



Sunshine Coast Health Centre



**Sunshine Coast
Health Centre**

A Non-12 Step Mental Health Program

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General Services

Why Sunshine Coast Health Centre?

This brochure reflects our commitment to transparency and support for men who are considering inpatient mental health and addiction treatment. We believe that clients who invest the time and effort required to ensure that our program is a good fit have a higher likelihood of a positive treatment experience, lasting symptom reduction, and a life of healthy relationships and meaningful pursuits after treatment.

Advanced and Specialized Care

Our desire to provide advanced and specialized care continues to grow since opening in 2004. We are a licensed residential mental health and addiction treatment program that has been accredited since 2012. Our philosophy is based on a non-12-step, meaning-centered methodology that interconnects all our services including medical withdrawal, anger management, addiction and mental health treatment, and trauma/PTSD treatment.

Our Highly Skilled Team

We believe that every client deserves to have a highly skilled, compassionate, and curious team of professionals to help them. Our team utilizes a wide range of evidence-based treatments such as EMDR, rTMS, CBT, and DBT because while some treatments help many, there is no treatment that works for everyone. Our extensive team of staff and limited peer group size let us offer unparalleled individualized treatment.

To see our full team of staff, visit our website.



Our Philosophy

A Non-12-Step Program

Our non-12-step program methodology is unique and lets us be far more than an addiction treatment facility. While other centres focus exclusively on abstinence or harm reduction, we focus on underlying issues driving addictive behaviour or mental health suffering by helping clients find stabilization, self-definition, relatedness, and motivation. This allows all clients to get the full benefit of our program.

Our Theory of Addiction

Our non-12-step program methodology for treating addiction, mental health, trauma, and PTSD comes from Dr. Viktor Frankl's proposition that the fundamental motivation in humans is the will to meaning. As humans, we need to make sense of our lives and pursue a personally meaningful existence. When we can't, we tend to suffer. In line with Frankl's theory, we see addiction as a result of an individual's persistently frustrated attempts to live a personally meaningful life.

Our Approach to Trauma

While symptoms of PTSD can be reduced and are considered treatable, there are often lasting effects that must be managed. Meaning Therapy does not focus on removing the symptoms of trauma, but on eliminating the barriers that resulted from trauma and are now impeding a person's ability to live a meaningful life. At SCHC, clients are given skills and tools to help regulate psychological symptoms, such as mindfulness to remain calm. They may also participate in treatment that will help desensitize reactions to triggers. These tools are used with the ultimate goal to live a more fulfilling, embodied life that is meaningful.

Principles of Our Therapeutic Approach

Our programs stem from the theory and practice of Meaning-Centered Therapy (MCT), developed by psychologist Dr. Paul T. P. Wong, who used personal meaning as a way to organize different therapies such as existential psychotherapy, CBT, narrative therapy, and positive psychology into a unified therapeutic approach.

Most importantly, our focus on personal meaning requires us to make certain assumptions such as:

- ✓ Our Clients are Whole Human Beings
- ✓ Our Clients are Growth-Oriented
- ✓ Our Clients are the Authors of Their Own Lives
- ✓ Our Clients are Not Their Problems

With these assumptions in mind, we have designed a therapeutic program based on key principles of Meaning-Centered Therapy.

For more information on Meaning Therapy, see Our Therapeutic Approach on page 9 of this brochure.

The Sunshine Coast Advantage

We are the only men-only program of its kind in Canada, and this is just one of the features that makes us stand out from the rest.

During a client's stay, they'll also experience the following services exclusive to Sunshine Coast:

- ✓ Dedicated Case Managers who work closely with each client
- ✓ An Interdisciplinary Case Management team staffed by Registered Professionals
- ✓ Truly personalized recovery programs written for each individual
- ✓ Comprehensive mental health assessment and treatment
- ✓ A high-functioning and motivated gender-specific peer group
- ✓ Individual, private bedrooms
- ✓ Weekly 1-1 counselling
- ✓ Multiple individual appointments with client's Interdisciplinary Team
- ✓ Long-term virtual aftercare and coaching
- ✓ Extensive fitness and recreation programs
- ✓ Family support and virtual sessions for multiple family members
- ✓ 26 private residential rooms
- ✓ 8-room dedicated medical unit
- ✓ 24/7 nursing
- ✓ Guaranteed psychiatric & medical appts.
- ✓ Flexible length of stay

Our Values

We believe in connection, excellence, dignity, and transparency. These are the principles that inform all levels of care at our clinic.

The connection between our staff and each client is paramount. Our team of staff do not judge, embarrass, or talk down to clients at any point and they would never want to. We believe that the trust required to talk honestly about extremely personal issues cannot be built within unnecessarily restrictive, mean-spirited, and intimidating treatment environments.

We are committed to excellence and have the independently proven, long-term track record of providing residential mental health care. For us, it is of utmost importance to know when scientific research supports new treatments, what other residential mental health programs in North America offer, and what our clients tell us they need from us or what we could do better. We attempt to exceed the already high standards of Accreditation Canada and use those standards to drive our continuous efforts to improve.



Our collective background in mental healthcare before addiction treatment has instilled a commitment to human rights and the dignity of residential healthcare patients. We're fortunate to have clinical leaders who do not tolerate mistreatment of any client at any time and believe that it's malpractice to shame and humiliate patients.

Businesses in the addiction treatment field are particularly secretive about what they are doing in regards to the care and therapeutic treatment of clients and what type of person is actually providing that care. We, however, are committed to transparency in our relationship with our clients. With us, clients will always receive transparency about the different routines inside the facility, the reasons we provide the types of care we do, the evidential proof for our treatments, and the rules clients can expect (and the rationale behind those rules).

Our Buildings

Sunshine Coast Health Centre

MEDICAL UNIT

The Medical Unit is where clients stay upon admission and receive all medical and nursing care such as withdrawal management (detox), medical and psychiatry assessments, medication administration, and more.

CLINICAL BUILDING

Clients will find most of our Clinical Team here. Most 1-on-1 counselling happens here as well as small group psychotherapy in one of the building's three group rooms.

CLIFFSIDE BUILDING

Clients receive rTMS treatments, Integrated Health care (Massage, Nutrition, Laser, etc.), Nail Services, and additional 1-on-1 counselling sessions here.

RESIDENCE BUILDINGS

We have three buildings with private client residences. These buildings are also home to the Dining Area, TV Lounge, Pool, Multipurpose Room (art, library, games, and music), and offices for Client Services and Case Management.

FACILITY AMENITIES

- ✓ Group dining room
- ✓ TV lounge
- ✓ Multipurpose & music room
- ✓ Fitness area
- ✓ Pool and sauna
- ✓ Park-like grounds
- ✓ Lookout point of Malaspina Strait
- ✓ Laundry facilities



The 4 Elements of Our Approach



Psychological

Counselling Therapies

Our counselling therapies help clients explore how they see the world and their place in it, with the goal of personal healing and growth. Our clinical staff is trained in numerous therapeutic techniques such as Narrative Therapy, Cognitive-Behavioural Therapy, and Dialectic Behavioural Therapy. Counsellors use techniques that best suit the client.



Spiritual

Spiritual Support

Unlike most treatment facilities, we are careful not to enforce spiritual exploration. While we believe a spiritual life can be incredibly helpful, insisting on it is unhelpful and creates frustration. With us, spiritual activities are strictly voluntary and include discussion groups, 1-1 counselling sessions, and transportation to and from local churches.



Physical

Medical & Physical

Our medical and psychiatric services include assessment and diagnosis, withdrawal management (detox), medication management, psychotropic drug therapy, and ongoing monitoring throughout a client's stay. Medical and psychiatric assessments form the basis of treatment plans and are critical to treating any co-existing mental health issues.

Integrated Health Support

Our Integrated Health team provides consultations for all clients and continues to work with clients throughout their stay to develop this aspect of their personalized treatment plan. Clients can attend weekly individual appointments with a nutritionist (at request), kinesiologist, laser therapist, massage therapist, or personal trainer and have easy access to all fitness amenities.



Social

Recreation Services

Recreational services are an important part of a healthy lifestyle, encouraging not only physical health but also social health. Recreation is also an important part of developing a long-term recovery plan that helps replace the hours spent consuming drugs and alcohol.

Community Connection

Our clients are regularly out in the community with staff, engaging in a number of non-fitness activities such as shopping, attending movies, helping out with vulnerable youth, and enjoying annual events like Canada Day and the local Blackberry Festival.

Our Therapeutic Approach

Meaning Therapy

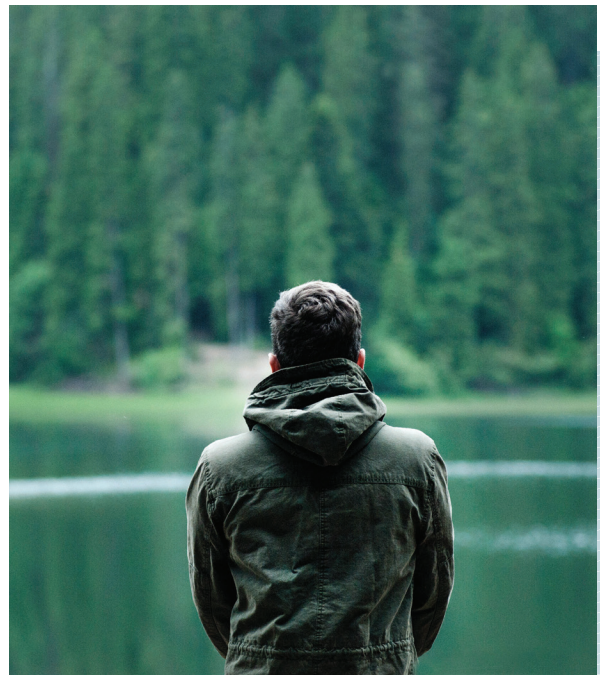
Meaning therapy serves as the foundation of our clinical program, not only because it is the therapy most supported by research but also for its focus on the therapeutic relationship. To facilitate the client-therapist relationship, we use addiction counselling methods that include principles of empathy, genuineness, and unconditional positive regard developed by the pioneering psychologist Carl Roger (1902-1987).

Why Meaning Therapy?

Everyone makes sense of themselves, their world, and their place in the world. When our perceptions do not resonate with reality, we suffer unnecessarily. Meaning therapy aims to help clients make sense of their lives in a way that is consistent with their experiences, values, beliefs, and actions. It examines what human beings require to flourish in their lives despite suffering.

Meaning therapy arises from theory and is based on empirical research. As a stand-alone therapy, it has been shown effective in helping many populations, including those suffering from cardiac problems, terminal illness, workplace stress, geriatric issues, depression and anxiety, PTSD, and, of course, addictions.

Research has shown that those suffering from addictions have a weak sense of self and high external motivations and goals. These individuals are also easily bored and depressed. Personal striving and positive coping skills have long since dissipated. They see themselves as different and they lack a sense of control over their lives. Our clients typically refer to this vacuum as a “void” or “emptiness.” Addiction is a response to this life.



Our Meaning Therapy interprets addiction in line with the work of psychiatrist Viktor Frankl, who stated that addiction is “not understandable unless we recognize the existential vacuum underlying [it].” To put it another way, addiction is a response to living a life that lacks personal meaning.

Our program helps clients begin the process of finding meaning and purpose. Mainstream therapies for addictions are generally limited to helping clients attain a measure of physical and emotional stability. Meaning therapy, however, allows us to better help clients by moving beyond healing brokenness and toward flourishing in life, despite suffering. Research studies indicate that recovery is about a transformational change.

In other words, stable recovery is the byproduct of living a meaningful life.

Principles of Meaning Therapy

THE WHOLE HUMAN BEING IS CENTRE STAGE

Therapy must be client-centered and treat the whole, complex, unique human being.

EACH PERSON IS THE AUTHOR OF THEIR LIFE

Also known as existential responsibility, authorship means clients are responsible for making decisions that will dictate the kind of life they live. Our therapists do not tell a client what to do, think, or feel. They offer no ready-made answers. Rather, they help clients in the struggle to find their own answers.

PEOPLE GROW IF THEY HAVE NO NEED TO DENY OR DISTORT EXPERIENCE

Rogerian principles—unconditional positive regard, advanced accurate empathy, and genuineness—are the foundation for therapy. Confrontation as a counselling style is considered unethical.

PEOPLE ARE RELATIONAL BEINGS

Relatedness is a foundational construct in psychology. How clients interact in the group, regardless of the content of discussion, is important. Process therapy is a key piece to help clients develop interpersonal relatedness.



THERE ARE LITTLE MEANINGS AND BIG MEANINGS

Therapy focuses on the little meanings. What is the meaning that the client gives to an experience? What values are authentically important to the client? How can the client respond to an event/condition with responsibility and courage?

MEANING IS FORWARD LOOKING

Therapy encourages clients to live in the present but keep an eye on the future. Having a direction in life and pursuing goals demands that clients be future-oriented.

MEANING EMPHASIZES THE POSITIVE GIVENS OF EXISTENCE

All people face the negative givens of life, such as death, grief, and loneliness. Our therapy helps clients develop resilience, face fears, take control of their lives, and turn negatives into sources of personal growth.

MEANING THERAPY IS NOT TECHNIQUE DRIVEN

Our program helps clients see how the ways they make sense of their lives have led to unnecessary suffering. We then help clients develop new ways of living that are consistent with their values.

Components of Meaning Therapy

Research indicates that meaningful living has four components:

COGNITIVE – Typically, those suffering from addictions make sense of life in ways that are not responsive to their reality. Therapy helps clients understand who they are, learn to live comfortably with ambiguity, and develop a “growth mindset.”

MOTIVATIONAL – Motivations are most productive when they are based on the client’s authentic values and beliefs. Research is clear that such intrinsic motivations are far more powerful than extrinsic ones. While with us, clients learn to make decisions based on what is authentically important to them.

BEHAVIOURAL – Action is essential to meaningful living. If a client doesn’t take action, therapy is useless. Practicing new skills while in treatment is a key piece of therapy.

AFFECTIVE – Research has also shown that well-being need not necessarily be attached to pleasure and comfort. The construct of eudaimonic happiness suggests that living a meaningful life is more fulfilling than living a pleasurable one.

Formats of Meaning Therapy

GROUP THERAPY – Group is our main therapy format and takes place every morning. Process therapy is a key method of group therapy. Your relationship with your peers during your stay is an important part of your recovery as there is a tendency for those struggling with addiction to isolate during life’s challenges. By sharing their experiences and supporting others who are struggling with similar issues, clients can experience strength in numbers. While many clients are initially apprehensive about small group therapy, their feedback later shows it’s one of the highlights of an overall great program.

On the flip side, sharing intimate thoughts and living together for an extended period can also be the catalyst for romance in a co-ed residential care environment. Men and women in early recovery are particularly vulnerable to jumping into unhealthy relationships. This can have a devastating impact on marriages and have a “triangulating” effect in the peer group where jealousy can start. Our treatment centres are each intentionally gender specific (women-only and men-only) so that clients can experience the power of the peer group in a safe environment.

INDIVIDUAL THERAPY – Community and relationship interactions are so important that group therapy is often more effective for creating change. However, individual therapy can be helpful in addressing barriers that are not appropriate to be addressed in a group format, issues that clients may not yet feel comfortable enough to share in a group, or motivational/behavioural issues affecting one client.

Psychological (or ‘talk’) therapy serves as the foundation of our clinical program because it is the most supported therapy in research. This is where you and your counsellor focus on the therapeutic relationship. To facilitate the client-therapist relationship, we utilize addiction counselling methods that reflect the Rogerian* principles of unconditional, positive regard, empathy, and genuineness.

WORKSHOPS – Workshops are offered multiple times a week focused on increasing interpersonal skills, emotional regulation, distress tolerance, self-awareness, and overall well-being. Topics include Dialectical Behavioural Therapy (DBT), Meaning Therapy, relationships, neuropsychology, and nutrition.

Additionally, a weekly facilitator-led SMART recovery support group is conducted focused on substance use recovery and relapse prevention.

Results of Meaning Therapy

According to our research, which is grounded in client data, meaning therapy has three major influences:

INCREASED SELF-DEFINITION – The most salient aspect of clients pre-treatment is a remarkably weak sense of self. They cannot answer the question, “Who am I?” and, instead, rely on the external world for guidance, entertainment, and reassurance. Post-treatment, our clients are more aware of authentic values, able to reflect on what they are feeling and why, more aware of the meanings they assign to things, and able to make decisions that are more in line with their needs.

INCREASED INTERPERSONAL RELATEDNESS – Pre-treatment, clients generally have disrupted relationships with family, partners, employers, and friends. Post-treatment, they report renewed efforts to rebuild relationships with those important to them.

INCREASED INTERNAL MOTIVATION – Pre-treatment, clients have external motivations and goals. Post-treatment, there is a noticeable shift toward intrinsic motivations and goals.

Clients report they have (1) a “road map” to follow, (2) optimism for the future, and (3) confidence that they could succeed. It is particularly instructive that two thirds of the research participants post-treatment reported that they would not use substances even if there were no negative consequences. They had concluded that addiction had doomed any attempt to live a fulfilling life.

Other Therapies

Psychotherapy works to help clients make sense of their lives in a way that is more consistent with their authentic values. It is important to recognize that any one therapy is considered insufficient to help clients attain transformational change. Each of the therapies listed below is interpreted under the umbrella construct of personal meaning.



MEDICAL AND PSYCHIATRIC THERAPY

See our Medical Services section on page 15 for more information.

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.

DBT strategies are organized into four teachable skill sets:

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

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.

NARRATIVE THERAPY

Narratives help clients develop self-understanding and intrinsic motivation. Narrative is particularly useful in addiction treatment because it is (1) one of the few therapies capable of examining the existential vacuum and (2) useful even if a client's cognitive capacities have been compromised by drug use.

COGNITIVE-BEHAVIOURAL THERAPY (CBT)

Working through cravings, restructuring appraisals and attributions, overcoming the abstinence violation effect, developing assertive communication skills, setting boundaries, and other applications of cognitive-behavioural therapy provide clients with defensive coping skills.



MOTIVATIONAL THERAPY

Motivational therapy can help clients who appear stuck or question why they would give up substances.

Complementary Therapies

EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR)

EMDR is an evidence-based trauma therapy for PTSD. Utilizing imaginal exposure, EMDR utilizes bilateral stimulation to distract clients while discussing traumatic events thereby allowing for a gentler approach than methods such as prolonged exposure therapy. The EMDR protocol requires 6-12 sessions and is suitable for clients, diagnosed with PTSD and staying for 8 weeks or longer.

RTMS

Repetitive transcranial magnetic stimulation (rTMS) therapy 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.

For more information, see our “rTMS” section on page 24.

Accommodating Indigenous Clients

We have worked with numerous individuals referred by their Nations as well as Indigenous active-duty military members, veterans, and workers. We follow Accreditation Canada (AC) standards on Indigenous health and wellness as detailed in *Qmentum Global for Indigenous Health and Wellness* and the *British Columbia Cultural Safety and Humility Standard*.



Indigenous client accommodations include cultural safety and humility, service delivery, safety practices, and leadership. Accommodations include Indigenous clients' access to cultural and spiritual practices, such as smudging, as well as a dedicated Indigenous Support person during their treatment stay. We also have a long-standing, informal arrangement with elders from the Tla'amin Nation, located just north of Powell River, to work with Indigenous clients.

References available upon request.

Medical Services

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 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

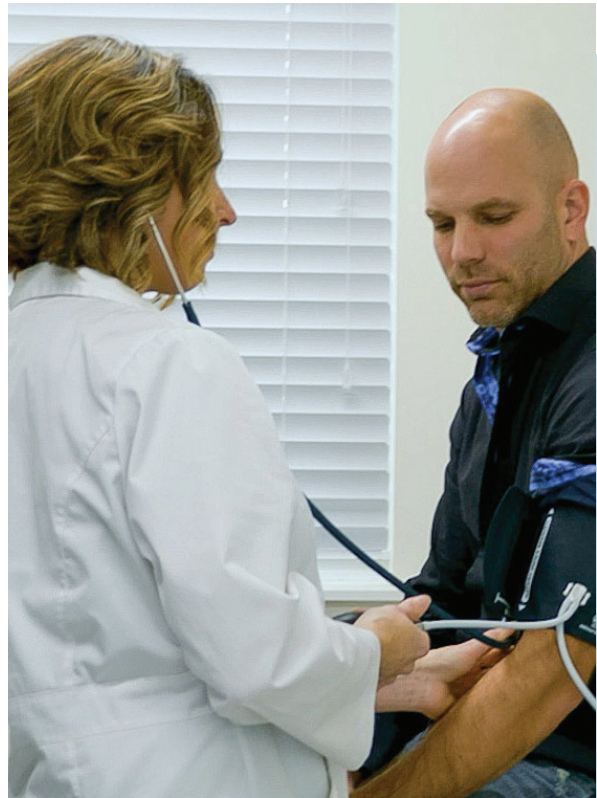
Our on-site kinesiologist and occupational therapist provide assessments and treatment plans to clients in the Medical Program. For clients continuing into our Mental Health and Addictions Program or Occupational Trauma Program, follow-up sessions will be offered by the kinesiologist and occupational 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 case manager 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" section on page 20 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. 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. 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.



Suboxone & Opioid Agonist Treatments

About This Treatment

We have been offering this promising and safe treatment for opioid use disorders for the last five years. Suboxone has been a highly beneficial treatment for our clients struggling with opioid use—allowing them to better focus on their individual therapy rather than being distracted by the struggles of withdrawals and cravings that come with long-term opioid use. Suboxone also allows our clients with opioid addictions to regain a normal state of mind quicker so that they may sooner and more actively participate in their treatment.

Suboxone comes in a pill form and is taken “sublingually” (placed under the tongue to dissolve). The Buprenorphine component is absorbed quickly by the bloodstream under the tongue. The Naloxone portion is not absorbed and must either be swallowed or spit out.

Because Suboxone may cause precipitated withdrawal—a rapid onset and intense withdrawal caused by taking Suboxone when you have residual opiate drugs in your system—our physician ensures you are in a partial opiate withdrawal state and then slowly introduces Suboxone to your system over several hours while in our medical unit. This minimizes your chances of experiencing precipitated withdrawal. Your dose will be adjusted over this 24-hour period, and then you will be reassessed a week later, in most cases. Depending on your medical history and presenting symptoms, our physician may suggest another opioid agonist treatment such as Sublocade or Methadone.

After medical withdrawal (aka detox), most



clients will remain on opioid agonist treatments throughout their stay with us, but you may not, depending on the recommendations of our physician. Depending on your individual treatment plan, you may be supported in tapering off Suboxone while in treatment with us, but most likely you will stay on a consistent dose throughout your stay. When you are preparing to leave our treatment program, we connect you with a physician or clinic in your home community who will take over your Suboxone prescription.

Therapy and counselling are key components to the success of substitution treatment. Suboxone Treatment prescribed in combination with counselling and other therapies has a much higher success rate than Suboxone treatment without counselling.

Mental Health & Addiction Treatment

About This Treatment

In our mental health and addiction treatment programs, you receive daily group therapy and a minimum of one individual counselling session each week. By combining Meaning-Centered Therapy, Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, and Narrative Therapy, we are able to offer various individualized treatment options based on your needs identified by you and on the recommendations of our clinical staff. See our General Services brochure for more information on the clinical therapies and services we offer.

With addictions, we have a dual focus of supporting the client to maintain sobriety while also addressing coexisting concerns, such as relationship stress, depression, anxiety, financial stress, lack of social support, and poor emotional regulation. This approach is both abstinence-based in its focus on ongoing sobriety as well as psychotherapeutic with an emphasis on utilizing DBT and CBT interventions. Our goal is to have clients experience an increased quality of life post-treatment in addition to obtaining sobriety and reducing psychiatric symptoms.



Occupational Trauma (PTSD)

Our Program

Trauma arises when an individual's way of making sense of themselves and the world is confronted with experiences that are incompatible with their worldview. This incompatibility is so extreme that an individual cannot integrate the traumatic experience(s) into how they make sense of themselves and the world. Intrusive thoughts, avoidance, and hypervigilance are considered the most common trauma symptoms.

Our Trauma Program emphasizes that trauma cannot be reduced solely to neurobiology, maladaptive learned behaviour, or environmental conditioning. Rather, we see that traumatic experiences can affect our fundamental motivations such as self-concept and identity, relationships, personal meaning, and purpose.

Treatment that focuses on symptom reduction alone has been found to be less effective than treatment that combines both symptom reduction with helping clients pursue personally meaningful lives. For this reason, our trauma program includes intensive medical, psychiatric, and psychological care in both 1-1 appointments with counsellors and in groups. The therapies in our trauma program are designed to help you make sense of your suffering and pain, allowing you to move forward and pursue a meaningful life. These therapies are also designed to help build self regulation skills to deal with stress, anxiety, anger, depression, detachment, avoidance, isolation, and other symptoms of trauma.



Program Aim, Highlights, and Therapies

As an approved provider for Canadian Forces, Veterans Affairs Canada, RCMP, and WCB, we aim to use the trauma program to help first responders, military personnel, and veterans integrate their traumatic experiences into how they make sense of themselves and the world. To achieve positive results, this new way of making sense of things must be responsive to reality and to the client's personal values.

Our current trauma therapies include:

- ✓ Psychiatric assessment and treatment
- ✓ Medical assessments and treatment
- ✓ Nursing assessments and care planning

More information on psychiatric, medical, and nursing assessments can be found in our Medical Services section on page 15.

Therapies that focus on the trauma experience(s) are kept to a minimum. While clients inevitably bring up their trauma experiences, our therapists do not focus on these experiences. While it is therapeutically necessary to validate these experiences, our focus is on helping clients live a more fulfilling life while suffering from trauma symptoms.



PTSD Treatment and Addiction Programs that Work Together

Most treatment centres do not treat addiction issues and PTSD at the same time. Treating one issue while ignoring the other can create panic for clients, often leading to their leaving early from the program. Our clinical and medical teams have worked hard to make sure our addiction treatment program and the trauma program integrate seamlessly. This prevents clients from needing to make sense of conflicting information. For example, standard addiction programming that uses language like “defects of character” often causes overwhelming shame for a professional who used drugs and alcohol as a way to deal with the PTSD and trauma they developed on the job. We take care to ensure the language we use does not cause confusion and focuses on the whole person rather than just the ‘trauma’ or ‘addiction’.

Meaning Therapy provides a biopsychosocial-spiritual framework and an overarching goal for treatment while allowing for the use of a myriad of evidence-based SUD and PSTD therapeutic interventions.

For a YouTube video summarizing our integrated approach to treating concurrent mental health and addiction, please scan this QR code.



To access our Case Manager's Handbook, please scan this QR Code.



Repetitive Transcranial Magnetic Stimulation (rTMS)

About This Treatment

We 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, posttraumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), generalized anxiety disorder (GAD), schizophrenia with auditory hallucinations, impulsive decision-making, and gambling addiction.

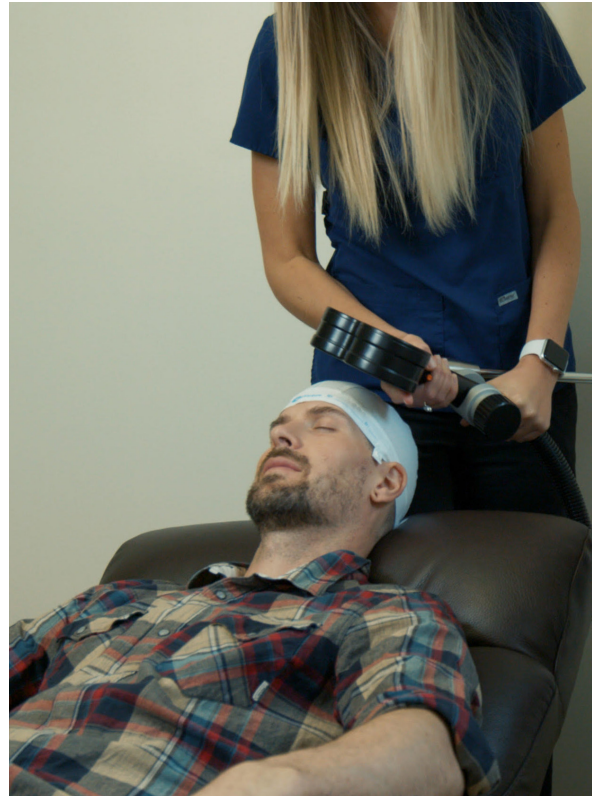
MINIMAL SIDE EFFECTS

Unlike antidepressants and other psychotropic medication therapies, rTMS is free from common side effects such as weight gain and sexual or cognitive dysfunction and is non-invasive, requiring no anesthesia.

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.

MAGNETIC PULSES REGULATE MOOD

A typical rTMS treatment course is 10 to 20 sessions. Our rTMS sessions involve the placement of an electromagnetic coil wand against your scalp, near the forehead. A magnetic pulse stimulates nerve cells in the area of the brain that regulates mood. After your rTMS treatment, which may include multiple treatments per day, you may resume your daily activities right away.



The Psychiatric Rehabilitation Program

The Psychiatric Rehabilitation (PSR) Program at Sunshine Coast Health Centre is a new offering to support clients with severe psychiatric symptomology. Clients who are unable to participate in group therapy due to symptom severity or require additional individual care due to instability may access the PSR Program until they gain enough stability to attend group therapy or for the entirety of their stay depending on assessment and progress.

GOALS OF THE PSR PROGRAM:

- ✓ Reduce psychological symptoms as evidenced by self-report measures and observation
- ✓ Increase healthy emotional regulation as evidenced by behavioural observations
- ✓ Improve flexibility of thinking such as reducing rigid thinking and increasing problem solving
- ✓ Develop capacity to engage in social settings and situations

What's Included (in addition to programming and services included in SCHC's Mental Health and Addictions Programs):

- ✓ Cognitive Behavioural Therapy (CBT) or Dialectical Behaviour Therapy (DBT) individual sessions 4 times a week (1 hour each)
- ✓ Case Management (nurse) appointments 4 times a week (no time expectation)
- ✓ Coaching sessions 3 hours a day, 5 days a week
- ✓ DBT workshop
- ✓ DBT workbook
- ✓ Family psychoeducation

- ✓ Family post-treatment planning
- ✓ Exposure therapy as needed for social integration
- ✓ Other workshops or SCHC activities as tolerated

PROGRAM REQUIREMENTS:

Clients in the PSR Program will abide by existing SCHC policy with the following amendments/additions:

- ✓ Collateral information provided by family member or friend (person will be chosen by client)
- ✓ Medication compliance
- ✓ Zero screen or phone access until emotional regulation improved as determined by Nursing Director
- ✓ Reside in unit/suite for entirety of PSR Program under nursing observation
- ✓ Commit to at least 42 days in treatment (including days in both PSR Program and Mental Health and Addictions Programs)

Program Process:

GOAL SETTING WITH CASE MANAGER

Clients will develop their goals with input from their dedicated Case Manager. Goals should be oriented around behaviour change and symptom management and meet SMART Goals criteria. Client goals are then incorporated into their treatment plan and reviewed weekly with their Case Manager to ensure progress is taking place and goals are on track to being met.

Example: Improve sleep hygiene as evidenced by increased consistency in time going to bed within the first week of treatment.

SKILLS TEACHING

Skills teaching will take place in DBT workshops, in DBT and/or CBT individual sessions, via self-paced work in their DBT workbook, through family psychoeducation, and with SCHC coaches, counsellors, and case managers.

INTEGRATION

PSR clients will work on integration, which will involve 1) addressing barriers to skill implementation, 2) providing accountability (e.g., DBT homework and workbook review), 3) measuring goals and reviewing progress, 4) family sessions or family post-treatment care planning, and 5) exposure therapy (e.g., attending an outing) as needed.

POST-TREATMENT PLANNING

Post-treatment Planning for PSR clients will consider housing, psychiatric care, employment, social engagement, meaningful activities, family involvement, and aftercare resources in the client's home community. A formal plan to keep and refer to after treatment will be created with the client's involvement.

Continued Care:

PSR clients will receive a weekly coaching session for two months to aid in their transition home.



Alumni Services and Re-admission

Developing interpersonal relatedness, self-definition, and intrinsic motivation doesn't happen overnight. You have several support options once you return home after treatment, all at no additional cost. It's important to us that there are no obstacles for alumni needing support once they leave, especially not financial ones. This ongoing support is available until you no longer feel you need us.

Our alumni coordinators are available 24 hours a day for support. Support can look like many things such as just needing to talk to someone, needing help finding services in your community, or simply wanting to check in and say hi. We encourage you to stay in touch by text or phone, especially during the first transition home when typical challenges of life often arise.



ALUMNI WEEKENDS

Our alumni are welcome to take advantage of free weekend stays any time to reconnect, regroup, and regroup with staff and peers. Alumni are encouraged to attend all workshops and large group activities to share their stories as a way of giving back. Visiting alumni also receive lodging and meals.

Alumni interested in visiting for a weekend may contact Alumni Services to see if there is available space for the desired weekend they'd like to visit. A notice of at least two weeks is appreciated. Space is not guaranteed if trying to attend within two weeks. Clients travelling long distances may be able to extend their stay past the weekend (on a case-by-case basis).

ALUMNI DINNERS

Our staff travels to major cities in Canada throughout the year to host complimentary dinners for alumni in that area. These alumni dinners celebrate recovery and connect our alumni with one another. The dinner gives alumni the opportunity to socialize in a safe and friendly manner with other alumni. The alumni dinners also provide space for continued support among alumni. Dinners are offered two to four times a year in major cities.

ALUMNI SUPPORT MEETINGS

Alumni support meetings are available weekly online as a way to connect alumni with one another and let them re-experience the power of the peer group. These meetings are facilitated by coaches.

COACHING

Returning home after treatment is often the hardest part for our alumni. In response to this challenge, we offer onsite coaches to help clients stay active and engaged in their personal recovery after returning home.

24/7 ALUMNI SUPPORT

Our onsite coaches are accessible 24/7 via phone, text, social media, and email for long-term support. They will connect you with local recovery services in your area, update you on Sunshine Coast support meetings and events in your area, and support you in overcoming any challenges you're experiencing. These services offer our alumni a lifeline that lets them stay in constant contact with us. Photos and special events are just some of things regularly shared between alumni and our Alumni Services. Clients receive the alumni phone line before they leave.

FOLLOW-UPS AND CHECK-INS

We follow up with clients on the day they've left to make sure that they have arrived safely at their intended destination. This follow-up also allows us to establish an initial post-treatment connection and remind alumni of our 24/7 alumni support line. Coaches will also inform the rest of staff that you have made it home safely.

Our onsite coaches also follow up a week after discharge to see how each client reintegrates at home. These check-ins maintain open communication and let Alumni Services remind alumni of available support resources in their area.

REGIONAL OFFICES

Our satellite locations serve alumni and their families. They also connect alumni and new clients with our admissions team. You can reach us at each location over the phone or by email. Locations include Vancouver, North Vancouver, Victoria, Calgary, Edmonton, and Toronto.

RE-ADMISSION

There is no predicting how long it will take each person to develop a healthy, meaningful life without drugs and alcohol. If you've ever been ill, you know that it's impossible to predict precisely when you will recover. That's because every person has a unique history and set of problems. When you are going to treatment, the same lack of predictability applies.

ALUMNI REFRESHER

The two-week alumni refresher is for alumni who have recently had a slip or relapse and feel they need to return to 'reset'. This is available at a discounted rate. Alumni interested in the two-week Refresher Program must connect with Alumni Services and the Admissions Department.

ALUMNI PROGRAM

For clients who leave us and discover later on that they are still struggling to find stability or have returned to using drugs or alcohol, returning for more help is a popular option. We encourage clients to see their relapse as a sign that they need more help with an issue they didn't resolve with us the first time, instead of viewing themselves as a failure.

In our experience, it is normal for people to return to treatment for a length of time before being able to truly create a stable recovery. When alumni return to see us, we help them shift their view of relapse as a failure to a teachable opportunity. There is a clear connection between the willingness to keep trying after a relapse and, eventually, long-term recovery. It's important not to give up.

Family Services

Improving relationships among family members and partners corresponds with more successful treatment outcomes. We help family members and close friends better understand what addiction is and its impact on relationships, the challenges involved in overcoming those relationship issues, and what they can do after treatment to provide helpful support to their loved one.

We understand the critical role relationships have in successful treatment outcomes. Family members (romantic partners, parents, siblings, and children) and friends are part of the solution. Family Services is designed not only to help our clients currently in treatment; its main goal is to help family members and friends find their own peace.

Family Services helps the loved ones of our clients (1) understand the nature of addictions, (2) learn new ways to cope, and (3) prepare themselves for their loved one's return home following treatment.

The popular media's descriptions of addictions are often simplistic, providing little useful information for families. In our program, families and friends discover a more scientifically accurate and useful way to understand addictions. As important as it is to understand the nature of addiction, however, the program's real focus is to help family members and friends find more successful ways to cope. Typically, they focus on their loved ones, devising all sorts of ways to control them. These efforts, however, rarely help.

Most participants come into Family Services wondering how they can best support their loved ones. Most finish with the realization that the best support they can provide is to help themselves and help their loved ones assume responsibility for their lives. Family members and friends have their own healing journeys, and their loved ones have another. As adults, we are the authors of our lives.



Program Overview

Family Virtual Support Session

Family Virtual Support Sessions are primarily educational rather than therapeutic. The code of ethics for counsellors is quite clear: Don't bring up anything you can't resolve before you finish. Most family issues are very complex and it would be unethical to pretend we could help solve them in one session. Families can attend the virtual family sessions while their loved one is in treatment with us or anytime afterwards. There is no expiry date on family members attending this program. Sessions are held bi-weekly currently.

Video Series

We encourage loved ones to participate in our online program. A 10-part email series with videos is sent to all family members listed on a client's consented contacts.

We find that loved ones who participate in these services have a significant advantage over those who do not. When the family dynamic at home is changed, clients are better equipped for the challenge of maintaining positive change achieved during treatment.

Contact Guidelines for Family Members and Friends

We encourage a "go-slow" approach when family members and friends are discussing potentially upsetting topics with clients, particularly during the first week following their loved one's admission into treatment.

Please do not hesitate to contact us at 1.866.487.9050 ext. 206 or email familyservices@schc.ca if you have any questions.

Please note that we are legally bound to safeguard information about clients during their treatment stays. Unless clients sign an Authorization to Communicate with a specific individual, staff can neither confirm nor deny their presence. Clients may revoke the Authorization to Communicate at any time. Remember: clients are in control of their personal information. This means that staff may be free to converse with you one day but not free to do so the next.

In the event of an atypical discharge—a client leaving Against Staff Advice (ASA) or At Staff Request (ASR)—a client's emergency contact and the person who paid for their treatment ("Funder") is promptly notified.



How You Can Help

Entering treatment can be a great opportunity to undergo significant positive change. Change, however, often evokes powerful negative emotions, such as fear and anxiety. People with addictions may fluctuate in their commitment toward recovery. Family members and friends need to understand that individuals in recovery may also undergo a grieving period as they say goodbye to drugs, alcohol, or other types of addiction (e.g. gambling).

There may be times when people in treatment experience incredible hope for the future and there may be other times when they want to leave treatment. Family members and friends need to keep in mind that assisting in loved ones' desires to "pull the pin" can be counterproductive, especially when what they are thinking is usually a natural part of early recovery.

Mail, Packages, Gifts, & Correspondence with Loved Ones

1. You may send letters or packages. Mailed items that contravene our policies must be left with staff and are returned at the end of your loved one's stay. Any prohibited items you bring for a loved one during a visit are returned to you at the end of your visit.
2. All client packages need to be opened in the presence of a staff member.
3. Clients have onsite WiFi access if you wish to communicate with them by mobile phone, Skype, Zoom, texts, or emails.

Visiting

Visitation hours are scheduled on Sundays and holidays, from 12-5 PM. Please allow your loved one sufficient opportunity to transition into the program and peer group before arranging a visit. Visits outside these hours are also available, pending staff approval. All visitors must check in with the Client Services department or the medical unit upon arrival.



Testimonials

“

I have done many kinds of personal development over the years and I would say that the weekend that I spent there was the best (I could have saved myself a lot of money). It was just the boost I needed for this transitional period of my life. I have already started on my goals and I am so excited about the future. No matter what happens with myself and John I know life will be good. Keep doing what you do. There is nothing like helping people to learn to love themselves again!”

– Sara

“

Excellent support for family. It is good that the Centre realizes the pain we have been through.”

– Ken

“

Yes of course I’m worried about relapse, but it’s good to know it can be a part of the process. Also, it’s good to connect with others and know we are not alone.”

– Shelley

“

Carissa was so awesome, totally relatable & very interesting to listen to. Her examples of stories she had were excellent and on point. Great work & thank you for making us feel so comfortable in a time in our life that is so uncomfortable.”

– Joy

Frequently Asked Questions

Why is this program only for men?

Most private treatment programs are co-ed. For some men, that is not an issue. Our clients are specifically looking for a treatment experience where female clients are not present. Likewise, women who come to our women's program, Georgia Strait Women's Clinic, are also looking for a treatment experience where there are no male clients.

What does non-12 step programming mean?

12 step programs to treat drug and alcohol addiction developed out of the Alcoholics Anonymous program. For decades, what is called "twelve step facilitation" (TSF) has been the only type of programming available to people in addiction treatment centres. However, in the last 20 years, the weight of scientific research has determined that TSF has not been proven effective for the majority of addiction sufferers. We are an applied research facility, meaning we do not use treatments that don't have an evidentiary basis.

Do I need a referral from a doctor to be admitted?

No, you do not need a doctor's referral to attend any of our treatment programs.

How many clients do you take at one time?

We take a maximum of 30 clients at one time. We are an open intake facility, meaning clients can start at any time there is a bed available.

Can I bring my dog with me?

Definitely, if your dog is a registered service animal. We would also need to have a specific pet-friendly apartment unit available and an additional cleaning fee will apply. Dog owners will be 100% responsible

for damage or injury caused by their pet. All clients bringing their service animal will be required to pay a damage deposit prior to admission. We reserve the right to say no to any pet/animal or to insist a pet/animal be removed from the facility if issues with other clients, pets, or operations arise.

How long is the program?

After withdrawal management is completed (if needed) and the doctor says you are ready to start programming, we ask you to stay a minimum of 30 days. Research is clear that longer stays produce better results, but our clients and their Funders must decide this for themselves based on work and family demands and whether they believe that further progress can be made by staying longer.

Mental health and addictions treatment programs typically organize their programs around a number of days or weeks. While these lengths of stay are helpful for organizing programs, they have no special magic in helping a person find recovery.

Basically, it will take any client as long as it takes to find recovery from their challenges and no one can tell in advance whether they've had enough help. For clients only staying for 30 days, we highly recommend having outpatient services/individual counselling ready in your home community for you to start shortly after returning home.



How do I get from my city to the treatment centre?

Our admission coordinators make getting to our treatment centre very easy. They can arrange any airport transfers (we have companion staff in Vancouver to help with switching terminals) and airport/ferry pick-ups free of charge.

In some cases, we can arrange for a companion to pick you up from your home and drive you to the airport or our treatment centre. Please speak with admissions for more information.

What happens after treatment?

We believe it's critical to follow our clients through the process of returning home once treatment is complete. We offer in-person coaching in several Canadian cities (as well as by phone or Zoom for clients outside of these cities), weekly support groups run by a professional, 24/7 hour support by phone or text, and alumni events. All post-treatment services are included in the cost of treatment and are available to our alumni indefinitely.

See our "Alumni Services" section on page 27 for more information.

Am I allowed to keep my phone and laptop?

Absolutely. 95% of clients attending treatment centres do not struggle with conduct issues or a lack of motivation. Unfortunately, most treatment programs have developed their entire program structure around controlling clients. We refer unmotivated clients (e.g. sometimes clients who have had an intervention) to programs that specialize in rigid controls.

This has allowed us to provide a treatment environment that recognizes clients do not require unusual levels of control over their conversations and interactions. A number of our clients will be using their laptops and phones outside of

programming hours so that they can perform some elements of their career or business. In our experience, this freedom allows clients to stay in treatment longer.

What kind of recreation activities will I be able to take part in?

In the afternoons and on weekends, our team members will be following a fitness and recreation schedule that clients help plan during the weekly community group meeting. Activities are chosen based on what the majority of clients wish to do. Some examples of activities include going to the local recreation complex, hiking, mountain biking, fishing, pickleball, art classes, yoga, sightseeing, trying out the local climbing gym, and cooking/baking.

Do you search my bags?

Part of providing a safe environment means making a real effort to ensure alcohol and drugs are not being brought into the facility. For the protection of you and your peers, all bags and belongings are respectfully searched by staff when you arrive. If you are unsure about whether you can bring any item with you, we encourage you to check with your admissions coordinator at 1-866-487-9010. If you are taking prescribed medications, please only bring a three-day supply and ensure it is kept in original prescription packaging.

Existing prescriptions will be assessed by the medical director and re-prescribed and packaged by our pharmacy.

What about cavity searches?

Please know that you will NOT be subject to cavity or skin searches or pat-downs. We recognize that if someone is determined enough, they will find a way to smuggle drugs or alcohol into the facility. We are a therapeutic treatment program for successful, motivated women, not a lock-down facility. We are committed to a safe treatment environment while maintaining your dignity and trust.

Acknowledgment of Traditional Owners

We would like to acknowledge that Sunshine Coast Health Centre operates in the qathet Regional District on the traditional territories of the Tla'amin, Klahoose, Homalco, shíshálh, and K'ómoks peoples. We are thankful to be able to work and live within these territories. We raise our hands in gratitude for their stewardship of these lands since time immemorial.

With gratitude, we aim to protect and care for the environment and peoples on this part of the qathet Regional District that we have come to occupy and benefit from through colonialism.



**Sunshine Coast
Health Centre**

A Non-12 Step Mental Health Program

1.866.487.9010 // sunshinecoasthealthcentre.ca

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