate fully in all parts of this course to successfully complete it. Video clips, guest lectures and online material, combined with pre-assigned readings, will outline key issues and concepts of mental health and addiction in vulnerable populations.

You will use the Discussion Forum online to discuss the readings and video clips/lectures. These discussion groups will provide you with an opportunity to share your knowledge, seek feedback from your fellow students and your instructor about your ideas, and to ask for help when you need it.

The activities in each module, face-to-face and online discussions, and assignments will provide an opportunity for application of the concepts addressed in this course.

The face-to-face component of the course takes place over three days and includes lectures from the instructor and invited guests and discussions. Ample time will be provided throughout for discussion and questions. As the majority of students are from the health sector, or will be a part of the health sector in the future, participants will be encouraged to speak about their own experiences and challenges.

The online component will include course materials, class discussion, questions, assignment, recordings of guest lectures and additional readings to supplement classroom materials.

**Please see the Course Schedule for a summary of important dates.**
THE LEARNING ENVIRONMENT

In this course, you are directed in your learning through modules that describe issues related to addiction and mental health in vulnerable urban populations. You will undertake a certain amount of self-directed learning through reviewing the assigned readings and resources. By discussing topics as a class and in small groups, you will be learning from each other and acquiring knowledge and understanding of the important issues. One of the challenges of using such a problem-based learning format is that there is no limit to the amount of time you can spend learning, reading, and discussing the issues. The best advice that we can give is to focus clearly on the materials and issues at hand, ensuring your focus is on the issue/problem you have been assigned for the current module. We will be moderating the discussions on the discussion board and let you know, privately or as a group, if you are off topic or if you are not reaching the required depth in your discussion of the issue(s).

Additional information and guidelines on time management and organizational skills can be found in the student handbook from the Centre for Teaching, Learning and Technology (http://ctlt.ubc.ca/).

COMMUNICATION

In addition to the face-to-face sessions, much of the communication will be among the class using the tools in Connect such as the Live Classroom feature. Arranging these chat times is up to the students.

When the instructor or TA wants to send a message to the whole class, we will either use the Messages function within this course (please see Messages in the course tools menu) or we will post it in the Announcement section. Students can also send a private message to the instructor and/or TA by using Messages tool.

USING BLACKBOARD COLLABORATE

As part of your course you will have access to Blackboard Collaborate, which is a virtual classroom that enables collaboration, presentation and online interaction. It can be used for classroom activities such as webinars and group work.

It is your responsibility to ensure that your computer, including microphone and speakers, is in working order. When entering Collaborate for the first time, please run the Audio Setup Wizard to ensure your computer is configured correctly. You can also edit your other preferences from the
toolbar. In addition, it is a good idea to become familiar with the interface prior to your first session.

You can use the following link to test your microphone and speaker settings: http://tinyurl.com/3nlevf8

**NOTE:** Depending on your browser configuration, you may need to launch Collaborate manually after clicking on the session link. Check your browser download folder for a file called: meeting.jlnp if the room does not launch automatically.

Blackboard Collaborate works best when connected via Ethernet cable. It will also work with a wireless connection; however, you may experience occasional loss in quality depending on the strength and quality of the wireless connection. Using a headset and/or external mic will improve the overall sound quality.

**Please note:** Collaborate sessions may be recorded and archived

For short demo videos on this tool, please go to http://www.blackboard.com/Platforms/Collaborate/Resources/Recorded-Demos.aspx

For further information on using Collaborate, go to http://support.blackboardcollaborate.com/ics/support/default.asp?deptID=8336&task=knowledge&questionID=1473

If you require further technical support, please go to http://support.blackboardcollaborate.com/ics/support/default.asp?deptID=8336&task=knowledge&questionID=1

**MANAGING DISCUSSION POSTS**

In most courses, the Discussion Board is where most of the interaction takes place and where a transformation in your knowledge occurs. How lively, informative and enjoyable it is depends on the level of engagement of the participants. Each Discussion Board will develop its own dynamic, but there are a couple of things you can do to help ensure its success.

Most importantly, a Discussion Board requires *conversation* and not just the posting of complete *answers*, so it is important that everyone uses the board to investigate ideas and explore concepts. A good discussion thread should naturally cycle through the following 4 phases:

1. Get information, post what you know, perhaps in response to an
activity
2. Make discoveries, connect to the literature, investigate your peers' perspectives
3. Hypothesize, predict, formulate
4. Test your hypothesis, apply your knowledge, synthesize your understanding

When you post a message, please provide a clear subject header. This is very important as it will give you an easier means to refer back to a discussion and find what you are looking for. Avoid using subjects such as "Question?????" or "My thoughts" as they don't give the reader any indication of the content of the message. Instead, divide your subject header into two parts – 1) the main idea and 2) the salient point. For example: "Implementing policy change | Community outreach". By the end of the course there will be hundreds of messages in the Discussion Board, so using clear subject headers will make everyone's lives much easier and will allow you to easily compile the content for future reference.

STUDENT EVALUATION

Students will be evaluated through a combination of class participation, written assignments, and a final paper and will be graded according to the following criteria.

Grading (from the UBC Department of Educational Studies, Graduate Course Grading Policy):

A+ is from 90% to 100%: It is reserved for exceptional work that greatly exceeds course expectations. In addition, achievement must satisfy all the conditions below.

A is from 85% to 89%: A mark of this order suggests a very high level of performance on all criteria used for evaluation. Contributions deserving an A are distinguished in virtually every aspect. They show that the individual significantly shows initiative, creativity, insight, and probing analysis where appropriate. Further, the achievement must show careful attention to course requirements as established by the instructor.

A- is from 80% to 84%: It is awarded for generally high quality of performance, no problems of any significance, and fulfillment of all course requirements.
B Level (68% to 79%). This category of achievement is typified by adequate but unexceptional performance when the criteria of assessment are considered. It is distinguished from A level work by problems such as: One of more significant errors in understanding, superficial representation or analysis of key concepts, absence of any special initiatives, or lack of coherent organization or explanation of ideas. The level of B work is judged in accordance with the severity of the difficulties demonstrated. B+ is from 76% to 79%, B is from 72% to 75%, and B- is from 68% to 71%

C Level (55% to 67%). Although a C+, C, or C- grade may be given in a graduate course, the Faculty of Graduate Studies considers 68% as a minimum passing grade for doctoral graduate students.

ACADEMIC INTEGRITY
Students are expected to know what constitutes plagiarism and that plagiarism is a form of academic misconduct. As such, plagiarism is subject to penalty. Please review the Plagiarism and Student Discipline sections of the UBC Calendar, available at http://vpacademic.ubc.ca/academic-integrity/ and http://www.students.ubc.ca/calendar/index.cfm?tree=3,54,0,0.

Instructors are required to report all instances of academic misconduct to the Department, who will in turn notify the Dean’s Office. The penalty for plagiarism or for cheating is serious and normally entails suspension from the University and a notation on the student’s transcript.

Resources

- The University Calendar contains the full text of the Academic Misconduct Principles and Procedures: http://students.ubc.ca/calendar
- Academic Integrity Resource Centre: http://learningcommons.ubc.ca/resource-guides/avoiding-plagiarism/
THE COURSE WEBSITE

CONTACTING I.T. SERVICES
Each time you log on to your course, you will have to enter your Campus Wide Login ID (CWL) and your password. If you lose or forget your ID or password, contact the IT Help Desk: http://it.ubc.ca/support#helpdesk

ACCESSING THE HELP DESK
All systems are liable to occasional failure. If you cannot access your course, and you are sure you have logged in properly, check the service announcements and bulletins on the login page as there may be a system-wide issue. If you try again and still cannot connect, then send an email message to the CTLT Help Desk: dl.helpdesk@ubc.ca. Contact information for the help desk is also available through the Learners Links on the Course tools menu.

If you experience difficulties using any of the tools in your course, first check the discussion board to see if others have experienced / resolved the same issue. If that doesn't help, then please contact the Help Desk.

When contacting the Help Desk, please include the following:

- Course and section in which you are enrolled (e.g. PSYC320 98A)
- Your CWL (no password!)
- Any error message that you have received or a detailed description of the problem
- Your computer operating system
- Type and version of browser you are using (e.g. Firefox, Chrome, Internet Explorer, Safari)

The more information you provide, the faster the Help Desk will be able to help you resolve the issue.

The CTLT Help Desk is available Monday to Friday from 8:30 AM to 4:30 PM. They will respond within 24 to 48 hours, though usually much sooner.

For more information, please visit http://ctlt.ubc.ca/distance-learning/learner-support/using-the-technology/
NAVIGATING THE COURSE WEBSITE
You'll notice that there are a number of items on the Home Page as well as on the Course Menu.

Course Schedule This page contains timeline information on what will be covered and when. Make sure you use the Course Schedule as your primary reference for objectives and assignments.

Course Content This section contains all of the online lesson materials for the course.

Discussions The discussion area of the course allows you to read messages posted by other students and your instructor, as well as to post messages of your own. The discussion area is a key area of SPPH 554; much of your online participation and interaction with fellow students and instructor will happen here.

The discussion forum is a key location for you to discuss the concepts covered by the course material. Therefore, it is important that you participate in the forums in order to maximize the opportunities to investigate the key concepts and scenarios presented. Much of what you gain from this course is the result of your interactions in the discussions.

Learner's Links Be sure to check out the link on the Course Tools Menu entitled Learner's Links. Here you'll find valuable information on technical help and other useful resources for online learning.

If you require further help with the Connect course tools, go to http://elearning.ubc.ca

It is your responsibility to ensure your computer is in good working order and you are familiar with the online learning environment and its features.
EXPECTATIONS FOR STUDENT AND INSTRUCTOR

You are expected to fulfill your module objectives, assignments, and discussions in a timely manner, and to contact the instructor and/or TA via course mail whenever you need help. We will, in most cases, return your communication within 24 to 48 hours. Should we be away and offline for an extended period (i.e. for more than a few days), we will notify the class in advance.

Please review all the assigned materials and the course notes prior to the face-to-face sessions. Spend enough time on the instructional resources for each module in order to make the most of the face-to-face sessions. It is very important that you have finished the online components of the course prior to attending the workshop sessions. You will be expected to use the Discussion Forums on the website to discuss the readings and activities in the modules prior to the face-to-face sessions. These discussion groups will provide you with an opportunity to share your knowledge, to seek feedback from fellow students as well as your instructor on your ideas, and to ask for help when you need it.

MISSED CLASSES
Students are expected to attend all classes and complete all on-line and face-to-face components of the course. If a student is unable to attend a class please discuss this with the TA or instructor in advance. You will be responsible for obtaining any handouts, notes, or other materials from fellow students.

IMPORTANT

Typically, no late assignments will be accepted. Extensions of the due date for the written assignments will be considered only under extenuating circumstances and in accordance with University policies. Assignments submitted later than the due date will be penalized 10% percent of the possible grade for each day past due. Each written assignment is due to be uploaded to the Assignment drop box on or before 5 pm of the designated due date.
INSTRUCTOR INFORMATION

Dr Michael Krauz, MD, PhD, FRCPC

Email: michael.krausz@ubc.ca

Office Hours: By appointment

TEACHING ASSISTANT INFORMATION
Nooshin Nikoo

E-mail: nooshin.nikoo@ubc.ca

Location of Face-to-Face meetings

The face-to-face meetings will be held at:

The Burnaby Centre for Mental Health and Addiction Room 601 3504 Willingdon Avenue Burnaby, BC, V5G 3H4

[Embedded Google Map]

DIRECTIONS FROM UBC
Take # 25 bus to Willingdon Avenue @ Canada Way (approx. 50 minutes)

Take # 84 bus to VCC Clark, transfer to the Millennium Line, get off at Brentwood Town Centre and transfer to #123, #130, or #25 bus to Willingdon @ Canada Way. (Approx. 55 minutes)

For other route options, please see the Translink website: www.translink.ca.
DEVELOPMENT TEAM

SPPH 554, *Mental Health and Addictions* is a collaborative effort between the School of Population and Public Health and Centre for Teaching, Learning and Technology.

Course Authors: Dr. Michael Krauz, MD, PhD, FRCPC

Online Course Development: Daniela Meier, MPH

Instructional Designer/Project Manager: Brian Wilson, Centre for Teaching, Learning and Technology

Web Programming: Joseph Khalil, Centre for Teaching, Learning and Technology

Graphic Design: Gabriel Lascu, Centre for Teaching, Learning and Technology
SPPH 554 Modules
Module 1: Health of the homeless

INTRODUCTION

Homelessness has a significant impact on individuals and society as a whole. Homeless people die on average 20 years earlier than the general population. Homeless individuals are not only faced with the health issues that contributed to them becoming homeless in the first place, but also are at an increased risk of infectious diseases, injuries, chronic diseases and premature death while living on the streets.

This module will introduce you to the health issues of homeless populations in urban areas, with a particular emphasis on British Columbia. The purpose of the module is to help you become familiar with issues contributing to homelessness, unique health issues, and treatment approaches to address the needs of homeless populations.

Please see the Course Schedule for activities and due dates for Module 1.

OUTCOMES

By the end of this module, you will be able to:

- Have knowledge about specific health issues affecting homeless populations;
- Understand the entanglement of different components in homelessness, such as mental illness, addiction, housing, etc.;
- Recognize the determinants of health in homeless populations; and
- Have knowledge about treatment approaches addressing the health of the homeless.
REQUIRED READINGS AND RESOURCES

REQUIRED READING

Lesson 1:


Lesson 2:


Lesson 3:


Lesson 4:


ADDITIONAL READING


Patterson, M. et al. (2007). *Housing and support for adults with severe addictions and/or mental illness in BC*. Centre for Applied Research in Mental Health and Addiction: (Vancouver).

LESSON 1: HOMELESSNESS

This lesson examines issues related to homelessness in urban areas, including addiction, mental illness, physical illness, and multiple traumas (i.e. in childhood and adulthood). You will be guided through some of the biological, environmental, developmental, and behavioural factors that contribute to addiction, mental illness and homelessness.

As you work through this lesson, you are encouraged to ask yourself the following questions:

What are the benefits of creating a focus on urban health of vulnerable populations?
What are the major biological, environmental, and developmental factors associated with homelessness?

What are the needs of urban homeless populations with respect to services, social supports, housing, etc.?

LECTURE: MICHAEL KRAUSZ – COMPASSION FOR WOUNDED SOULS?

LESSON 2: MENTAL HEALTH OF THE HOMELESS

Mental illness is a major contributing factor for individuals becoming and remaining homeless; if they cannot access the services they need to help them address their conditions.

Several studies have shown that there are several precipitating factors that increase the risk of people becoming homeless. There are also indications that the Canadian healthcare system inadequately addresses the mental health needs of homeless people.

As you work through this lesson, you are encouraged to ask yourself the following questions:

What are the advantages of addressing housing issues of the homeless before addressing their health care needs?
What are the social determinants of mental health and homelessness?
What public health approaches can be implemented to remove barriers to homeless people accessing health care? What are the policy implications?

LECTURE: MICHAEL KRAUSZ - MENTAL HEALTH OF THE HOMELESS – THE BC HOMELESSNESS SURVEY

LESSON 3: NEEDS FOR CARE

Homeless populations in urban areas have unique care needs. In addition to struggling with mental illness, addiction and other health issues, homeless people have difficulty finding adequate housing, work, and other services.

The needs of homeless people are complex and have thus far been insufficiently addressed by the Canadian healthcare and social services systems.
Common barriers for accessing health care services include:

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<th>Level</th>
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<tr>
<td>Individual</td>
<td>• Willingness to disclose problems</td>
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<td>• Fear of stigma and embarrassment</td>
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<td>• Negative stereotypes of treatment</td>
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<td>• Presence of comorbid medical problems</td>
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<td>• Cultural factors</td>
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<td>• Readiness for change</td>
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<tr>
<td>Provider</td>
<td>• Under-detection within primary care sector</td>
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<td></td>
<td>• Lack of knowledge of mental health problems</td>
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<td></td>
<td>• Preoccupation with possible organic pathology</td>
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<td>• Lack of skill in assessing mental health difficulties</td>
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<td></td>
<td>• Busyness and structure of practice</td>
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<td></td>
<td>• Willingness to diagnose and treat mental health issues</td>
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<td></td>
<td>• Somatising patient presentation style</td>
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<td></td>
<td>• Level of distress in presentation</td>
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<tr>
<td>Systemic</td>
<td>• Limited physician access to mental health services</td>
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<td>• Lack of awareness of range of effective treatment options</td>
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<td>• Primary care guidelines emphasizing pharmacotherapy</td>
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<td>• Limited availability of specialty mental health and addiction providers</td>
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<td>• Lack of integration of addiction and mental health services in primary care</td>
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<td>• Low rates of provision of evidence-based addiction and mental health services</td>
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<td>• Limited training in evidence-based care among addiction and mental health training programs</td>
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<td>• Limited response rates to empirically supported treatments</td>
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As you work through this lesson, you are encouraged to ask yourself the following questions:
What needs to happen in the next 10 years to provide health care, housing, social, and other supports for homeless people struggling with complex health issues?

What issues affecting homeless populations have not been addressed in the BC Government’s 10-year plan? How can they be addressed?

Where are the gaps in care for homeless populations? How could they be addressed?

LECTURE: BILL MCEWAN LECTURE (NEEDS FOR CARE – MENTALLY ILL IN SUBSTANDARD HOUSING, EXPERIENCES IN VANCOUVER)

LESSON 4: INTERVENTION PHILOSOPHIES

INTERVENTION PHILOSOPHIES – HOW TO ADDRESS THE NEEDS OF HOMELESS PEOPLE

Several models exist to address the care of homeless populations with complex care needs. The Burnaby Centre for Mental Health and Addiction is a state-of-the-art facility providing stabilization, treatment, and support for individuals with mental illness, addiction and other health issues. Most of these individuals have been homeless before entering treatment. The Burnaby Centre treatment approach applies a strength-based model of care. In addition to receiving treatment at the Burnaby Centre, the goal of the continuum of care around the Centre is to re-integrate individuals into their communities by providing housing and other community services.

As you work through this lesson, you are encouraged to ask yourself the following questions:

What are the advantages and disadvantages of implementing a strength-based model when working with individuals who have complex care needs? What other models could be used?

How can intervention philosophies influence treatment outcomes?

What are important factors to consider when developing treatment approaches for different homeless sub-populations (e.g., homeless women, homeless youth, etc.)
STRENGTH-BASED APPROACH

Please work through Park et al. article *Strengths of Character and Well-being* about the strength-based approach to addiction and homelessness.

ACTIVITY: CASE REPORT

CASE REPORT

A case report is a descriptive study of a single individual identifying demographic information, signs, symptoms, etc.

To gain firsthand experience with the complex issues homeless people face every day, you will visit a homeless shelter in your community and interview a homeless person to prepare a case report (For a sample case report, please refer to the Readings and Resources section in the Course Overview).

The case report will be based on the interview that you conduct with a homeless person from a shelter in your community. For this case report, you are asked to focus on the individual’s experience(s) with the Canadian health care system. The case report should contain the following information:

- Basic biographical information about the person (first name, age, community of residence, marital status, children, how many children)
- Brief background information/history that led this person to where he or she is today (where was the person born and raised, issues related to mental illness and substance abuse – provide brief timeline if applicable)
- What are the person’s strengths?
- Major health issues today (addiction, physical and mental illnesses)
- What are his or her experiences with the Canadian health care system?
  - Where does he or she go when sick? Does he or she have a family physician?
  - Has he or she been stigmatized by health care providers? If so, how?
  - Have there ever been barriers for the person to getting the health care he or she needed? If so, what were these barriers?
  - What does the person think he or she needs to get
better (in terms of services or other)?

The case report should not exceed a maximum of 3 pages, be written using 12-point font, and one-inch margins.

When you are ready to submit, please upload your report to the Assignments drop box in the Course Tools menu

Please see the Course Schedule for the due date.

**SUMMARY**

This module provided an overview of the unique issues related to homeless populations in urban areas. These include mental illness, addiction, and other health conditions, living in sub-standard housing, and lack of access to services, to name but a few.

You also learned about what policies and treatment models are currently implemented to address the complex care needs of homeless populations, and you learned about gaps in the system of care that still need to be addressed to provide adequate and effective services to this vulnerable population.
Module 2: Addicted mothers, drug use during pregnancy, and childhood trauma

INTRODUCTION
Many women who abuse drugs have had troubled lives. Studies have found that the majority of drug-abusing women have been sexually abused in childhood. The lives of drug-abusing women become even more complicated when they are faced with a pregnancy.

For women living with addiction and mental health issues, the news of a pregnancy can be impossible to bear. The high standards for personal conduct applied to all pregnant women can seem impossible to achieve. No one feels this scrutiny, suspicion and punishment more acutely than women who use illicit drugs. They are subject to judgment and often experience discrimination because addicted women contravene the socially accepted norms set for them. The experience of disclosing their status as a drug-abusing woman to health care providers is difficult as it often has negative repercussions for the woman. This often results in women avoiding any potential services provided for them, such as prenatal care, which increases the dangers of negative health outcomes for the woman and her unborn child.

This module will introduce you to health issues related to substance use in maternity. The purpose of the module is to help you become familiar with issues related to substance use in maternity, the unique health issues of this population, and treatment approaches to address their needs in terms of health care and other services.

There will also be a special focus on transgenerational trauma and its influence on individuals, families, and communities.

Please see the Course Schedule for activities and due dates for Module 2.

OUTCOMES
By the end of this module, you will be able to:

- Have knowledge about specific health issues affecting addicted
mothers and addicted pregnant women;

- Have knowledge about the social stigma and barriers addicted mothers and pregnant women face, including child custody issues;
- Understand the entanglement of different components in this population, such as mental illness, addiction, childhood trauma, housing, etc.;
- Recognize the determinants of health in this population;
- Understand the influence of transgenerational trauma on the development of mental illness, substance abuse, homelessness, etc.; and
- Have knowledge about treatment approaches that address addiction, mental illness, and trauma in maternity.

REQUIRED READINGS AND RESOURCES

REQUIRED READING

Lesson 1:


Lesson 2:


Lesson 3:

Padgett et al. (2006). In their own words: trauma and substance abuse in the lives of formerly homeless women with serious mental illness.


**Lesson 4:**


**ADDITIONAL READING**


LESSON 1: OVERVIEW OF ISSUES RELATED TO DRUG USE IN MATERNITY

Addicted women face severe health consequences as a result of substance abuse, high rates of sexual abuse, exploitation, and violence. Female injection drug users in the Downtown Eastside of Vancouver have mortality rates almost 50 times that of BCs female population, and they are often engaged in indoor or street level sex work. The sex work and drug market can overlap, leading to a higher likelihood of unprotected sex in order to insure a transaction or physical and sexual violence from clients or partners. Pregnancies are often consequences of such transactions.

The number of potential dangers to the foetus significantly increases in women who have precarious living conditions, limited or no emotional support, and who are exposed to multiple teratogens during pregnancy.

These effects are compounded by the stigma and discrimination addicted pregnant women and mothers face, which largely prevents them from seeking the necessary care for themselves and their babies.

As you work through this lesson, you are encouraged to ask yourself the following questions:

What are possible factors that lead to a higher prevalence of drug use among pregnant women in urban areas?
What intersectoral approaches could be implemented to increase pregnant substance-abusing women's access to care while ensuring that child safety/welfare concerns are addressed at the same time?
What approaches can be taken with health care professionals to reduce their stigmatization of pregnant substance abusing women?

LECTURE: GABRIELE FISCHER: ADDICTION AND PREGNANCY: IMPACT ON DEVELOPMENTAL CONDITIONS

LESSON 2: SPECIFIC HEALTHCARE NEEDS: HOW ARE THEY CURRENTLY-addressed?

Sheway and the Fir Square Combined Care Unit program are the two main services that address care needs of substance-abusing pregnant women and mothers. They are one-of-a-kind in Canada.
Sheway is a pregnancy outreach program located in the Downtown Eastside of Vancouver. It provides comprehensive health and social services to women who are either pregnant or parenting children less than 18 months old and who are experiencing current or previous issues with substance use. The goal of the program is to help women have healthy pregnancies and positive early parenting experiences. The program consists of prenatal, postnatal, and infant health care, education and counselling for nutrition, child development, addictions, HIV and Hepatitis C, housing, and parenting. Sheway has the capacity to provide services for 120 pregnant women and mothers at a time.

FIR SQUARE COMBINED CARE UNIT PROGRAM
(http://www.bcwomens.ca/Services/PregnancyBirthNewborns/HospitalCare/SubstanceUsePregnancy.htm)

The Fir Square Combined Care Unit program is located at BC Womens Hospital & Health Centre. It is the first in Canada to care for substance-using women and substance-exposed newborns in a single unit. The program helps women and their newborns stabilize and withdraw from substances, keeping mothers and babies together whenever possible and continuing to provide care from antepartum to postpartum and between hospital and community.

Women at Fir Square have access to counselling and instruction to enhance critical life skills, parenting techniques, and coping mechanisms. Babies receive specialized care that meets their needs if withdrawing from prenatal substance exposure to ensure the healthiest possible start. Babies room in with their mothers on the ward.

GOALS
Reduce substance use and related risky behaviours that cause harm to women and their newborns

Improve perinatal outcomes, including increased infant birth weights; improve growth and development; reduced incidence of Fetal Alcohol Syndrome/Neonatal Alcohol Syndrome (FAS/NAS) babies, HIV+ babies, and Sudden Infant Death Syndrome (SIDS).

Increase the percentage of mothers who are able to safely retain custody of their babies after birth and throughout the child’s early years by improving parenting skills and understanding of safe home environments, and gaining confidence with mother and infant interactions and play.
Increase the numbers of women seeking treatment and their readiness to enter treatment.

Increase access to medical services for substance-using women.

BC Women's Fir Square Combined Care Unit has five antepartum and six postpartum beds for women wishing to stabilize or withdraw from drug use during pregnancy.

As you work through the readings of this lesson, you are encouraged to ask yourself the following questions:

- What are the specific health needs of substance-abusing pregnant women and mothers that are currently addressed/not addressed?
- What are the barriers to health care for this population?
- What additional health care approaches and services would you suggest for this population?
- What components should an continuum of care include to effectively address health care and other needs of substance-abusing pregnant women and mothers.

**LESSON 3: OVERVIEW OF ISSUES RELATED TO TRAUMA AND CURRENT TREATMENTS**

High rates of traumatic experiences in childhood are risk factors for mental illness and substance use disorders in adulthood. Childhood experiences, such as physical and sexual abuse, witnessing violence, and neglect, in combination with adult trauma, strongly contribute to the development of mental illness and addiction in youth and adulthood.

Thus far, individuals entering substance abuse-related or psychiatric care are not routinely screened for trauma and trauma-related issues. This has led to an under-recognition and under-treatment of issues related to trauma, which significantly decreases the odds of long-term recovery. Furthermore, many treatment programs require that individuals are free of drugs before their trauma-related issues can be addressed. In the past few years, significant progress has been made in uncovering pathways of childhood trauma and addiction and mental illness. Yet, the health care system has been slow to implement approaches that address trauma-related issues concurrently in the treatment of substance use and/or mental illness.
As you work through this lesson, you are encouraged to ask yourself the following questions:

- How does childhood trauma contribute to the development of mental illness? What are the pathways?
- What are the social determinants that contribute to trauma?
- How could they be addressed in public health initiatives?
- Victims of abuse in childhood are significantly more likely to be re-victimized in adulthood. What factors may contribute to this phenomenon?
- Trauma and stress during the postnatal period have been implicated in the development of addiction and mental disorders. What possible public health interventions could be implemented to reduce the risk of trauma in childhood and its results later in life?
- How can trauma care be integrated into the current system of care for mental illness and addiction?

LECTURE: MICHAEL KRAUSZ : TRAUMA AND ADDICTION – CLINICAL IMPACT AND THERAPEUTIC CONSEQUENCES

LECTURE: CHRISTIAN SCHUETZ : STRESS RESPONSE, TRAUMA AND PSYCHIATRIC DISORDER POSSIBLE PATHWAYS

LESSON 4: ABORIGINAL PEOPLE AND TRANSGENERATIONAL TRAUMA

Why is it that parents who have experienced severe trauma increasingly abuse their own children? What influence do the experiences of older generations have on their children? The answer: Trauma has a long-lasting influence. Long-lasting experiences of trauma and particularly sexual abuse shape the development of relationships and parenting style. At the same time, there is difficulty to broach these issues with children and family.

Subsequent generations are influenced by the traumatic history in their community and its perpetuating cycle. For example a high percentage of Aboriginal youth are traumatized. The traumatization experienced by Aboriginal youths has multiple causes, ranging from inter-familial violence, neglect, sexual abuse to experiences of substance- and drug-related violence and criminality in their peer group and community. Poverty and
marginalized living conditions limit opportunities for growth, especially on reservations. Youth fall into disrepair as their education and training remains well below that of the Canadian average. The life in dysfunctional families and the lack of role models reinforces this trend. Furthermore, alcohol consumption and dysfunctional families very often lead to sexual violence against children. In the CEDAR study, Aboriginal youth were surveyed about sexual abuse, among other things. Approximately 50 percent reported that they had been sexually abused, and most of them had been abused for the first time at an average age of six years.

The described long-lasting crisis that is reflected in the critical health status of Aboriginal peoples also highlights the close connection between individual fate and socio-cultural context. The deeply rooted mistrust of white governance and its scientific machinery compound assistance from outside or even make it impossible. On the other hand, Aboriginal communities do not possess the necessary resources to address issues on their own. Another problem is the devastation that violence, sexual abuse, and illness have on communities, families and societal order. Similar to a traumatized family, paralysis and toxic adaptation develops. There is collective silence, whereby the community protects the perpetrators for fear of the consequences, and victims are reduced to silence. Elders and Chiefs are often perpetrators of violence and abuse, which leads to a complete inability of the community to act. Even in the prison system, systematic work with perpetrators in terms of therapeutic assistance rarely occurs, especially for addictions. Science has had only a limited part in unraveling dynamics of trauma and finding solutions. One of the main reasons is that core areas in science, such as psychiatry, are difficult to research because the requirements to conduct such studies are complicated. For example, they require long-term contact, trust, and high levels of acceptance because there is fear in the subjects of what will happen with the collected sensitive data, how it is used, and whether such studies will benefit them. Often, many researchers are tempted to ignore central aspects of the dynamic interplay of factors such as sexual abuse and the role of males in the community in an attempt to support Aboriginal people. Therefore, only limited data exist on these aspects.

As you work through this lesson, you are encouraged to ask yourself the following questions:

- What is transgenerational trauma and how does it materialize?
- How does transgenerational transmission of trauma affect individuals and communities? How does it fit into the theoretical models of transgenerational transmission?
What is conspiracy of silence? How does it contribute to transgenerational trauma, and how can it be addressed?
Considering Canada's history with Aboriginal peoples, what strategies are most likely to develop trust and address issues related to transgenerational trauma?
How can transgenerational trauma be addressed in public health interventions?

LECTURE: MICHAEL KRAUSZ: TRANSGENERATIONAL TRAUMA AND THE VULNERABLE SELF

ACTIVITY: NEEDS ASSESSMENT
A needs assessment is a tool for program planning. Needs assessments evaluate the capacity of services in the community in relation to the prevalence and incidence of certain health conditions, the appropriate mix of services required to respond to the diverse needs of the population of interest, and the coordination of services within a system of care in order to facilitate entry into the system, smooth transition across specific components and appropriate follow-up.

For this assignment, you will conduct a needs assessment for substance using pregnant women and mothers. You are asked to identify in your community the needs of substance abusing pregnant women and mothers with respect to health care services. You may want to visit a service provider (e.g., obstetrician) or agency (-ies) providing services to pregnant women and gather some information. You may also draw information from reports and research studies. You will prepare a brief needs assessment report about services for pregnant women in their community. For ideas, a guide on how to perform needs assessments can be found in the additional resources section (You are not expected to address all points included in these guidelines when preparing this needs assessment).

Your needs assessment should specifically address the following areas:

Provide some general information about the target population

How many people are in the target group?
What data is currently available about them?

What are the major health condition(s) of the target group? (Do not discuss more than five health conditions). For each health condition, discuss:
What are the determinants of health contributing to the health condition? What impact does this condition have on health functioning (i.e. size and severity)? What are the target groups needs with respect to addressing this condition (service providers, reports, studies may be helpful)?

Choose one health condition as priority area for intervention

Briefly justify your choice. Identify up to three possible interventions and discuss what the possible resource implications are of the proposed intervention(s) and whether they are feasible.

Choose one intervention, briefly justify your choice, and briefly outline an evaluation plan for this intervention.

The needs assessment should not exceed a maximum of 10 pages, be written using 12-point font, and one inch margins. A maximum of 2 additional pages are allowed for appendices. When you are ready to submit, please upload your report to the Assignments drop box in the Course Tools menu. Please see the Course Schedule for the due date.

**SUMMARY**

This module addressed unique issues related to substance abuse in maternity, and trauma. You also learned about how transgenerational trauma can perpetuate the cycle of violence and abuse.

You gained insight into what policies and treatment models are currently implemented to address the complex care needs of substance use in maternity, and you learned about gaps in the system of care that still need to be addressed to provide adequate and effective services to this vulnerable population. You also gained some insight into approaches to addressing transgenerational trauma.
SPPH 554 Module 3

Module 3: Injection Drug Users

INTRODUCTION
Injection drug use represents a significant and increasingly important public health issue in Canada and British Columbia. The problems associated with injection drug use are reaching crisis levels in many communities and account for the major share of deaths and hospitalizations attributed to drug misuse. The public health and social impacts of injection drug use are extensive, complex and devastating.

Individuals who inject drugs belong to one of the most stigmatized populations. They are rejected by society because of the illegal nature of their behaviour and their increased vulnerabilities to diseases. They are often labelled as difficult to manage, disruptive, and manipulative. A significant portion of society regards them as lesser persons, criminals, and derelicts. These attitudes and misconceptions have contributed to public apathy, undiagnosed mental illness and inaccessible treatment and rehabilitation programs.

This module will introduce you to health issues related to injection drug users (IDUs) in urban areas. The purpose of the module is to familiarize you with issues related to substance use in IDUs, the unique health issues of this population, and treatment approaches to address their needs.

OUTCOMES
By the end of this module, you will be able to:

- Have knowledge about the specific health issues affecting injection drug users;
- Understand the entanglement of different components in injection drug use, such as addiction, mental illness, physical illness, housing, etc.;
- Have knowledge about the barriers injection drug users encounter in the Canadian health care system;
- Recognize the determinants of health related to injection drug use; and
- Have knowledge about the treatment approaches addressing the health of injection drug users
READINGS AND RESOURCES

REQUIRED READINGS

Lesson 1:


Lesson 2:


Lesson 3:


**ADDITIONAL READINGS AND RESOURCES**


**LESSON 1: OVERVIEW OF ISSUES RELATED TO INJECTION DRUG USE**

**Activity:** Watch Bevel up: Drugs, Users and Outreach Nursing by director Nettie Wild (available from instructor). The film is an award-winning documentary and teaching guide about nurses working with drug-using populations, especially injection drug users. The filmmaker followed nurses from the outreach street nurse program of the BC Centre for Disease Control as they provide effective and non-judgmental health care to men and women in Vancouvers inner city. For the purpose of this lesson, you are asked to watch the 45-minute documentary.

As you work through this documentary, you are encouraged to ask yourself the following questions:

- How do injection drug users describe their experiences with the healthcare system?
- What issues other than drug use/addiction do injection drug users have to deal with on a regular basis?
- What are the priorities for street nurses when they meet with their clients on the street?
• What challenges/barriers exist for injection drug users to receive the services/care they need?
• What challenges/barriers exist for street nurses to provide appropriate services to their clients?

LESSON 2: INTRODUCTION TO CONCURRENT DISORDERS

Concurrent disorders refers to a condition in which a person has both a mental illness and a substance use disorder. The term refers to a wide range of mental illnesses and addictions. Depending on the concurrent disorders, treatment approaches are quite varied. People with concurrent disorders are frequently misdiagnosed because one disorder can mimic another. Relapse rates for substance use are higher among people who have a concurrent mental illness. Similar, the chances of symptoms of mental illness to re-occur are higher in those who have a concurrent substance use problem. Depending on the setting, prevalence rates for concurrent disorders have been found to range from 20 to 80 percent.

Many homeless people suffer from concurrent disorders. It is estimated that the prevalence of concurrent disorders in the homeless population is between 10-50 percent. Individuals who are homeless and suffer from concurrent disorders face additional barriers to receiving appropriate care, such as services excluding homeless people or services that are inappropriate to serve the needs of this population.

Individuals suffering from concurrent disorders face several barriers to appropriate care, regardless of whether they are homeless or not. Traditionally, the system of care has excluded substance use disorder treatment in their clinical approach on moral grounds rather than scientific grounds. Recent progress has been made in the treatment of concurrent disorders, but the clinical pathways that incorporate both mental health and substance use conditions are still rare.

Treating concurrent disorders in homeless people is impossible without adequate housing. Many homeless people contact services for basic amenities, such as food and water, rather than substance use treatment. A multi-tier support system is needed that provides low-barrier access to the system and provides housing at the same time.

As you work through this lessons readings, you are encouraged to ask yourself the following questions:
• What additional challenges do injection drug users with concurrent disorders face?
• What are the major shortcomings in research to effectively address concurrent disorders?
• What are advantages to treating concurrent disorders using an integrative approach?
• What are the biggest barriers to implementing such an approach at this time (e.g., what is lacking)?
• What approaches are currently proposed to address the needs of clients with concurrent disorders?

LESSON 3: THE BURNABY CENTRE

THE BURNABY CENTRE AS TREATMENT APPROACH FOR INDIVIDUALS WITH POLY-SUBSTANCE USE AND SEVERE MENTAL ILLNESS

Many individuals with concurrent disorders also have significant physical health problems and social and behavioural problems. The term complex concurrent disorders is used to describe a population that has serious issues in all of these areas.

Individuals in this population are overrepresented in forensic settings and typically live in sub-standard housing or are homeless. They have difficulty engaging with traditional healthcare services and tend to rely heavily on emergency care as access point to health care, and consequently, have extremely poor health outcomes and a considerably lower life expectancy in comparison to the general population.

The highest percentage of this population can be found in inner-city neighbourhoods; they also have the most severe problems. The Downtown Eastside of Vancouver has a particularly high concentration of individuals with complex concurrent disorders and has been the focus of considerable efforts to develop special treatment programs, including low threshold or harm-reduction approaches. Health care providers in the DTES have found that many of the existing substance abuse, mental health, and physical Health treatment programs are inaccessible to many of these clients. This is largely due to limited capacity and exclusion of clients because they do not fulfill intake criteria or are unable to comply with the program rules. These barriers often lead to adverse health outcomes.
Resources could be allocated more effectively, if these medical conditions were treated consistently and available therapies were better tailored to the needs of this vulnerable population. A general recognition that improvement in the overall situation required a new approach to managing health issues of these individuals led the BC Government to create a specialized program for complex concurrent disorders. In July of 2008, the Burnaby Treatment Centre for Mental Health and Addiction opened, which is a 100-bed provincial tertiary treatment facility for individuals with complex concurrent disorders. It provides comprehensive care to individuals with severe substance use, mental health, and physical problems, specifically those who present with street behaviour issues that complicate or prevent use of existing services and who are homeless or housed in substandard housing.

As you work through this lesson, you are encouraged to ask yourself the following questions:

What elements of care are brought together in the Burnaby Centre for Mental Health and Addiction to meet the needs of clients with complex care needs?

What are the benefits of providing adequate housing to clients with mental illnesses and addictions before they enter treatment?

What can be done to fill the current research gap related to current services while still providing effective treatment to affected clients?

The high incidence of trauma in all three populations that have been discussed in this course point to significant gaps in the health and social system. What are these gaps, and what approaches should be taken to address them?

How can continuity of care be secured, if not all parts of the continuum of care are in place (e.g., housing and community services in the Burnaby Centre model)?

LECTURE: MICHAEL KRAUSZ – INTRODUCTION TO THE BURNABY CENTRE FOR MENTAL HEALTH AND ADDICTION

ACTIVITY
The survey will contribute 15 percent of your grade.

The purpose of this assignment is to familiarize you with a survey tool and identify issues related to stigma in your community. You will conduct a
small survey with approximately 20 people (can include friends and family) using the Stigma Survey provided to you by the instructor. Random sampling is not required. You will analyze the data and present the results in a written report. You may also identify areas for possible activities (e.g., awareness campaign) based on your results.

**Download the Stigma Survey**

In your report,

- Provide a brief demographic overview of your sample (age, gender, level of education)
- Provide percentages scores for the answers to each survey question
- Draw conclusion with respect to your samples knowledge about mental illnesses and their treatments and their attitudes about people living with mental illnesses.
- Determine if there is a difference in knowledge and attitudes if participants know a person who has a mental illness vs. those participants who do not.
- Provide a summary of your main finding and make suggestions for possible activities to increase awareness/knowledge about mental illnesses.
  - The report should not exceed a maximum of 5 pages, written using 12-point font, and one-inch margins.

**Please see the Course Schedule for the submission deadline.**

**FINAL PAPER**

The final paper will contribute 40 percent of your grade.

A continuum of care is an integrated and seamless system of settings, services, service providers, and service levels to meet the needs of clients or defined populations. It relates to the degree to which several health care services are delivered coherently and which are consistent with the clients medical needs and personal context. A continuum of care plan covers a planning process involving all stakeholders in the creation of a plan to address the issues(s) of concern.

For the final paper, students will choose one of the three target populations that are discussed in the course – (1) homeless, (2) pregnant women and mothers who use substance, and (3) injection drug users - and develop a
continuum of care plan. Students can use the guide provided in the additional resources section as a reference for their continuum of care plan (not all points included in the guide need to be addressed for the purpose of the final paper).

The paper should include the following components:

Overview of the chosen population and benefits of developing a continuum of care plan for this population

Identify desired outcomes

Define the geographic region for the plan

Identify community stakeholders and how to involve them in the process

Define roles and responsibilities (Who is responsible for what?)

Identify strategies for collecting information about the target population

  Methodologies for collecting needs data
  How often will it be collected? How will changes in the data over time be used?
  Provide a brief inventory of existing capacities dedicated to serving the target population

Continuum of care gap analysis

  Develop a list of gaps - identify, and if possible, quantify unmet needs
  Determine a process for identifying priority area(s)
  Identify priority area(s), how they relate to each other, and whether there are systems issues (rather than capacity issues) that need to be addressed

Develop short- and long-term strategies

  Summarize priority gaps and create groupings that interrelate
  Link gaps to possible resources
  Develop strategies and steps for action
  Assign responsibilities and develop timeframe (hypothetical)
Outline plan for monitoring and evaluation of continuum of care plan

The report should not exceed a maximum of 20 pages. A maximum of 5 additional pages are allowed for appendices, written using 12-point font, and one-inch margins.

Please see the Course Schedule for due dates.

**SUMMARY**

This module provided an overview of the unique issues related to injection drug users in urban areas. These include mental illness, addiction, and other health conditions, living in sub-standard housing, and lack of access to services, to name but a few.

You also learned about unique treatment approaches to address the needs of individuals with complex concurrent disorders.

You also learned about what policies and treatment models are currently implemented to address the complex care needs of injection drug users, and you learned about gaps in the system of care that still need to be addressed to provide adequate and effective services to this vulnerable population.
# Course Schedule

All face-to-face sessions will take place at:  
Room 601 3504 Willingdon Avenue, Burnaby, BC:  

**The Burnaby Centre for Mental Health and Addiction**

<table>
<thead>
<tr>
<th>Module 1: Health of the homeless</th>
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<tbody>
<tr>
<td><strong>Web-based:</strong></td>
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<tr>
<td>Online introductions</td>
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<tr>
<td>Watch video clips related to topic</td>
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<tr>
<td>Readings and online discussion</td>
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<tr>
<td><strong>Activity:</strong> visit a shelter in your community. Talk to a homeless person about access to health care and prepare a report.</td>
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<tr>
<td><em>Case Report (Due Monday, June 2\textsuperscript{nd}, 2014)</em></td>
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<th>Face to face</th>
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<td><strong>Saturday, May 24\textsuperscript{th}, 2014</strong></td>
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<tr>
<td>In-person introductions</td>
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<tr>
<td>Guest lecture and discussion: person with lived experience.</td>
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<tr>
<td><strong>Lecture:</strong></td>
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<tr>
<td>• Entanglement of different health components in homelessness</td>
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<tr>
<td>• Introduction to the population of the Burnaby Centre for Mental Health and Addiction</td>
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<td>• Introduction to the clinical concept of strength-based approach to treatment</td>
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### Module 2: Addicted mothers, drug use during pregnancy, and childhood trauma

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<tr>
<th>Web-based</th>
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<tr>
<td>Watch video clips related to topic</td>
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<tr>
<td>Readings and online discussions</td>
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**Activity**: Prepare a needs assessment report about services for pregnant women in your community.

*Needs Assessment (Due Monday, June 23rd, 2014)*

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<tr>
<th>Face to face</th>
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<td>Friday, June 13th, 2014</td>
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**General outline of the topics for the day**

Guest speaker and discussion

Lecture

- Trauma models
- Childhood trauma
- Entanglement of trauma, addiction, and severe mental illness
- Treatments

### Module 3: Injection drug users

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<td>Content:</td>
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1. Watch video clips related to topic
2. Readings and online discussion
3. **Activity**: Conduct a small survey with 20 people using the Stigma Scale and report the results in written form.

*Survey write up (Due Monday, July 21st, 2014)*
| **Face to face** | **Friday,**  
**July 18th,**  
**2014** |
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<tr>
<td>Guest speaker(s) and discussion</td>
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<tr>
<td>• Topic: experiences with the health care system from perspective of IDU and service providers</td>
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<tr>
<td>• Topic: Substitution clinic and related challenges in the health care system from a policy perspective</td>
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<tr>
<td>• Lecture</td>
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<tr>
<td>• Childhood trauma, mental illness, concurrent disorders, and HIV</td>
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<tr>
<td>• Clinical models for the Burnaby Centre of Addiction and Mental Health and Assertive Community Treatment</td>
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| **Web-based** |  |
| **Course wrap up** |  |
| *Final paper (Due Sunday, August 10th, 2014)* |  |