



**Sunshine Coast
Health Centre**



Highly Personalized Mental Health and Addiction Care

Our Medical Services

More Than Just Withdrawal Management

Psychiatric Care



Clinical Care



Care Planning



Medical Care



A Non-12 Step Program Since 2008

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Canada's First Women-Only Residential Trauma Program – Coming Fall 2019

TABLE OF CONTENTS

INTRODUCTION	2
CARE PLANNING	4
MEDICAL CARE	8
PSYCHIATRIC CARE	14
CLINICAL CARE	18

Introduction

Why Care About This Brochure?

As a busy health professional, we understand that your time is valuable, and we appreciate your interest in our program. The purpose of this brochure is not just promotional, but rather an attempt to partner with you based on the premise that an informed, collaborative approach serves all of us, practitioner and recipient alike. We welcome your feedback!

Assisting individuals who present with addiction and other mental health issues is both a challenge and an opportunity. The challenges are numerous. High-potency drugs such as fentanyl have increased the risk of overdose. Alcohol is often ingested in combination with stimulants, such as cocaine. Alcohol and other drugs are often consumed in combination with prescribed medications. Years of excessive consumption of alcohol and other drugs have a cumulative, deleterious effect on the body. Concurrent trauma, anxiety, and depression only adds to the challenges associated with intoxication and addiction.

Individuals with addictions often experience fear, even terror, at the prospect of residential or inpatient care. Questions abound. What happens when I start to experience withdrawal? Will staff be there to help? What will the other clients be like? Will I be able to relate to them? Can I trust them? It is a sad fact that fear can be overwhelming to the point that it delays—even prevents—a person from seeking assistance.

Rather than focus on these challenges, however, the medical staff at Sunshine Coast choose to see their work with clients as an opportunity. According to existential positive psychologist Dr. Paul Wong (2006), whose meaning theory forms the foundation of Sunshine Coast’s approach,

treatment means more than mere abstinence or symptom reduction. Instead, “the recovery process needs to move beyond healing of brokenness to personal transformation and full integration into society” (p. v).

We think the best way to address the challenges of addiction and mental health issues is to be prepared for them. That is why we have invested heavily in our medical services program. We opened in 2004 with 4 medical beds and a single examination room that doubled as a medication dispensing area. We celebrated 2016 with the launch of a dedicated medical unit, complete with 8 single-bed rooms, individual bathrooms, a kitchen and dining area, and a group therapy room. Clients who smoke have their own designated outdoor space. Medical unit staffing has steadily grown over the years and is currently at 14 nurses—12 LPNs and 2 RPNs. An additional 9 nurses (6 full-time, 3 part-time) will join us in anticipation of the opening of *Georgia Strait Women’s Clinic* in late 2019.

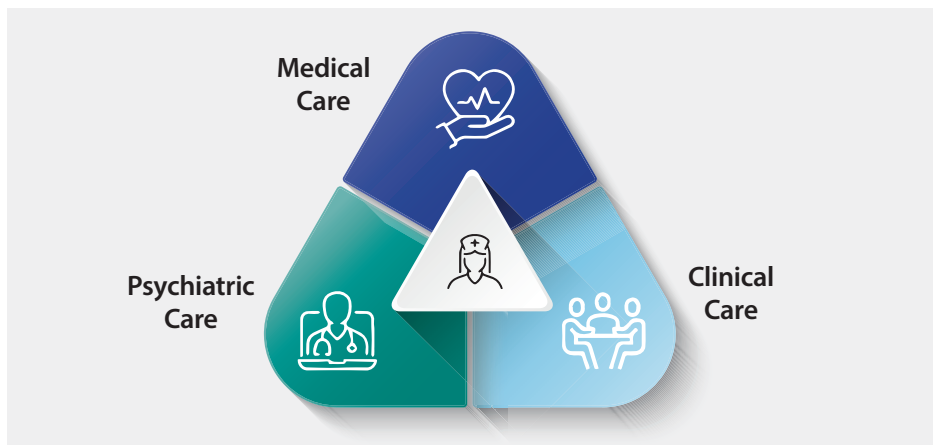


Lengths of Stay

Our medical services program is available either as a 7-day specialized medical program or as part of a 30-day or longer residential program. On average, clients spend an average of 45 days in the residential program, although it is not uncommon for longer stays up to a maximum of 90 days. Days spent in the medical unit are included in the total number of days spent in the program.

Care Planning

Our Integrated Care Model of Nursing



Nursing is the “glue” that holds our entire program together.

Nursing staff are the “glue” that holds the various parts of the Sunshine Coast program together—psychiatric, medical, and clinical. An important job responsibility for nursing staff is care planning, which involves coordinating psychiatric, medical, and clinical services. Research has identified the importance of a non-hierarchical, multidisciplinary approach to integrative care (Boon et al., 2004; Lamb et al., 2017; Lemos et al., 2010).



Our nursing station facilitates care planning.



Our medical unit.

Care planning also recognizes the value of complementary and alternative therapies. Integrative care emerged out of the practical experiences of health professionals who saw the value of including nonconventional treatments and modalities into their practices (Frisch & Rabinowitsch, 2019). According to Benjamin et al. (2007), complementary and alternative therapies are a necessary part of medical services, not mere add-ons to more conventional medical practices. Sunshine Coast offers multiple complementary and alternative therapies such as massage therapy, yoga, meditation, personal fitness training, eye movement desensitization & reprocessing (EMDR), and hypnotherapy. Client scheduling software allows nursing staff to notify clients via their smartphones of pending 1-on-1 appointments. Sunshine Coast has a smartphone-friendly technology policy and is currently one of the few addiction treatment centres in North America that permits clients to keep their smartphones and other electronic devices throughout their stay.

Integrative Care Model of Nursing

Medical services staff take an integrative approach to care which, we believe, is necessary to address the complexity of clients who present with addiction and other mental health issues. According to Pearson and Chesney (2007), integrative care considers the whole person with an emphasis on healing and wellness (cited in Frisch & Rabinowitsch, 2019). Integrative care also means nursing that avoids focusing too narrowly on the physical body (Frisch & Rabinowitsch, p. 262). Medical staff at Sunshine Coast understand that healing and wellness also involve emotional, spiritual, and social processes. Integrative care maintains a central focus on the client (Mulkins & Verhoef, 2004). Our medical staff know the value of empathy, particularly when clients are experiencing physical and emotional pain.

Assessments

Nursing assessment

Care planning also involves coordinating multiple, formal assessments. The assessment process begins with a nursing assessment performed by the admitting nurse and includes collecting a complete medical history and performing a full physical assessment. Nurses also perform a urine drug screen to identify the presence of mood-altering substances which predicts what withdrawal symptoms are likely to occur and which withdrawal protocol to follow. Withdrawal protocols—e.g., the Clinical Opiate Withdrawal Scale (COWS) and the Clinical Institute Withdrawal Assessment (CIWA) for alcohol—help nurses determine what medication is necessary.

Medical assessment

Within 24 hours, clients are examined by medical director Dr. Jacques du Toit. Medical assessments determine the number of days a newly admitted client needs to remain in the medical unit before transferring to the residential unit to begin the clinical program. The medical assessment also includes a review of a client's current medications and an instruction to the nursing staff to order necessary lab work.

Psychiatric assessment

Once a client is no longer under the influence of alcohol or other mood-altering drugs, an appointment is made with psychiatrist Dr. Stuart Howard. Psychiatric assessments aid in the diagnosis of mental health issues and include a review of a client's mental health history, a mental state examination, impressions, recommendations, and a review of psychotropic medications. Dr. Howard's provisional diagnosis is a critical part of developing a client's clinical care plan.



Nursing Director Jenn Herron, RPN, has 8 years of service with Sunshine Coast.



Medical Director, Jacques du Toit, M.B., Ch.B., Dip Addiction (ISAM) has been with Sunshine Coast since it opened in 2004. Jacques is certified as an addiction medicine specialist.



Psychiatrist, Stuart Howard, MD, FRCP(c) has 12 years of service with Sunshine Coast.



Discharge Planning

Nursing staff work with clients to develop their after-treatment care plans. Previously, clinical staff were assigned the task of discharge planning until 2016 when the medical unit expanded to around-the-clock nursing. Nurses now coordinate with families to help clients transition to their home communities, which includes explaining any new medications clients initiated during their stay.



Medical Care

Medical care refers to services that address the physical aspects of addiction, such as withdrawal management and medication-assisted therapy (MAT). These types of services are the more commonly understood types of medical services delivered in an addiction treatment setting.

Withdrawal Management

Withdrawal management (commonly referred to as “detoxification” or “detox”) refers to the treatment and monitoring of withdrawal symptoms associated with the discontinuation of alcohol or other mood-altering substances. Withdrawal management is the point-of-entry stage of treatment at Sunshine Coast. Withdrawal management is not therapy. A simple way to distinguish between withdrawal management and therapy is that withdrawal management assists with the short-term, physical aspects of intoxication, while therapy concerns the longer-term, psychological aspects of addiction. During the withdrawal management stage of a client’s stay, the focus is on safety, rest, hydration, and nutrition. In the first day of a client’s stay, nurses monitor vital signs a minimum of three times. Blood sugars are checked due to how they are impacted during alcohol withdrawal. Then nursing staff perform lab investigations, which aid in the withdrawal management process by helping to identify fluid imbalances and nutrition imbalances. An example of a nutrition imbalance is potassium depletion. Without the aid of testing, a symptom such as confusion can be misdiagnosed, leaving clients with potassium depletion at risk for heart seizures.





1:1 (workload) nursing

Nursing staff provide around-the-clock supervision. Difficult withdrawals often occur due to fluid imbalances, nutritional imbalances, and delirium tremens (DTs)—a severe form of alcohol withdrawal characterized by confusion, shaking, shivering, sweating, and seizures (Healy, 2008). Clients who present with these symptoms are provided a dedicated nurse until their condition sufficiently improves. The addition of a 1:1 nurse allows the other nurses to care for the rest of the clients in the medical unit. Clients with symptoms that do not improve or continue to deteriorate are transferred to Powell River General Hospital.

Auricular (ear) acupuncture

Acupuncture applied to the ear often provides relief to clients experiencing acute withdrawal. Medical director Jacques du Toit is trained in auricular acupuncture therapy. A systematic review of the literature by Southern et al. (2016) found acupuncture to be a potentially effective therapy in reducing alcohol craving and withdrawal symptoms. Acupuncture reduces the most common withdrawal symptoms—worry, anxiety, and substance cravings (Landgren, 2008). Wang's (2009) research concluded that auricular acupuncture can be used to relieve pain, including pain associated with substance withdrawal. Research by Landgren (2008) found that auricular acupuncture is convenient because it can be administered to groups of sitting, fully-dressed clients experiencing withdrawal symptoms. Landgren also found that providing auricular acupuncture to groups is less stressful for individuals with anxiety who are unable to lie still for long periods typical of other forms of acupuncture.





Fitness therapy is just one of many complementary and alternative therapies that we offer.

Medication-Assisted Therapy (MAT)

Clients who are medically stabilized and no longer have symptoms associated with withdrawal may be placed on medication-assisted therapy (MAT). MAT is a “whole-patient” approach to treating addictions, combining medications and counselling to treat addictions and prevent overdose (SAMHSA, 2019). Medications that are prescribed as part of MAT help normalize brain chemistry, block the euphoric effects of opioids and alcohol, reduce cravings, and normalize body functions.

Opium replacement therapies

Sunshine Coast promotes the use of methadone and Suboxone®—a combination of buprenorphine and naloxone. Our team-based approach places the client’s needs at the core of the decision-making process. A client with an opioid dependency is medically assisted through the initiation, titration, and eventual discontinuation of methadone and Suboxone®. A client can expect to spend between 24 and 48 hours in the medical unit during the initiation phase of Suboxone® therapy. Close monitoring is required due to the risk of precipitated withdrawal (see page 12).

Our Opioid Policy

According to the BC Centre on Substance Use and BC Ministry of Health (2017), "... opioid agonist treatments have been shown to be superior to withdrawal management alone in terms of retention in treatment, sustained abstinence from opioid use, and reduced risk of morbidity and mortality" (p. 22). Due to the high mortality risk associated with decreased tolerance following treatment, opioid replacement therapy participation is required for all Sunshine Coast clients diagnosed with opioid use disorder. We respect the applicant's right to decline treatment at Sunshine Coast should they choose not to participate in opioid replacement therapy. Sunshine Coast has established a list of exclusionary criteria for those who prefer not to participate in opioid replacement therapy. Applicants who wish to apply for exclusion to our opioid policy are asked to contact the admissions department prior to enrollment.



Suboxone® is the recommended first-line treatment for moderate to severe opioid use disorder in adults (Guidelines and Protocols Advisory Committee, 2019).^{*} According to the influential Cochrane Reviews, Suboxone® is safer than methadone with less risk of respiratory depression, fewer drug-drug interactions, and less risk of diversion or non-medical use (Mattick et al., 2017). Clients on methadone/Methadose® may undergo a methadone transition which involves switching to Suboxone®. Prior to discharge, clients receive education on their Suboxone® prescription as well as a naloxone kit. Nursing staff assist clients on Suboxone® therapy to continue their prescription regimen with a physician in their home community. Clients may return after one year and participate in our Suboxone® discontinuation program, which involves tapering off the last 2 to 4mg of Suboxone®. Suboxone® discontinuation is a service provided at no extra charge.

Medical Care

Clients with opioid use disorder must complete withdrawal from any opioid prior to beginning Suboxone® therapy. Otherwise, precipitated withdrawal can occur, leading to a sudden onset of severe withdrawal symptoms. Medical staff ensure clients are in a partial opiate withdrawal state before introducing Suboxone®, which is performed over the course of several hours. Once a client is in the stabilization phase of their Suboxone® therapy, there is minimal risk of precipitated withdrawal, even with subsequent doses of Suboxone®. Clients can expect the process of Suboxone therapy, from initiation of withdrawal to stabilization on Suboxone® to take, on average, 7 days.

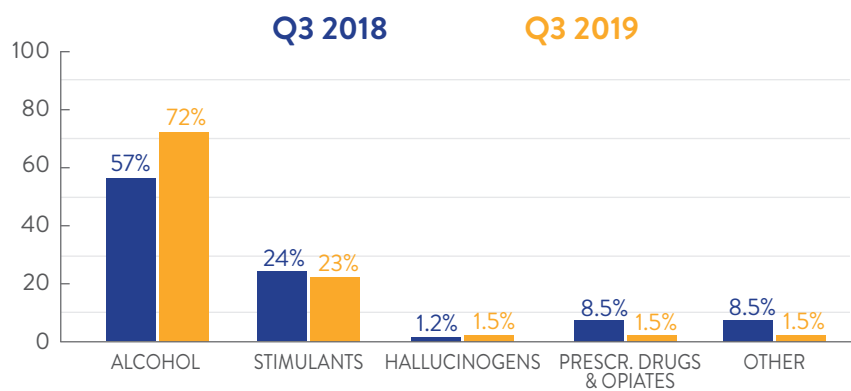
(*) Note: Transferring patients currently being treated for opioid use disorder with methadone to Suboxone® is not automatic but, rather, requires careful consultation and discussion between client and physician. Methadone is the recommended second-line opioid replacement therapy if induction with Suboxone® is contraindicated or not preferred.

Alcohol use disorder medications

Medical director Jacques du Toit prescribes disulfiram and naltrexone for certain clients who are at high risk of returning to problematic alcohol use after completing treatment. Disulfiram is an aversive form of drug therapy that works by increasing one’s sensitivity to ethanol by interfering with its metabolism. Mixing disulfiram with small amounts of alcohol produces physical discomfort. Research has found that disulfiram is most effective when used on a short-term basis in combination with ongoing psychotherapy (Chandrasekaran et al., 2001; cited in Center for Substance Abuse Treatment, 2009).

Dr. du Toit may also prescribe naltrexone to high-risk clients. Naltrexone works by blocking the euphoric effects of alcohol intoxication. Naltrexone is considered most effective when it is treated as a long-term therapy (beyond three months). Naltrexone is not addictive and, unlike disulfiram, does not react aversively with alcohol. A review of the literature by Leavitt (2002)

Drugs of Choice



A comparison of drugs of choice in 2018 vs. 2019 for clients attending our program from July 1 to September 30.

concluded that there was strong evidence that naltrexone significantly reduces a return to problematic alcohol use.

Concurrent Medical Conditions

An important, but often overlooked, aspect of medical services is the diagnosis and treatment of concurrent medical conditions such as communicable diseases—e.g., HIV/AIDS, Hepatitis C, etc.—and chronic diseases—e.g., diabetes, hypertension, etc. Older clients may struggle with other conditions such as cirrhosis of the liver, lung disease, and brain related diseases such as Wernicke-Korsakoff syndrome—a chronic and debilitating syndrome characterized by persistent learning and memory problems due to long-term, excessive alcohol use. Since 2018, the diagnosis of concurrent medical conditions has been enhanced by the ability to perform blood work onsite. A full lab work-up is completed as part of the admission process. Tests can identify, for example, whether a client is pre-diabetic or diabetic. According to nursing director Jenn Herron, RPN, pancreatitis and diabetes are two conditions that can potentially put clients at risk for hospitalization. Having adequate staffing levels and the provision of onsite lab work dramatically improve the likelihood that clients will remain in the medical unit.



Psychiatric Care

Sunshine Coast offers a program that takes an integrated approach to the care of individuals who present exclusively with trauma, anxiety, or depression or with a concurrent addiction. The ability to care for individuals with mental health issues has been greatly enhanced with the opening of our medical unit in 2016. All arriving clients are required to spend their first night in the medical unit, regardless of whether they are experiencing withdrawal. An overnight stay allows for a more gradual easing into the program and better monitoring of clients in the critical first 24 hours following admission.

Low-Stimulation Environment

Arriving clients who present with various symptoms associated with trauma, anxiety, or substance withdrawal benefit from our medical unit's low-stimulation environment. Environmental noise can aggravate mild paranoia, delirium related to alcohol withdrawal, and trauma. Having physical separation from other buildings minimizes the flow of people in and out of the medical unit. Clients with trauma may have additional noise sensitivity. Sunshine Coast now provides noise cancelling headphones, which have gained popularity in US-based facilities that specialize in military veteran care. Noise cancelling headphones do not block out all sounds—only background noise. Individuals wearing noise-cancelling headphones can continue to engage in one-on-one and group discussions. Having a low-stimulation environment also requires consideration of individuals with sensitivities to light. Client rooms are kept dark while common spaces have natural light during the day and specially-





designed lighting in the evenings. Low-stimulation environments help calm clients who may be struggling with negative emotions, increasing the likelihood that they will remain in the program and, ultimately, increasing the likelihood of a positive treatment outcome.

Tim's Story

"Tim" (not his real name) was a firefighter that struggled with symptoms associated with occupational stress. During his stay in the medical unit, nurses noticed Tim's sensitivity to noise. Tim often avoided the peer group. Any sudden noise triggered Tim's anxiety. At first, Tim was prescribed Ativan. Nursing director Jenn Herron, RPN, gave Tim a set of noise-cancelling headphones. The effect was immediate and positive. Soon Tim was participating fully with the peer group and his Ativan prescription was greatly reduced. Based on Tim's experience, Sunshine Coast now maintains a regular stock of noise cancelling headphones.

Psychiatric Care for Concurrent Disorders

One of the challenges of psychiatric care is psychosis. The term psychosis refers to a condition in which an individual is unable to distinguish between the real and the imagined, leading to confusion and distress (CAMH, 2019). Symptoms of psychosis include delusions (firmly-held false beliefs—e.g., persecutory thoughts), hallucinations (experiencing by way of the senses something that does not exist), and disorganized speech, thoughts, or behaviour. Substance-induced psychosis often mimics other forms of psychosis, such as organic psychosis (resulting from a physical illness or brain injury) or delusional disorder (experiencing delusions without also experiencing hallucinations). Furthermore, psychosis is also symptomatic of personality

Psychiatric Care

disorders—e.g., schizophrenia, and mood disorders such as bipolar disorder and anxiety. Substance-induced psychosis is most common with individuals who have consumed large amounts of tetrahydrocannabinol (THC, the active ingredient found in marijuana), alcohol, or stimulants, such as cocaine and methamphetamine. As a result, nursing staff typically schedule psychiatric assessments with Dr. Howard one week after a client's admission to allow time for substances to be ruled out as a contributing factor.

Repetitive transcranial magnetic stimulation (rTMS) therapy.

Sunshine Coast is pleased to offer a promising and safe technology for clients with mental health issues—repetitive transcranial magnetic stimulation (rTMS) therapy. rTMS, also known as intermittent theta burst stimulation (iTBS), has demonstrated efficacy for the treatment of major depressive disorder (Berlim et al., 2017; Blumberger et al., 2018; Milev et al., 2016), posttraumatic stress disorder (PTSD)(Clark et al., 2015; Hammoud & Milad, 2018; Yan et al., 2019), obsessive



rTMS therapy is a promising new therapy for depression and numerous other mental health conditions.

compulsive disorder (OCD)(Berlim et al., 2013; Lee et al., 2017; Rehn et al., 2018), generalized anxiety disorder (GAD)(Dilkov et al., 2017), schizophrenia with auditory hallucinations (Briend et al., 2017; Maiza et al., 2013; Thomas et al., 2019), impulsive decision making (Cho et al., 2010), and gambling addiction (Zack et al., 2016). A study by Hoy et al. (2015) found rTMS significantly improved working memory. Currently, Cole et al. (2019) are examining the efficacy of rTMS therapy for treating concurrent depression and alcohol use disorder.



Unlike antidepressants, rTMS is free from common side effects such as weight gain and sexual or cognitive dysfunction, is non-invasive, and requires no anaesthesia. The world's largest randomized controlled TMS trial to date found that 49% of the patients responded to the treatment and 32% achieved full remission of symptoms associated with major depressive disorder (Blumberger et al., 2018).

An rTMS session involves the placement of an electromagnetic coil against the client's scalp, near the forehead. A magnetic pulse stimulates nerve cells in the area of the brain that regulates mood. Patients may resume daily activity right after treatment. In 2002, TMS therapy was approved by Health Canada. Sunshine Coast has selected the Express TMS® device manufactured by the Danish company, MagVenture. In 2018, MagVenture received US Food and Drug Administration (FDA) clearance for Express TMS®. Express TMS is the only product approved by the FDA to deliver 3-minute theta burst stimulation (TBS), which is equivalent to rTMS. A typical rTMS treatment course using Express TMS® is 10 to 20 sessions.



Clinical Care

Over the years, nursing staff reported how newly-admitted clients struggled not just physically, but emotionally, too. Unfortunately, clients would typically have to wait until they were assigned a primary counsellor or joined their peer group before they learned how to self-regulate emotionally and learn mindfulness techniques. All that has changed since the nursing staff have expanded their role to include clinical care, starting in 2018.



DBT group sessions are facilitated by the nursing staff.





Our clinical services building.

Dialectical Behavioral Therapy (DBT)

Dialectical behavioural therapy (DBT) introduces clients to basic skillsets that can assist in the management of affective disturbances and cognitions that interfere with their health and wellbeing. Developed by psychologist Marsha Linehan, DBT incorporates strategies from cognitive-behavioral therapy, Zen principles, and the behavioral sciences (Austin & Boyd, 2015). DBT strategies are organized into four teachable skillsets:

Mindfulness | Interpersonal | Emotional self-regulation | Distress tolerance

Skills are introduced in a session-by-session manner according to a DBT skills training workbook developed by Linehan (2015). Flexibility has been built into the program to focus on the individual needs of clients. Skills are added or omitted, depending on clinical recommendations combined with client feedback.

The goal is to help clients achieve general skills by employing two treatment modes—skills training and coaching. The skills training group meets once weekly for a 2-hour skills workshop. In workshops, clients are provided the opportunity to practice their skills as a group. Three weekly 1-hour coaching follow-ups are scheduled afterwards to assess understanding and review further questions or concerns related to the selected skill. Further individual treatment is facilitated through the collaboration of psychiatrist Stuart Howard, the nursing staff, and the client's primary counsellor. At Sunshine Coast, the goal of DBT is to provide clients with the general tools needed to help clients identify and make changes to thoughts, emotions, and behaviours that contribute to stress in their everyday lives. Clients can continue this important work after they return home since many community-based mental health programs offer DBT.

References: Available upon request.



**Sunshine Coast
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**Residential Addiction & Mental Health
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Sunshine Coast Health Centre is an approved provider with the Blue Cross Federal Program
Sunshine Coast Health Centre is an accredited health care provider with Accreditation Canada



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