Medical Services

Sunshine Coast Health Centre
A Non-12 Step Mental Health Program

Georgia Strait
WOMENS CLINIC

Why Georgia Strait Women's Clinic or Sunshine Coast Health Centre?

We are an advanced health facility that gives women and men an opportunity to explore their mental health, trauma, and/or problem drinking or drug use while also building camaraderie with others experiencing similar issues. This shared experience has been shown to provide the most therapeutic value.

Medical Program

Our on-site Medical Program provides immediate medical withdrawal services and treatments to clients who would otherwise face significant obstacles in finding detox. This is especially true for clients who use alcohol heavily. Heavy alcohol users are at great risk during the medical withdrawal process and should not detox without medical oversight. We also offer a seven-day Medical Program for individuals planning to attend outpatient addiction treatment in their home community.

Upon arrival, you will enter our Medical Program in our exclusive medical unit suite, where you will see one of our doctors within 24 hours. You will remain here until our doctor feels you are stable enough to begin programming. Most clients appreciate the time to rest before transitioning into the demands of group and individual therapy.

Medical Program Overview

While in our Medical Program, nursing staff monitor your vital signs around the clock to ensure your withdrawal is proceeding safely. Each person experiences withdrawal differently and our nurses follow protocols, including Opioid Agonist Treatment (e.g. Suboxone), matched to the substances you have been using.

Medical Program Therapies and Services

ASSESSMENT SERVICES

All clients receive medical and psychiatric assessments within one week of arrival.

MEDICAL ASSESSMENT

A medical assessment is an important component of addiction treatment. Newly admitted clients undergo a urine drug screen which helps identify present mood-altering substances. Confirming the presence or absence of drugs helps us predict which withdrawal symptoms you will experience and allows us to inform staff about which withdrawal protocols to use. Within 24 hours, new clients are medically assessed by our medical director. During the medical assessment, the medical director determines if additional withdrawal management is needed, reviews medication, and orders lab work if necessary. If a client is receiving specialized detox for opioids, this treatment process will be discussed and planned during the assessment as well. The medical director also determines if a client is ready to be discharged from the medical unit and begin their treatment program.

MENTAL STATUS EXAMINATION (MSE)

Within the first week, clients participate in a MSE. This is a structured interview to obtain their background information, psychiatric history, medical history, and understanding of their presenting issue. Our psychiatrist reviews the MSE as part of the initial psychiatric assessment. The MSE also informs a client's interdisciplinary treatment plan.

PSYCHIATRIC ASSESSMENT

Mental health assessments help diagnose both the existence and extent of mental health issues. During the initial stages of addiction treatment, a provisional psychiatric diagnosis, in consultation with the rest of the clinical team, is a critical part in developing a treatment plan. Each client receives an initial psychiatric assessment that includes their histories, mental state examination, impressions, and recommendations. As part of our psychiatric services, clients receive ongoing psychiatric care, including medication monitoring by nursing staff.

Substance-induced psychosis is common with individuals who have consumed large amounts of tetrahydrocannabinol (THC) (the active ingredient found in marijuana), alcohol, or stimulants (e.g. cocaine and methamphetamine). When this occurs, nursing staff typically schedule psychiatric assessments one week after a client's admission to allow time for substances to be ruled out as a contributing factor.

PSYCHOMETRIC TESTING

Clients complete psychometric tests to measure their progress every two weeks. Administered psychometrics include the PHQ-9, GAD-7, PCL-5, DERS, Rosenberg SES, and WHOQOL-BREF. SCHC/GSWC case managers review test results to assess whether clients are on track with their treatment plans. Care plans may be developed in response to identified barriers in a client's test results.

INTEGRATED HEALTH ASSESSMENTS

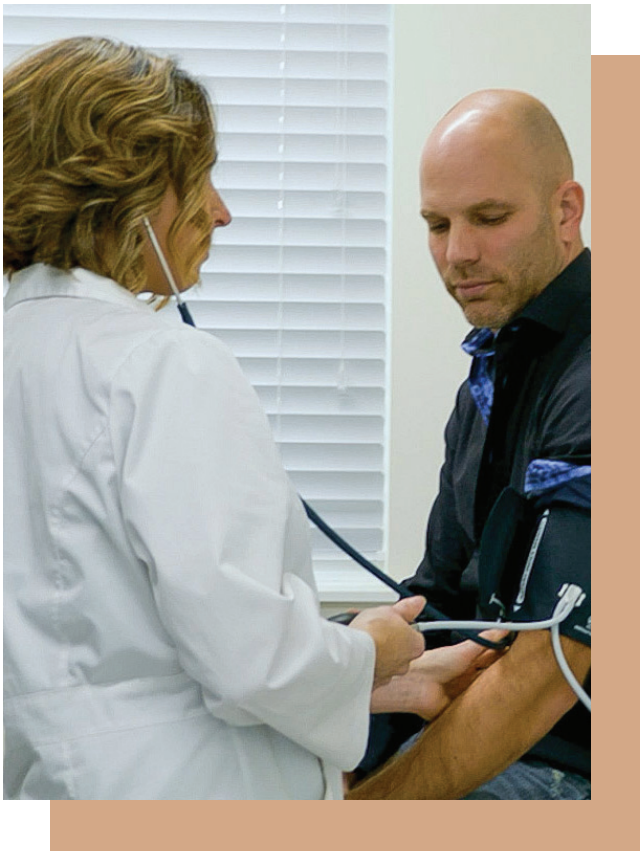
Our on-site kinesiologist and occupational therapist provide assessments and treatment plans to clients in the Medical Program. For clients continuing into our Mental Health and Addictions Program or Occupational Trauma Program, follow-up sessions will be offered by the kinesiologist and occupational therapist as needed.

NURSING ASSESSMENT AND CARE PLANNING

Nursing staff are the "glue" that holds our psychiatric, medical, and clinical components together. An important job responsibility for nursing staff is care planning, which involves coordinating psychiatric, medical, and clinical services.

> Care planning 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.

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 learning how to self-regulate emotionally and learn mindfulness techniques.



This has since changed with the addition of more nursing staff, allowing us the ability to provide nursing care planning and involve nurses in the clinical components of our programming.

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 with us; it 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 withdrawal management, the focus is on a client's safety, rest, hydration, and nutrition. In the first days of a client's stay, nurses monitor vital signs, check and monitor blood sugar levels, perform lab investigations, and identify fluid imbalances and nutrition imbalances.

MEDICATION-ASSISTED THERAPY (MAT)

Medication-assisted therapy (MAT) is offered for our clients in Withdrawal Management. MAT is a "whole-patient" approach to treating addictions, combining medications and counselling to treat addictions and prevent overdose (SAMHSA, 2019). We use opioid replacement therapies such as methadone, Sublocade, and Suboxone®. A client with an opioid dependency is medically assisted through the initiation, titration, and eventual discontinuation of MAT. MAT has been an effective tool for our clients in dealing with withdrawals and cravings as well as achieving a level of stability in their recovery that they had previously struggled to reach in previous attempts.

A client can expect to spend between 24 and 48 hours in our medical unit during the initiation phase of Suboxone® Treatment. Close monitoring takes place due to the risk of precipitated withdrawal.

See our "Suboxone" Card for more information.

1:1 NURSING SUPERVISION

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.

AURICULAR (EAR) ACUPUNCTURE

Acupuncture applied to the ear often provides relief to clients experiencing acute withdrawal. Our medical director is trained in auricular acupuncture therapy. Acupuncture reduces the most common withdrawal symptoms—worry, anxiety, and substance cravings (Landgren, 2008). Further research found that auricular acupuncture can be used to relieve pain, including pain associated with substance withdrawal (Wang, 2009).

Psychiatric Care

We take an integrated approach when caring for clients exclusively with trauma, anxiety, and depression as well as those with concurrent addiction. The ability to care for individuals with mental health and trauma issues is supported by our dedicated medical unit suite located next to our nursing station. All arriving clients are required to spend their first night in the medical unit suite, regardless of whether they are experiencing withdrawal.

LOW-STIMULATION ENVIRONMENT

Arriving clients with symptoms associated with trauma, anxiety, or substance withdrawal benefit from our medical unit's low-stimulation and private environment. Environmental noise can aggravate mild paranoia, trauma, and delirium related to alcohol withdrawal.

We also provide noise-cancelling headphones, which have gained popularity in US-based facilities that specialize in military veteran care. Noise-cancelling headphones block out background noise but allow clients to still engage in 1-1 and group discussions. Our client suites are kept dark while common spaces have natural light during the day and specially designed lighting in the evenings.

Low-stimulation environments can help calm clients struggling with negative emotions, increasing the likelihood that they will remain in treatment and, ultimately, increasing the likelihood of a positive treatment outcome.

Medication and Psychotropic Drug Therapies

Drug therapy, or pharmacotherapy, is the treatment of disorders using medications. Medications can help with different aspects of the addiction treatment process. Withdrawal medications can help in suppressing withdrawal symptoms during detoxification.

PSYCHOTROPIC DRUG THERAPY

Our psychiatrist and psychiatric nurses are experienced in treating concurrent mental health (e.g. ADHD or personality disorders) and addiction. The use of psychotropic drug therapy must be considered carefully and factor in a client's existing prescription regimen, any coexisting medical conditions, and risk of dependence.

ALCOHOL USE DISORDER MEDICATIONS

We prescribe certain medications such as 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).

Our medical director 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) concluded that there was strong evidence that Naltrexone significantly reduces a return to problematic alcohol use.

MEDICATIONS FOR CO-EXISTING MEDICAL CONDITIONS (EXCLUDING PSYCHIATRIC CONDITIONS)

An important, but often overlooked, application of drug therapy in addiction treatment addresses co-existing medical conditions such as communicable diseases (HIV, Hepatitis C, etc.) and chronic diseases (diabetes, high blood pressure, etc.). Older clients may struggle with other conditions such as dementia, liver failure, and lung disease.

> The expansion of our medical services and team has allowed our staff to assess, diagnose, and treat any conditions or diseases that may have gone undetected or neglected due to addiction. Our ability to perform blood work in our medical unit has also enhanced our ability to diagnose concurrent medical conditions. A full lab profile is completed as part of the admission process and these tests can identify, for example, whether a client is pre-diabetic or diabetic.

Clinical Care

PSYCHOEDUCATIONAL WORKSHOPS AND MEETINGS

Clients can join the daily afternoon workshop while in the Medical Program. These workshops take place Monday to Friday with a different topic each day. Clients can also join peer and staff-led meetings (SMART and Recovery Dharma) as well if they express interest.

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) THERAPY

Repetitive transcranial magnetic stimulation (rTMS) therapy, also known as intermittent theta burst stimulation (iTBS), has demonstrated efficacy for the treatment of major depressive disorder, posttraumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), generalized anxiety disorder (GAD), schizophrenia with auditory hallucinations, impulsive decision making, and gambling addiction. A 2016 study found rTMS significantly improved working memory. A current 2019 study is examining the efficacy of rTMS therapy for treating concurrent depression and alcohol use disorder.

For more information, see our "rTMS" Card.

DIALECTICAL BEHAVIOURAL THERAPY (DBT)

Dialectical behavioural therapy (DBT) introduces clients to basic skill sets that can help them manage affective disturbances and cognitions that interfere with their health and wellbeing. Developed by psychologist Marsha Linehan, DBT incorporates strategies from cognitive-behavioural therapy, Zen principles, and the behavioural sciences (Austin & Boyd, 2015).

DBT strategies are organized into four teachable skill sets:

- Mindfulness
- Interpersonal
- Emotional self-regulation
- Distress tolerance

Skill sets are introduced in a session-by-session manner according to a DBT skills training workbook developed by Linehan. Flexibility has been built into the program to focus on the individual needs of each client. 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.

DBT skills group sessions are offered twice per week for two hours. In these sessions, clients are provided the opportunity to practice their skills as a group. Weekly individual DBT skills sessions are scheduled as well to assess understanding and review further questions or concerns related to the selected skill.

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.

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