



EDITED BY SARAH IRVING

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## Family Support and Involvement Team

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## Approaches to Treating Substance Use

When people hear "treatment" related to substance use, often their first thought is a residential treatment center. But supporting people who use substances can look like so many different things! This Family Connections newsletter highlights the work done by Vancouver Coastal Health to support people who use substances and their families. It also highlights resources (as always!), personal stories, and changes in policies that the substance use system has seen during the COVID-19 pandemic. There is a lot here for families, people with lived experience, and MHSU service providers. *A note from the team: This newsletter was edited by Sarah Irving, our very talented social work practicum student.*



Sometimes supporting your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC).

### AAC Contact Information

Hours: 7:30 am - 11:00 pm 7 days/week; 365 days/year

Phone: 604-675-3700

Address: 803 West 12th Avenue (at Willow between 12th and 10th)

## About us...

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, support, and with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance use Services. You can find our contact information on the front page.

The *Family Connections Newsletter* is available electronically, direct to your email inbox. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services for families who are supporting a loved one with mental illness and/or substance use, sign up at [www.spotlightonmentalhealth.com](http://www.spotlightonmentalhealth.com)

By going to this website and clicking on the [Family](#) tab you can find our [Community Resource Guide for Families](#), Vancouver Coastal Health's [Family Involvement Policy](#) and much more.

Thanks for reading!

## A Message from the Family Advisory Committee

As we move through COVID-19 restrictions it appears that our collective challenges with mental health and substance use have increased in lockstep. Now more than ever we have to find ways to take care of ourselves with fewer and fewer resources. Then, of course we are driven to take care of our loved ones, and in a more or less contact less way. This is not easy! There's no roadmap, no self-help guide to refer to.

But there is hope and there is help. A good place to start is [October's Family Connections Newsletter](#), a real keeper, full of ideas and options. If you find yourself asking 'how does this get better, not just for me and my loved one but for all of us?', one answer might be to consider membership with a Family Advisory Committee (FAC). There you will be asked for your opinions on many thoughtful initiatives. You'll be able to use your hard earned experiences to make things better.

I'm very excited about a new member at the Vancouver FAC who signed on just this past week. Her loved one saw a brochure about the FAC and suggested it might be a fit for her mom as caregiver. What a great way to start! **An FAC may or may not be the thing you are looking for right now. But please consider it. The Vancouver FAC meets the 2nd Thursday of each month, by Zoom or phone in. We would love to see you at our table!**

It goes without saying that I hope you find creative ways to survive and maybe thrive in the days ahead.

**-Patti Zane, Chair, FAC (to VCH-MHSU)**

If you are interested, or wish to learn more about becoming an FAC member, contact us at [vancouverfac@vch.ca](mailto:vancouverfac@vch.ca)



## From Grief to Action: Coping Kit For Everyone

By Sarah Irving

### From Grief to Action



### Coping Kit

Dealing with Addiction in Your Family

From Grief to Action is a non-profit organization that works to improve the lives of young people with substance use disorders and the lives of their families and friends. From Grief to Action is a volunteer run organization that is affiliated with the Parents Forever support group and has done incredible work in advocating for support and awareness for substance use in BC. **One of the amazing resources that From Grief to Action has developed is their Coping Kit for Dealing with Addiction in Your Family.** This resource is created for the loved ones of people who use substances, and by families with lived experience. This toolkit “focuses on questions, issues, and practical problems faced by parents, guardians, and loved ones of people who use drugs” who are on at any place on the spectrum of substance use from experimenting to addiction.

The toolkit does a wonderful job of covering what substances are, the spectrum of substance using, what risk looks like, and how a substance use disorder is defined. From Grief to Action takes a relational approach to substance use, encouraging family members to know the emotional, physical and behavioural signs of your loved one using substances so that you can notice and talk to them about what they are going through. The voices of families who have been impacted by substance use are woven throughout the toolkit, putting their lived expertise at the center. The toolkit also discusses different substances, their risks, treatments and ways to approach using those substances from a harm reduction lens. From Grief to Action emphasizes the importance of communication and boundaries for family members of loved ones using substances. As they say in the toolkit, “success and hope depend on having strategies in place (both personal and interpersonal), having access to support options, taking care of your emotional, physical and spiritual wellbeing, and strengthening family relationships”. The toolkit also covers treatment, recovery, relapse, and interactions with the criminal justice system. **This resource is full of warmth, wisdom, resources, book recommendations, tips and strategies for any family member supporting a loved one who is using substances from the perspective of families who have been there.**

You can find the Coping Kit here: <https://www.heretohelp.bc.ca/sites/default/files/fgta-coping-kit.pdf>



*“Voices of families who have been impacted by substance use are woven throughout the toolkit, putting their lived expertise at the center”*

## The START Program—Detox at Home

Interview with Parvaneh Sales and Kristin Nelson  
by Sarah Irving



Tell me about the START program.

**The Vancouver Coastal Health START program stands for Substance Use Treatment And Response Team.** We are a low-barrier, *home detox program* for clients to withdraw from alcohol or other substances. Different substances affect the body in different ways. There are some substances such as alcohol and benzodiazepines that are central nervous system depressants. Others such as crystal meth and cocaine are powerful stimulants. Opiates such as heroin, and Fentanyl (a narcotic pain medication) are both powerful depressants. These different substances produce different withdrawal symptoms, most often the exact opposite of the effects of the substance. Withdrawal is different for every individual. There are many factors affecting what the client's own experience will look like and what symptoms they will have.

**We support people to detox in their home, as long as they have a safe environment and people to support them through the detox process.** The length of the program is expected to span over a 2-week period from intake to completion. Our team is able to offer support to people without a waitlist and we are able to respond to referrals through our nursing team within approximately one day. With the COVID-19 pandemic, our team is providing addictions medicine care virtually which allows us to respond quickly to the needs of our clients. When people contact us for their detox, we ask them what they need for their recovery and we connect them to the resources that are individualized to their needs. Our program wants to provide first-line treatment for substance use through a process that is humane and protects client dignity. In addition to home detox services, the team also provides short **term** case management to our clients to ensure that they are connected to substance use, mental health, community and primary care resources. If the person is experiencing mental health issues, our team has a psychiatrist that clients can connect with for support and we also support people to access community counselling resources.

START is a community based addictions service and **is** connected with the continuum of withdrawal management within Vancouver Coastal Health. Our program doesn't work for everyone because some people need or prefer 24 hour support at a detox facility, so we work really closely with other Vancouver detox programs to match the best program to the client's needs. Our program also gives a lot of information to families about substance use, including information and support about relapse. Our program supports and understands people may experience relapse and clients are always welcome to come back to us to detox again. **People can self-refer to us and family members can also contact us and ask questions about the program. We understand the frustration families can experience with their loved one and how hard it can be navigating the system for and with their loved one.**

*“We understand the frustration families can experience with their loved one and how hard it can be navigating the system for and with their loved one”*

**Detox process**

When we connect with clients the first time, the nurses will assess their individual needs, ask general questions about their health, and offer to have blood work and a urine drug screen completed when needed. The client will also be booked in to see a physician who will develop a plan to best support them. Depending on their substance of choice and withdrawal symptoms, we will assess their medical symptoms and prescribe them treatment that will make them more comfortable through the detox process. Our team will prescribe them medication to manage their withdrawal symptoms like: nausea, tremors, gastro-intestinal upset, anxiety, restlessness, sleep deprivation, high blood pressure, and chills. Additionally, our team supports clients to initiate opioid agonist treatment and facilitate safer take home dosing. Throughout their detox, our team calls the client every day to check in on how they are doing through their detox and also offer home visit when needed to ensure they are supported through their detox.

**How important are families in your programs?**

Due to being an outpatient detox program, one of the most unique pieces is how we involve family members and loved ones. Our team sees that people have so much more success in their detox and recovery process if they are supported by the people in their lives. We are in close contact with the families during the detox process because regardless of the substance, they are the ones that are with the client 24/7, administering their medication and taking care of them. Additionally, families who use substances together can do a home detox together, which is not an option when client's go to a detox facility. It is so valuable for clients to stay connected with friends, families and supports during a difficult time in their lives and to know that they are not all alone. Our team also knows the impact on families to witness their loved one using substances and we know they deserve support to heal from these experiences. We often talk to the family members about how they are feeling and support them to get their own support, counselling, and take care of themselves.

**Family success stories**

Our team has had some incredibly inspiring experiences supporting families with the home detox process. We had the privilege of supporting a couple to go through the detox process together and they just sent the team their beautiful wedding photo! We also had a family member in Kamloops and another family member in the Fraser Health region and were able to build a connection with the family, support a home detox, and support the transition to treatment. Another amazing client was supported by his dedicated mother who attended every appointment with him and was instrumental in his home detox with his partner. Family plays such an important part in are so grateful to work alongside

the coping of their loved one and we families for client success!



*“It is so valuable for clients to stay connected with friends, families and supports during a difficult time in their lives and to know that they are not all alone”*



### How has COVID-19 impacted your program?

Our program has continued as an essential service during the pandemic and in the beginning we had challenges in pulling together a new way to support our clients over the phone and virtually. We have found that COVID-19, stress, anxiety, and lack of resources have impacted people's substance use. Our numbers have increased significantly through these times, due to so many people relapsing. We feel so grateful to be able to continue to support our clients during these challenging and unprecedented times. Our community-based program allows people to stay at home and in their bubble, without having to be around others in a facility.

### START Program Contact information

**Phone:** (604) 658-1278

**Email:** [start.team@vch.ca](mailto:start.team@vch.ca)

*“We feel so grateful to be able to continue to support our clients during these challenging and unprecedented times”*



## My Story with Addiction and Recovery

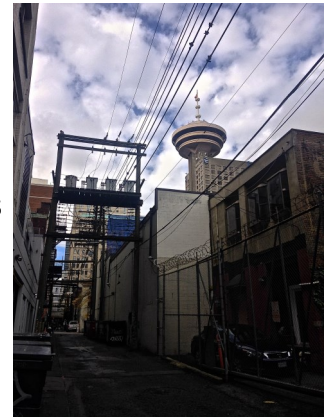
By Matt Piercy

(Photo, right, taken by Matt in Vancouver)

My story with addiction and recovery began many years ago-as a small child, really. My father was an alcoholic, and drank excessively until 1992 when I was 3 years old. His addiction to alcohol was affecting our home life, and so he started attending Alcoholics Anonymous-better known as AA. AA takes the participant through “The 12 Steps” which involves admitting they have no power over their drinking, surrendering their lives to a Higher Power, and then digging deep into their past and making amends with those they’ve harmed. I went to some of these meetings with my dad as a child. I found them uncomfortable, strange and smoky. This was in the 1990s. Their program has not changed since then and in fact, hasn’t changed since Mackenzie King was Prime Minister before World War II. Some programs began later that were based on drugs, gambling, sex and debting- but they are all based on the 12 Steps of AA.

When I started struggling with drugs and alcohol, I was 16 years old. I quickly turned down offers to go to meetings from clean and sober people in my life. Those were old school, and couldn’t be useful today, particularly for a teenager, I thought. Later when my drug use progressed from problematic to habitual and life-threatening, I accessed treatment. I went to 4 different treatment centres, of which 3 utilized 12 steps meetings in some way. I was surprised that so many of them did. A year or so after I left the 4th treatment centre I went to, I ended up getting clean. I got clean and sober thanks to a combination of treatment options available to me in the community. I was stabilized on methadone and anti-depressants; I had regular appointments with a psychiatrist, a Registered Clinical Counsellor and a Social Worker. I was also able to receive Cognitive Behavioural Therapy (CBT). Throughout the first several years of my recovery I also found an AA group that really helped me. I have been able to maintain recovery since then.

I’m lucky that I was able to get and stay clean, and I’m even luckier that I cleaned up before fentanyl became more common than heroin. I’m very grateful for all of that. I did start to wonder though, what might my life be like today if I were able to receive the services I ended up needing at the treatment centres I had gone to? Today’s treatment centres are very much like the treatment centres I accessed a decade ago- many of them rely solely on the 12 steps, and the ones that provide wrap around care (psychiatry, primary care, CBT, DBT, mindfulness, Opioid Agonist Therapies etc.) are usually the ones that cost as much as a down payment on a house (\$30,000 and up). It is unfortunate that this is the case. Therapies such as CBT and Opioid Agonist Therapy are evidence



*“I’m lucky that I was able to get and stay clean, and I’m even luckier that I cleaned up before fentanyl became more common than heroin”*

based treatments, clinically proven to help those struggling with substance use challenges. The 12 steps are helpful for thousands of people, if not millions. It isn't however, enough for most people struggling with substance use challenges. My hope is that this will change. The overdose crisis has stolen the lives of thousands of British Columbians. It's time that we start funding treatment centres like we do other parts of our health care system. Quality treatment shouldn't be reserved for those who can pay for it.



## **STAR Program—Sisters Together Active in Recovery**

Sisters Together Active in Recovery or STAR is an outpatient treatment program through Vancouver Coastal Health. STAR offers a variety of treatment options, free of charge, for women have problems related to the use of drugs or alcohol. We are a bisexual, gay and transgender-inclusive service. We support all women.

### **The STAR program includes:**

- Group programming for women in early stages of recovery
- Group treatment for women in later stages of recovery
- Drop-in support group for women
- Art therapy group for women in all stages of recovery
- Co-ed acupuncture
- Co-ed SMART recovery Group
- Short-term individual counselling, as needed
- Access to addictions medicine
- Assessment, treatment planning and transition coordination
- Harm reduction supplies and education
- Referrals to programs and services in the community



**Due to COVID-19, currently many of the STAR program services are being offered with adjusted formats and online through Zoom. For more information about STAR, call 604-266-6124 or email [STAR@vch.ca](mailto:STAR@vch.ca).**

*“It’s time that we start funding treatment centres like we do other parts of our health care system”*



*“As part of VCH’s family involvement policy, we encourage clients with substance use issues to involve their supports in their care as much as they feel comfortable”*

## Supporting Substance Affected Family Members

### Interview with Sarah, Concurrent Disorders Counsellor with Vancouver Coastal Health

by Sarah Irving

Sarah is a Concurrent Disorders Counsellor working at a VCH outpatient MHSU team. Sarah co-facilitates the STAR groups (see page 8) and also provides individual counselling for people who are experiencing problems related to substance use. As part of this role, Concurrent Disorders Counsellors often support family members, partners and loved ones affected by substance use. I (Sarah Irving) had the opportunity to ask Sarah for her thoughts on what she usually suggests to substance affected loved ones.

#### **How do you and the team support and incorporate families as part of your work?**

Family involvement (including chosen families) is so important! As part of VCH’s family involvement policy, we encourage clients with substance use issues to involve their supports in their care as much as they feel comfortable. This can look like bringing a loved one in to a counselling session to review a wellness plan. It can also look like considering and incorporating collateral shared by families about things that are happening outside the counselling session, especially if there is high risk involved.

Sometimes, a concerned family member wants to direct the care and services that their substance-using loved one receives, but the substance using person is ambivalent or unwilling to engage. *We often encourage and support concerned loved ones to get their own counselling and group supports in place as their loved one navigates their recovery.*

#### **What do you find yourself often reminding substance affected loved ones of when you are supporting them?**

*If you are struggling, please remember that this can be really hard! If you love someone with a substance use problem, it is common to feel anxious, frustrated and consumed with concern due to the risks and behaviours associated with use. It is more than OK take care of yourself (sleep, nutrition, socializing, leisure and so on) even while your loved one is struggling. Your needs are also important and attending to them will sustain you and keep you resilient.*

*Be aware that your loved one’s recovery may not look the way that you’d like or it may not look how your aunt or friend or own recovery looks. People do recover and they get well in a varie-*



ty of ways-no single size fits all.

**What are some tips and strategies that you suggest for families and loved ones to keep in mind while supporting someone in their life who uses substances?**

You are not alone. Every person with a substance use concern exists within a community, so most people are touched by this issue. Support is available. It may feel uncomfortable at first to access it, but there are people who understand and have been in a similar position to you.

Even though it can be tempting, the evidence shows us that harsh confrontation rarely leads to lasting change. Stating your concerns to your loved one with kindness and empathy and supporting behaviours that you would prefer to see (rather than punishing what you don't want to see) tend have more impact. To see this in action, think about a time when someone gave you some unsolicited critical advice. Did you follow the advice or did you try to defend your position?

*Limit setting is important.* It's OK to have limits regarding how or whether you can continue to support your substance-using loved one.

*Please recognize red flags and know when to disengage and/or get additional support to keep yourself safe.* Some substance affected people have been in very risky or even life threatening situations in order to attempt to manage or limit their loved one's use.

**Do you have any books, videos or podcasts you often suggest?**

Great question. There are so many resources to wade through but some of them are based on outdated practices that lack evidence.

- In terms of helpful websites, I really appreciate [the20minuteguide.com](http://the20minuteguide.com) resource as well as [addictionthenextstep.com](http://addictionthenextstep.com).
- *Beyond Addiction: How Science and Kindness Help People Change* (Jeffrey Foote, Carrie Wilkens and Nicole Kosanke) is a helpful easy to read research-based book
- The documentary *Wasted* on the program Nature of Things is powerful and well done.
- I also often refer to this newsletter's great list of support groups!



*Photo: Growth against all odds*

*“Even though it can be tempting, the evidence shows us that harsh confrontation rarely leads to lasting change”*

## Safe Supply

By Sarah Irving

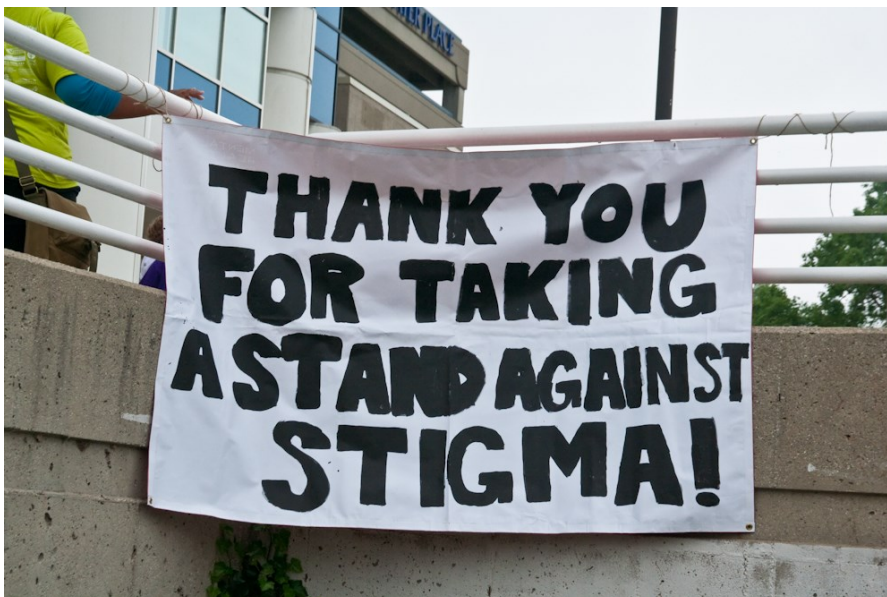
Taken from “What prescribers should know about COVID-19, substance use and safe supply”, a presentation by BC Centre for Substance Use Service

Since COVID-19 was declared a public health emergency in British Columbia on March 17, 2020, there have been more conversations about how this will impact access to substances for people who use drugs. Due to limited operating hours of services and social distancing measures, there is an impact on people accessing their prescription medications. Additionally, the global pandemic has also impacted the drug supply of street substances. The goal of safe supply is to ensure that people have access to substances while still being able to practice social distancing and follow the stay-home guidelines associated with COVID-19. As we all know, we have been experiencing an opioid epidemic since 2016 in our province and there is a need beyond COVID-19 for access to a safe supply of substances to reduce risk of harm or death associated with the current toxic drug supply.

**As stated in the City of Vancouver’s Statement on Safe Supply:**

***“Drug poisoning is affecting many different people who use different substances for different reasons. It is affecting people who use opioids, people who use stimulants, people who use regularly, and people who use occasionally. People from all walks of life are affected; we are all in this together.”***

Safe supply is the prescription of substances to “manage withdrawal, cravings and other harms from using opioids, stimulants, illicit benzodiazepines, tobacco and alcohol”. The BC Centre for Substance Use has created safe supply guidelines which are called *Risk Mitigation: In the Context of Dual Public Health Emergencies*, for clinicians to use. A person could be eligible for safe supply if they are at risk of contracting COVID-19, have COVID-19, have a history of ongoing active substance use, and are at a high risk of withdrawal, overdose, cravings or other harms related to substances. Safe supply can be prescribed by a person’s existing doctor or nurse practitioner, Rapid Access Addictions Clinics, and the VCH Overdose Outreach Team.



*“The goal of safe supply is to ensure that people have access to substances while still being able to practice social distancing and follow the stay-home guidelines associated with COVID-19”*



*“Safe supply is an opportunity for people who use drugs to partner with their health care providers to find options to keep them safe during the pandemic and from the toxic drug supply”*

There are various options for prescription medications and dosage, depending on a person’s substance of choice, and they can receive a script for this medication for 23 days to support COVID-19 isolation. These prescription medication costs are also covered by Pharmacare.

Safe supply is an opportunity for people who use drugs to partner with their health care providers to find options to keep them safe during the pandemic and from the toxic drug supply. Having access to safe supply can give individuals who use substances an opportunity to focus on other areas of their life. Safe supply is only one piece of the puzzle of addressing our ongoing overdose crisis and efforts need to continue to be focused on community engagement, decreasing stigma associated with substance use, housing, social connection, employment and many other aspects of people’s lives.

**Read the City of Vancouver’s Statement on Safe Supply and watch their video for Overdose Awareness Day here: <https://vancouver.ca/people-programs/safe-supply-statement.aspx>.**

**Canadians in support of safe supply are encouraged to share Vancouver’s Safe Supply Statement video using that link and the hashtags #SafeSupply and #EndOverdose.**

**Read the BC Centre for Substance Use guidelines on safe supply here: <https://www.bccsu.ca/wp-content/uploads/2020/04/Provincial-Webinars-Prescribers-Final.pdf>**



Photos: Risk Mitigation report for Safe Supply during COVID-19 from the BC Centre for Substance Use (left), It’s a Journey (right)



*“I see problematic substance use as an adaptive response to people’s unspoken and unspeakable pain”*

## Trauma and Substance Use

**Interview with Charlotte Jackson, Concurrent Disorders Counsellor with Vancouver Coastal Health.**

**By Sarah Irving**



**You have been working in the field of substance use for a long time. What have you noticed over the course of your career?**

I have noticed that over the years there appears to be a greater recognition of and a greater interest in legitimizing the experiences of people who use substances. Substance use treatment has been, historically, a misunderstood and underfunded arm of health care, but I have seen a shift over the years, through the advocacy of substance users, themselves, in bringing health care to the table, so to speak. We still have a long way to go, especially regarding the need to take tangible action on the poisoned drug supply, by which I mean decriminalize possession and increase access to safe supply.

**What is the relationship between trauma and substance use?**

Research shows that there is a significant correlation between adverse childhood experiences and later problematic substance use. I see problematic substance use as an adaptive response to people’s unspoken and unspeakable pain. For most people, their substance use does not qualify as a disorder and its use can be understood as being effective at managing life’s challenges. According to Dr. Carl Hart, Professor of Neuroscience and Psychology at Columbia University, the majority of us are using substances to cope with the demands of life and it’s important to talk openly about the substances we are using, and further, to not pathologize substance use, in general. My approach is to de-pathologize substance use for everyone. If we don’t own up to the ways in which many of us use substances, this will continue to relegate our most vulnerable populations to being criminalized and scapegoated for behaviour that all segments of society engage in. Substance use is an intelligent and adaptive response to what is arising in people’s lives. I am always curious to know what people are responding to in their lives and to understand what works about using and what doesn’t. We all have shadow, or hidden, aspects of our psyches that drive our behaviours - I believe it is important to take time to better understand these unconscious drivers so that we can recognize how they influence our choices.

For me, the most important part of the work is making it personal. Each person is the expert of their own life and I feel I am here to offer deep listening in order to make change an option. I do have tools and strategies that I use in my counselling work but approach and attitude are more important than technique. One of the most important

*“Deep listening, clear boundaries and an open heart”*

prerequisites, for me, is to have and communicate hope for the people I am supporting. Holding the torch high for the people I am supporting when they are in really dark places is a most vital and under recognized function in any counselling work.

I apply the principles of trauma informed practice to this work by being strengths-based and collaborative. Research has found that treatment is more effective if approached from a trauma informed perspective – folks tend to engage longer which is critical for making positive change. I am not the expert on the lives of the people I support, but I do bring curiosity and validation, which can help bring compassion to the situation. I aim to be as honest as I can be. A lot of people who have had trauma histories have experienced betrayal in relationships. Understanding this and offering ethical and congruent care is important to building trust.

**How have you seen the COVID-19 pandemic impact substance use and substance use treatment?**

The pandemic has highlighted the vulnerability of the people we are treating (and the treatment, by the way, according to Dr. R.D. Laing, is how we treat each other). It has illuminated the importance of connection and community as an integral part of treatment and healing. Some theorists suggest that problematic substance use is caused by isolation and disconnection. The pandemic highlights this, not only for people with problematic substance use but for all people. In terms of availability of substance use treatment, there are not enough treatment centres and the waitlists are too long for the treatment centres and detoxes we do have. To add to this, there are fewer options for women and for trans-identified folks. Treatment on demand is critical in supporting individuals when they are ready to take that step.

**What do you see the role of families being in supporting their loved one who uses substances?**

Family members are enormously important. Problematic substance use affects the whole family system. Often the person who uses substances is the one identified as needing the support, the ‘identified patient’, the one who needs to change, but in my experience the whole family system is impacted and often the whole family will need to change to support their loved one and to take care of themselves. All family members deserve support and understanding.

**What’s your magic wand?**

Deep listening, clear boundaries and an open heart. That’s three things!



## Motivational Interviewing – A Commonly Used Approach In Substance Use Counselling

By Isabella Mori

One of the approaches to substance use counselling used frequently at VCH is **motivational interviewing**. The idea is to use, maintain and increase a person's motivation toward change. Some assumptions behind it are that motivation is of utmost importance to change; motivation has many aspects and dimensions; motivation can wax, wane and otherwise change over time and depending on circumstances; motivation is influenced by others around us, and counsellors/clinicians have an opportunity to be a positive influence in that regard.

**Developed by Stephen Miller and William Rollnick, motivational interviewing has four components:**

1. Evocation – where the counsellor helps “evoke” – i.e. make the client aware of – their desire and intent regarding positive change
2. Compassion – seeking the client's well-being and growth
3. Acceptance – honouring the client's worth, supporting their autonomy to choose their own way, seeking to understand the client, and affirming the client's efforts and strengths
4. Collaboration – client and counsellor work together on the client's goals towards positive change

**Motivational interviewing incorporates knowing, recognizing and utilizing the “stages of change” based on the research in the 1980s by Carlo DiClemente and James Prochaska. These stages are :**

- Pre-contemplation
- Contemplation
- Preparation or Determination
- Action
- Maintenance
- Relapse, repetition or termination (some practitioners use this last stage, others don't)



*“The idea is to use, maintain and increase a person's motivation toward change”*

*“Recognizing stages of change and how to respond to them is useful not only for counsellors but for anyone concerned about someone else’s substance use or other unhealthy behaviours”*

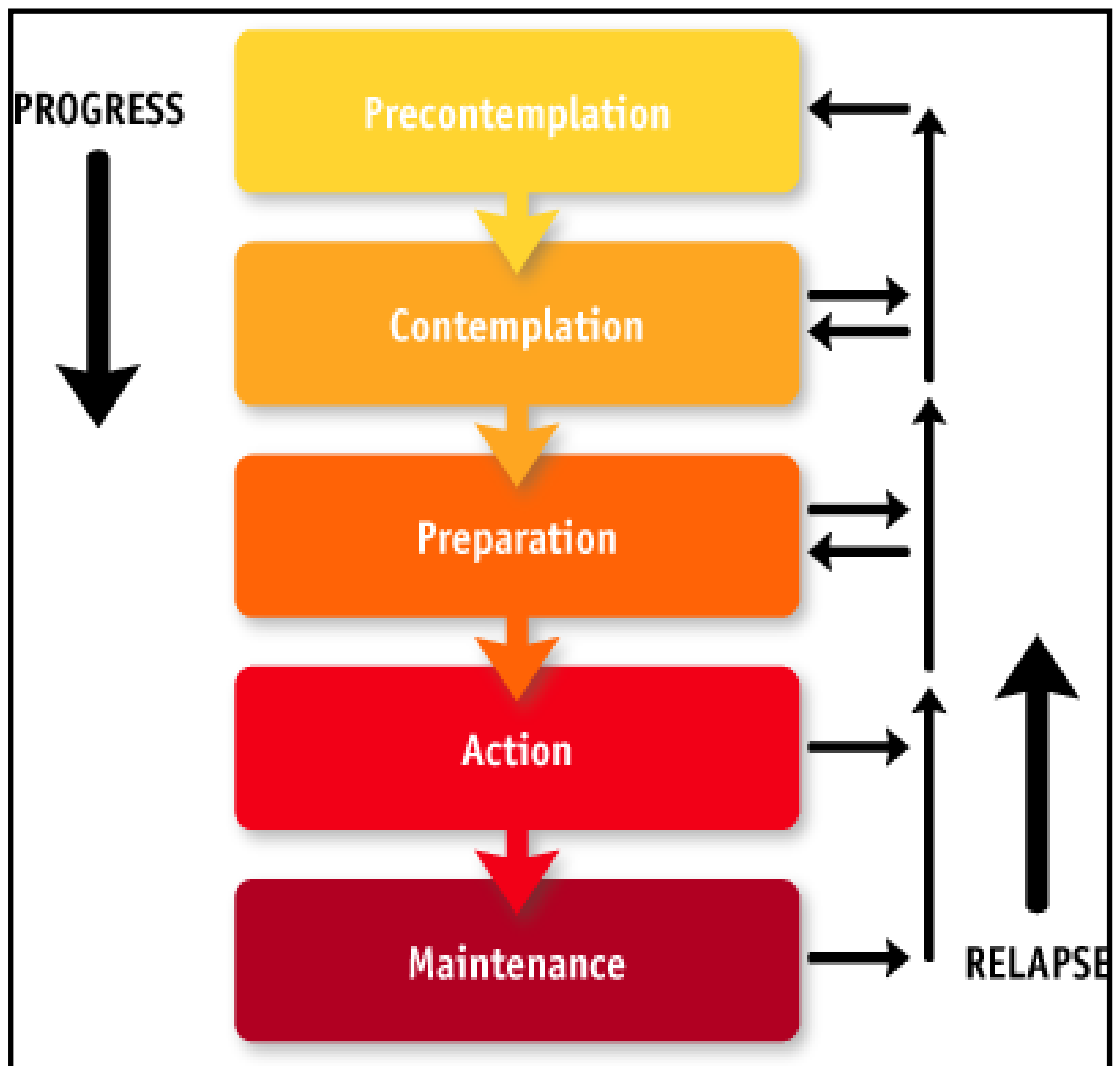
Recognizing stages of change and how to respond to them is useful not only for counsellors but for anyone concerned about someone else’s substance use or other unhealthy behaviours. Here are some examples:

Stage	Signs - Example	Response - Example
<b>Pre-contemplation</b>	“I don’t have a problem”	Establish rapport and build trust Validate what you hear (e.g. “It sounds like your friends think you have a problem but you don’t agree.”) Increase risk awareness (e.g. “So I guess you have a way of getting home when you get a bit too tipsy?”)
<b>Contemplation</b>	Ambivalent messages (e.g. “I guess listening to this podcast about harm reduction wouldn’t be a bad idea. But he’ll probably be all preachy.”)	Amplify the move towards change, e.g. ask about the podcast Don’t push it – show that you respect that any decisions are theirs Help them contemplate the pros and cons of change
<b>Preparation or Determination</b>	Testing the waters; thinking concretely about change (e.g. “That podcast wasn’t so bad. I’ve actually made an appointment on Monday with a counsellor.”)	Encourage and celebrate all the small steps Show you understand that change is not easy Offer support regarding anticipated obstacles (e.g. “I can pick up the kids on Monday it that makes it easier”)
<b>Action</b>	The person is now practicing new behaviours, e.g. attending regular support groups such as SMART or AA, and/or is not using substances or using them in a less harmful manner	Help the person focus on long-term benefits Show an understanding that there might be a feeling of loss (e.g. not being around their drinking buddies anymore) Talk about what’s working
<b>Maintenance</b>	Commitment to the new behaviour, sometimes very enthusiastically so (e.g. “There’s no way I’ll ever drink again”)	Support them in their maintenance, both verbally and in action, e.g. don’t if alcohol is a problem, invite them to functions where they’ll be pushed to drink Talk about and support them in their long-term goals Explore relapse prevention (e.g. “I know you don’t ever want to drink again. But if it were someone else, how would you suggest they prevent a relapse?”)
<b>Relapse</b>	On most cases this is accompanied by shame, which can be expressed in many ways, e.g. isolation, defensive/rude behaviour, self recrimination (“I’m such a loser”)	Reassure them that relapse is often part of recovery, and that just like they reverted to old behaviour, they can also go back to the new, more positive behaviour Frame this not as failure but as a learning opportunity



**More reading on Motivational Interviewing:**

- A process based on motivational interviewing, Brief Action Planning, was presented at the 2019 Family Conference – see page 5 here <https://www.spotlightonmentalhealth.com/wp-content/uploads/2019/06/Family-Connections-June-2019.pdf>
- Also: <https://motivationalinterviewing.org/understanding-motivational-interviewing>
- And: <https://socialworkpodcast.blogspot.com/2009/10/prochaska-and-diclementes-stages-of.html>



*“If you have a happy, supported staff, you will have better patient outcomes as well.”*

## Meet the New Acute Manager!

### Interview by Sky Lee

*Early this fall, staff at Segal were delighted to learn that a new Inpatient Services Manager had been hired for the inpatient psychiatry units at the Joseph & Rosalie Segal and Family Health Centre in Vancouver. I had the opportunity to sit down with Jacqueline and get to know her.*

**Hi Jacqueline! Thank you for taking the time to sit down and give our readers a chance to get to know you. Can you let our readers know what your professional background is?**

I actually started with VCH about 15 years ago in HR (Human Resources) and labour relations. I worked my way through that office in various positions, and then I decided I wanted to go back to school and become a nurse. I was very intrigued by the front-line and all of the work that was being done from the union and management perspective. Also, I was sick as a kid, and the exposure to the frontline was the impetus I needed to go back to school. Throughout my schooling, I continued to work in labour relations casually, and when I graduated nursing I continued on with VCH in various medical units in Richmond, at VGH, and in the Downtown Eastside doing outreach nursing. I went back to labour relations for some time, then actually did nursing again for 6 months right at the peak of COVID in a private clinic. Then, this position came up and here I am, which is great because I was already aligned with Segal in my labour relations role.

**What is your vision for staff and patients at Segal?**

I think always aligning with VCH values is important: we care for everyone, we are always learning, and we are always striving for better results. With patients, we want people to feel supported, want to provide proper and safe care, and to treat them with dignity. Along those lines, we also want staff to feel safe and to have a happy and healthy environment. I think that is really important. It really is a two in one – if you have a happy, supported staff, you will have better patient outcomes as well. So by creating a collaborative and positive team environment, it will enable staff to provide better service to our patients.



*Photo: Jacqueline Roth, Inpatient Services Manager, Segal Centre*

*“Those pillars of health, home, purpose, and community are important”*

**For you, what aspects of MHSU recovery are most important?**

Those pillars of health, home, purpose, and community are important, but I think community is very important. We work collaboratively with our community counterparts to make sure that our patients are connected to those services and supports. Those pillars of health, home, purpose, and community are important, but I think community is particularly important. We work collaboratively with our community counterparts to make sure that our patients are connected to psychosocial supports around employment, family involvement, etc. There are other things that are important that I don't want to miss: personal autonomy, social identity, purpose in life, having a positive sense of self...Really it's about supporting people where they are at and providing that support.

**Thank you! Now moving onto less professional stuff...do you have any fun hobbies?**

I love cooking and trying new recipes. I love the outdoors. I am also into yoga and meditation and mindfulness, but I know I need to do more of it! I love gardening too and I find it really therapeutic. We just got a bigger patio, so I'm excited to plan veggies in the summer. But in the meantime, I've got my "plant babies" to take care of and keep alive.

**Anything else you want our readers to know about you?**

In terms of personal experience, I think everyone is touched by MHSU. And I think we need to be cognizant of that – anyone could be a loved one of someone with mental illness. From personal experience, my dad is diagnosed with Lewy Body dementia. And when he was a diagnosed, which started as a period of psychosis, it was a little bit traumatic as a family member. I can empathize with the difficulty of similar processes. Relating that to families, I empathize and recognize that it's a difficult process, but we are here to support one another through it.

**Thank you Jacqueline for taking the time to let us get to know you!**



*\*Of note, during the writing of this newsletter, a second manager was welcomed to the team. His name is Dave Bailey and hopefully we can catch up with him in our next issue.\**





## MORE FAMILY SUPPORT GROUPS



### PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

**Parents Forever** – Support group for families of adults living with addiction. Group meets weekly via Zoom on Friday evenings. Contact Frances Kenny, 604-524-4230 or [fkenny@uniserve.com](mailto:fkenny@uniserve.com)

**BC Schizophrenia Vancouver Family Support Group** - for family members supporting someone with serious mental illness. Please contact the Vancouver Manager @ 604-787-1814 or [vancoast@bccs.org](mailto:vancoast@bccs.org) for more details on the online group and to register.

**St Paul's Hospital Family Support Group**- Support for families who have a loved one living with mental illness. Groups take place on the last Thursday of every month from 6-7:30 over Zoom. Please pre-register at 604-682-2344 local 62403.

**VCH Eating Disorder Program – Family & Friends Support Group** – for friends and family members of individuals living with an eating disorder. Contact Colleen @ 604-675-2531.

**Borderline Talks** - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check <https://bpdsupportgroup.wordpress.com/finding-help/>

**Pathways Serious Mental Illness** (formerly Northshore Schizophrenia Society) - monthly online support groups, and family to family education sessions. For more information on the next support group: <https://pathwayssmi.org/monthly-support-groups/>.