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Family Connections

EDITED BY ISABELLA MORI & BECKY HYNES JUNE 2018

In this issue, we discuss Cognitive Behavioural Therapy and similar forms of therapy. One of the things we hear frequently from families and clients is that they would like more individual “talk” therapy. Indeed, quite a bit of research indicates that a combination of medication and “talk” therapy can be extremely beneficial. An updated list of affordable counselling is available on our resource list at:

<http://www.spotlightonmentalhealth.com/?p=8178>



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 days/week; 24 hours/day; 365 days/year

Phone: 604-675-3700

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

What is CBT?

Adapted from dbtvancouver.com, with contributions from the FSI team

There is some evidence that CBT can also be helpful for substance use disorders and psychosis

Cognitive-behavioural therapy (CBT) is a type of treatment used to help people with a variety of different health and mental health problems. CBT is based on the idea that psychological difficulties often result from the interplay of thinking patterns, emotions, actions, and situations. Thoughts, beliefs, actions, emotions, and life situations are all related. For example, when people are depressed, they often have hopeless or negative thoughts, thinking there's no point in doing anything. When they, for example, stay in bed and avoid people or going out, they feel even worse, and when they feel worse, they're more likely to think that everything is pointless or hopeless. This same type of pattern happens with people who struggle with anxiety and other disorders. As a result, CBT involves learning to (a) identify patterns of thinking, emotions, and actions, (b) change behaviours and develop new coping skills, (c) think more flexibly, and (d) reach important goals and enhance well-being and fulfillment.

There are many subtypes of CBT, and sometimes the term "CBT" is used for any approach that deals with the client's thinking processes. CBT has been around for a long time (its predecessor, Behaviour Therapy, was one of the earliest psychotherapies) and has naturally garnered quite a bit of criticism. For example, some clients feel that it can be somewhat mechanistic. As with any therapies and therapists, in the end, what's important is whether the client (and to some degree, the important people in her/his life) feel it's effective.

A lot of research has been done on CBT. Some of it indicates it effectively helps people with a variety of different psychological problems such as depression, anxiety disorders, bulimia, problems with anger, and general stress. There is also evidence that CBT is helpful for people struggling with substance use problems, symptoms of psychosis (such as schizophrenia, involving hallucinations and delusions), chronic pain, and other problems.



June 24, 2018

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Greater Vancouver Ride – Swangard Stadium

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When we ride, we create change. **Ride in plain sight.**

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Find your closest location at ridedonthide.com



Step 2
Register your team or as an individual.



Step 3
Ride with us on June 24th 2018 & join thousands of Canadians raising funds!



10KM, 20KM, 60KM, 100KM, 5KM Run/Walk

PENDER



BLENZ COFFEE

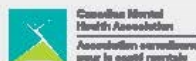
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ridedonthide.com



Behavioural Activation

By Isabella Mori, adapted from

<http://theconversation.com/explainer-what-is-behavioural-activation-for-depression-62910>

What is behavioural activation?

The aim of BA is to reverse the cycle of low mood by increasing engagement in activities that have value to the individual. This increases the chance of deriving pleasure and a sense of achievement. For many people, simply modifying their behaviour can be a major step towards improving their life.

Behaviour affects feelings and vice versa

Here are some examples: Contentment is an emotional reward some of us receive for gardening. Anxiety helps us avoid dangerous situations. Sadness can signal we've lost something important. Just as emotions guide behaviour, the opposite is also true – behaviour directly impacts emotions.

The more we avoid risky or challenging situations, the less confidence we have in our ability to cope and the more anxious we feel. The less we exercise, the less motivated we might feel going to the gym. And the more we withdraw from people and activities that have previously given us a sense of purpose and wonder in the world, the less happiness and more depressed we can feel.

People who experience depressive symptoms (and that includes a lot of people with bipolar disorder, anxiety, schizophrenia, etc.) derive a diminished sense of pleasure and achievement from life. Worst case scenario, emotions disappear altogether. Without emotions we are lost – nothing has meaning, which makes it difficult to care about ourselves and others. Just as few of us would turn up to work without a financial reward, it can be difficult to turn up for life without an emotional reward.

When low mood leads to inactivity, withdrawal and isolation, there are even fewer opportunities to derive pleasure or a sense of achievement from life. As a consequence, depression, hopelessness, lethargy and motivation worsen over time. A vicious cycle is in full swing.

BA typically involves the following steps:

Step 1: Activity and mood monitoring

Depression usually makes it difficult to notice fluctuations in mood – everything seems black all the time. But moods do fluctuate, at least to some degree. The first step in BA is to become familiar with these fluctuations. Write down the activities you do and rate your depression at the time (0 = no depression, 10 = extreme depression) every day for a week or two.

When you look back over your week, what activities were associated with a better mood and what activities were associated with a lower mood?

Step 2: Noticing the relationship between particular activities and mood

When you look back over your activities and mood ratings each week, what activities were associated with a better mood (even slightly) and what activities were associated

with a lower mood? List them in two columns, “better mood activities” and “lower mood activities”. An example of a better mood activity might be taking the dog for a walk.

Step 3: Schedule more “better mood” activities and fewer “lower mood” activities

Problem-solve any obstacles that might get in the way. Plan some activities with loved ones for additional support and encouragement.

Step 4: Balance pleasant and achievement-based activities

You might find that you do some activities just for pleasure (e.g. dancing, or reading a book). Others might not be pleasurable, but they give you a sense of achievement (e.g. going to work). It is important to maintain a healthy balance of both pleasurable and achievement-based activities. Too many pleasurable activities could result in neglecting responsibilities, which then pile up and become overwhelming. Too many achievement-based activities can feel like all work and no play. Some activities give us a sense of both pleasure and achievement – win, win!

Step 5: Action before (not after) motivation

This step is critical. If an activity is scheduled in the diary, then it gets done, regardless of how we are feeling. No exceptions. A depressed mood will discourage us from making changes in our lives. The essence of BA is that if we behave as if we are depressed, then we will continue to feel depressed. With changed behaviour, motivation improves, not the other way around. If the activity in the diary is too challenging on a particular day, then do something that is less challenging but still moves you in a helpful direction. Starting slow is better than not starting at all.

Step 6: Reward yourself

When you complete a scheduled activity, reward yourself. Think about natural rewards that might help motivate you to achieve your goals and reinforce your changes.

These rewards are likely to help lift your mood even further and may help you through the difficult times, because the road to recovery is likely to be rocky.

BA is no panacea, but it can be effective for some people. Currently it is most often used for depression but there is research in other areas as well. Simplicity is BA’s major advantage. Poor concentration is a common symptom, so simplifying treatment can help.

Introducing Kelty's Key: VCH Online Therapy for Depression and Anxiety

by Kate Rudelier

VCH Mental Health and Substance Use Outpatient Services have introduced a new therapy treatment option for depression and anxiety: online therapy.

The Kelty Patrick Dennehy Foundation was founded by Ginny and Kerry Dennehy after losing their son Kelty to depression in 2001. To open the mental health community further, and reach people digitally, the foundation has joined Vancouver Coastal Health to create Kelty's Key: VCH Online Therapy Service.

Kelty's Key: VCH Online Therapy gives you access to cognitive behavioural therapy (CBT) without needing to schedule appointments. You'll have the flexibility to write to your therapist when the time is right for you, even if it's the middle of the night.

- ◇ It's convenient: No travel time or time off work is needed for appointments.
- ◇ It's private: Some people feel more comfortable receiving therapy online rather than in-person.
- ◇ It's easy to use: Our materials are accessible and easy to read. Lessons use a "no-jargon" writing style with audio, illustrations, patient stories and interactivity to help all types of learners.

How does online therapy work?

After a phone screening and orientation, you will connect with your online therapist weekly by encrypted email. Your therapist will guide you, offer support and assign you online lessons through Kelty's Key (<http://www.keltyskey.com>)

Who can do online therapy?

Online therapy is currently offered to adult residents of Vancouver who suffer from mild to moderate depression or anxiety.

Online therapy might be right for you if you:

- ◇ Have access to a computer, tablet or smartphone with internet
- ◇ Are comfortable using email
- ◇ Are comfortable reading and writing in English
- ◇ Don't have significant use of drugs or alcohol
- ◇ Are open to joining an 8-week therapy program for depression and anxiety

You'll have the flexibility to write to your therapist when the time is right for you, even if it's the middle of the night.

If our service is not right for you, you can still use our online lessons for free at:

<http://www.keltyskey.com>

How can I join VCH online therapy?

You can refer yourself to online therapy by calling the 24/7 Access and Assessment Centre at Vancouver General Hospital at 604-675-3700.

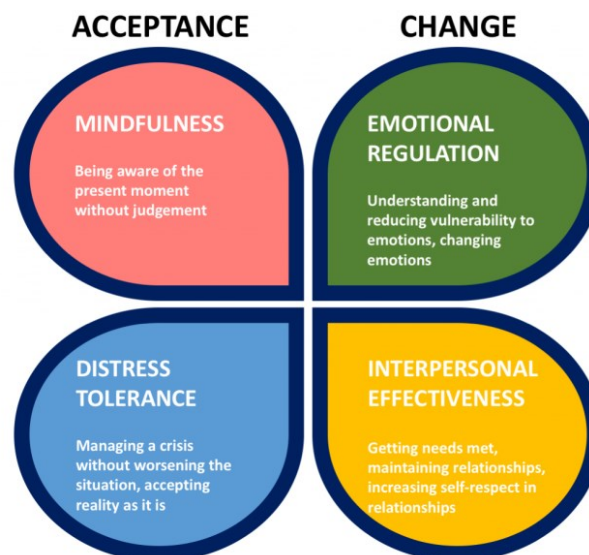
Dialectical Behavioural Therapy (DBT)

Adapted from the DBT Centre of Vancouver: <http://dbtvancouver.com>

What is DBT?

Dialectical Behaviour Therapy (DBT) is a treatment developed by Dr. Marsha Linehan at the University of Washington. Dr. Linehan originally developed DBT to help people who were suffering so intensely that they had tried (sometimes many times) to end their own lives. Over time, DBT has been adapted and used to help people with a variety of complex emotional problems, such as those with borderline personality disorder, people with eating or substance related disorders, suicidal adolescents, people struggling with treatment-resistant depression, among many other difficulties. DBT is especially helpful for people who have difficulty understanding and managing their emotions. Through more than two decades of scientific research, DBT has been established as an effective treatment.

DBT normally involves a weekly individual therapy session and a weekly group therapy session that involves learning important new skills in the areas of managing your attention (mindfulness skills), managing and coping with your emotions (emotion regulation skills), dealing effectively with interpersonal situations (interpersonal effectiveness skills), and tolerating emotional distress (distress tolerance skills). DBT is based on the idea that, for people to build a better life and reach important goals, they need to make some important changes (e.g. reducing suicide attempts), and also need to learn to accept themselves. DBT therapists meet weekly in a team to discuss cases, and to provide the supervision, training, and support required to be effective therapists.



DBT... What family members need to know

By Becky Hynes

The DBT model is often adapted and provided as group Skills Training only. There is some evidence that skills training on its own can still be helpful for some people. It is important for you and your family member to understand what exactly is being provided by any DBT program, so be sure to ask!

If you are interested in what current research says about the effectiveness of adapted DBT skills programs for various client groups you can read this summary article below:

<http://www.psychiatrictimes.com/special-reports/dialectical-behavior-therapy-skills-training-effective-intervention>

Or have a look at the Research Updates page on Dr Linehan's website.

<https://behavioraltech.org/research/updates/>

DBT works better when family is in the loop. Get to know DBT skills so you can support the changes your relative is attempting to make. Ask them to tell you about the skills they are learning about and if there's anything you can do to help.

Has your loved one been asked to consider DBT because she or he has been diagnosed with Borderline Personality Disorder? If so, you can learn about more about it.

Heretohelp.bc.ca fact sheet:

<http://www.heretohelp.bc.ca/factsheet/borderline-personality-disorder>

A couple book suggestions:

Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship by Shari Manning, 2011, Guilford Press, New York: NY

The Family Guide to Borderline Personality Disorder: Finding Peace in Your Family Using Dialectical Behavior Therapy by Alan Fruzzetti.

CHOOSING A THERAPIST

(Adapted by Isabella Mori, from Scott Miller, PhD, who specializes in psychotherapy effectiveness.)

There are many different approaches to psychotherapy and effective practitioners come from a wide diversity of backgrounds.

If you are looking for a therapist or are thinking about changing therapists, knowledge of some basic facts and key questions can simplify matters. This article is meant to assist you to decide which therapy and therapist are likely to work best for you and your situation.

What we know about therapy...

Research shows that psychotherapy works overall, and why it works.

Psychotherapy is significantly more effective than a placebo treatment, and its effects are generally lasting. However, there is a wide variation in individual results and improvement cannot always be guaranteed.

The effectiveness of therapists varies considerably, regardless of their professional background or specialty.

The therapist needs to enthusiastically believe that their therapy will help you.

Good therapy gives you a sense of hope and expectation of change for the better.

Good therapy helps you develop practical ways forward.

It is very important for your success that you feel you have a good working relationship with the therapist, that you feel comfortable with the therapist as a person, as well as with her/his methods.

Success depends greatly on your active participation in therapy and your openness and readiness to change.

It is helpful to have some idea of tangible goals and how you might like to use therapy to achieve them.

Good therapy is sensitive to your viewpoint and adapts its methods to your individual circumstances rather than imposing the “right” way of a particular approach.

Good therapy helps to utilize and develop your own abilities and resources.

Compared to points 1-11, which specific therapeutic models and techniques are used play a small role in the effectiveness of therapy. No one type of therapy has been shown to be consistently superior to others.

Therapeutic models and techniques are helpful in structuring therapy when they fit your views of the situation and of how it might be helped.

“Good
therapy
gives
you a
sense of
hope”

Psychotherapy is not like a medical procedure; success does not depend on diagnosis of the problem or adherence to a prescribed treatment.

Psychotherapy is at least as effective as medication for most mild to moderate common psychological problems, has fewer side effects, and makes you less prone to relapse.

Psychotherapy is an important addition to medication for more severe mental health difficulties.

The eventual outcome is very likely to be successful if you perceive some improvement within the first few sessions. The longer therapy goes on without any progress, the less the likelihood of eventual success.

What to ask your Therapist

In addition to enquiring about practical details (times, duration, location, cost and so on), you can ask a prospective therapist some or all of these questions.

1. I'd like to deal with _____. What would your approach be to help me with that, and can you give me an example of helping another client with that?
2. How important will my contribution to therapy be?
3. Will we collaborate on deciding what we do?
4. How and when will we assess progress?
5. What is your philosophy of therapy?
6. Do you have malpractice/liability insurance?
7. Are you a member of a professional association, and which one? What are their practice, ethics and disciplinary guidelines and procedures?
8. How do you think change happens?
9. How many sessions do you average per client?
10. How easy will it be to end therapy or spread out sessions as I progress?
11. What do you think of medical diagnoses and drug treatments?
12. Can I seek other means of help at the same time?

Once you have answers to these questions,

- Compare the answers you receive with your own views and the research findings.
- Find a therapist that is a good fit with them.

Remember that successful therapy builds on your abilities and resources, and depends much less on the therapist's theoretical views or assessment of the problem.

In fact, just thinking about some of these questions yourself can already move you forward in your healing process.

How to know you have a good fit

How you feel about the working relationship with the therapist, as well as anticipating any, even the smallest, improvement are very important to success. You could consider the following questions:

- ◇ Do you like/trust your therapist?
- ◇ Do you have the feeling that your therapist likes/understands you, and is sensitive to your point of view?
- ◇ Do you feel you and your therapist have the same or a similar agenda?
- ◇ Do you feel your therapist is optimistic about helping you?
- ◇ Is the therapist interested to hear about other sources of help which you have found beneficial, and how supportive is she/he of them?
- ◇ Do you feel comfortable with the therapist's theories or techniques?
- ◇ Are you getting sufficient opportunities to provide feedback and influence the course of therapy?
- ◇ Is the therapist responsive to your opinions or suggestions?
- ◇ Do you feel a benefit from therapy?

*Do you like
your therapist?
Do you
feel your
therapist is
optimistic
about helping
you?*

When to move on

If you cannot answer the questions in C. to your satisfaction, discuss it with your therapist. If a few sessions have passed after that and you still don't get enough satisfactory answers, you may want to consider finding or requesting another therapist.



KEEP MOVING
FORWARD

Family Support Groups

Mood Disorders Association of BC – Mutual support groups for families of individuals living with a mood disorder. 2nd and 4th Tuesday each month, 7 - 9 p.m., Mount St. Joseph Hospital, 3080 Prince Edward St, Harvest Room A. Contact mdafamilygroup@gmail.com

BC Schizophrenia Vancouver family support group - Support group for families who have a loved one living with mental illness. 2nd Wednesday of each month 6:30 – 8:30 pm at Vancouver Community College, Broadway Campus 1155 E Broadway, Vancouver, BC V5T 4V5 (Room g218) . Contact Andrew at 604-754-7464

***Restarting in June!* St Paul's Hospital Family Support Group**- Support for families who have a loved one living with mental illness. Last Thursday of each month, 6-7:30pm. St Paul's Hospital, 1081 Burrard Street, Room # 451, 4th floor. Please pre-register by calling 604-682-2344 local 62403

VCH Eating Disorder Program – Family Support Group – for friends and family members of individuals living with an eating disorder. 1st Wednesday of each month, 6 – 7:30 p.m., 3rd Floor, 2750 East Hastings, Vancouver. Contact Hella @ 604-675-2531 ext 20689.

Parents Forever – Support group for families of adult children living with addiction. Group meets every 2nd Friday at St. Mary's Kerrisdale, 2490 W 37th Ave., Vancouver. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Pathways Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. 2nd Saturday of each month. 1 – 4:00 p.m., Room 345/50, 7000 Minoru Blvd, Richmond. Contact Lorraine Ng Lorraine.ng@pathwaysclubhouse.com or 604-276-8834, ext 215.

Family Support Groups

GRASP Support Group – GRASP offers peer-led mutual support groups for families or individuals who have had a loved one die as a result of substance abuse or addiction.

2nd Thursday of each month, 7-9 p.m. at Gilmore Community School 50 South Gilmore Ave, Rm 207.

Please email graspvancouverarea@gmail.com to register.

Family Connections Support Group — Meets every 1st Thursday and 3rd Monday of the month from 6-8pm at the Joseph & Rosalie Segal & Family Health Center, 803 West 12th Avenue, Vancouver. It is in the center of the VGH campus and can be accessed from Willow & West 10th, right behind the Blusson Spinal Center. A map is at <http://www.spotlightonmentalhealth.com/segal-building-map/> For more information, contact Isabella (604 290-3917 or isabella.mori@vch.ca) or Becky (becky.hynes@vch.ca).

First Nations Talking Circle - Weekly Talking Circle co-ed group for adult family and clients interested in learning more about First Nations Culture, sharing, expressing thoughts, and experiencing traditional ceremonies. Every Wednesday from 10:00 at the Carnegie Community Centre. Third floor 401 Main Street/Hastings, Vancouver. Contact Perry Omeasoo @ 604-306-7474

SMART Recovery for Family and Friends - Self Management And Recovery Training (SMART) is Based on the concepts of Rational Emotive Behavior Therapy & Cognitive Behavioral Therapy. Science-based and practical self care, boundary setting and compassionate communication learning and tools.

Ravensong CHC 2450 Ontario Street, 1st floor 604-872-8441 Thursdays 6:00 – 7:30 pm

Three Bridges CHC 1290 Hornby Street, Rm 310 604-714-3480 Tuesdays: 6:30 – 8:00 pm

Please contact Oona at 604-675-3988 ext. 20258



The *Family Connections* newsletter is available electronically, direct to your email inbox each month. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services supporting families with a loved one with mental illness and/or addiction, sign up at www.spotlightonmentalhealth.com

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