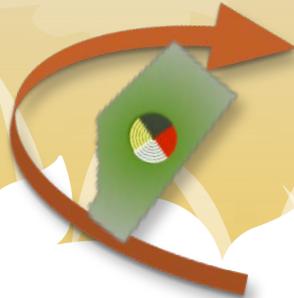


ALBERTA NNADAP

# Treatment News

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Welcome to this month's edition of the newsletter!

Forward this newsletter to your team members or anyone else you would like to share it with.

If you have information you would like to share for future newsletters, email by the 3<sup>rd</sup> Monday of the month to: [sue@suehowardconsulting.ca](mailto:sue@suehowardconsulting.ca)



## Upcoming Conferences, Training & Events

### Alberta CBT & DBT Clinical Skills Conference

April 3 – 5, 2017

4 Points by Sheraton Edmonton South

Learn clinical skills for Cognitive Behavioural (CBT) Therapy and Dialectical Behavioural Therapy (DBT) from six of North America's leading experts including Sheri Van Dijk, Lynn Miller, Randy Paterson, and Jeff Riggenschach..

Topics include DBT for disorders including Borderline Personality Disorder, using DBT skills to help clients manage emotions, facilitating DBT skills training groups, DBT for the family system, fundamentals of CBT, advance CBT skill training, goal setting and behavioural activation, incorporating mindfulness strategies in CBT and more.

Registration & Information:

<http://www.jackhirose.com/workshop/alberta-cbt-dbt-conference/>

### Culture for Life: Thunderbird Partnership Foundation Indigenous Youth Website

This website is for Indigenous youth to support connection/re-connection with culture, and provides learning on how culture improves overall wellbeing, what it means to be part of Creation, and where youth can go to find support.

The content explores how Indigenous youth are connecting with culture for life, and finding hope for the future to create a feeling of belonging, find meaning in their lives, and learn more about their purpose.

Information includes suggestions for connecting with culture, ideas for self-care, and contact information for youth supports sites and phone lines. Videos are available on topics including hope, belonging, meaning and purpose.

Website: <http://www.cultureforlife.ca>

## Inspiration for Recovery



On February 14, 2017 Jo-Anne Package, Executive Director of the Mark Amy Treatment Centre was interviewed by Russell Thomas on the radio show IMPACT, a collaboration of The United Way of Fort McMurray, FuseSocial, and KAOS 91.1.

Listen to the full interview at <http://www.fmunityway.com/impact/impact-jo-anne-packham/>

In the interview, Jo-Anne described the impact of the wildfire last year on her staff. Her personal vision of recovery is inspiring, emphasizing the importance of advocacy, compassion, acceptance and forgiveness.

## Mental Illness Can Contribute to Physical Disease and Stroke

Newly published studies have indicated mounting evidence that physical and mental health are not just related behaviourally, but also physiologically, and that people with mental health issues could have an increased chance to suffer from physical illness as well.

Conditions that could be linked to mental health disorders include psoriasis which is a skin condition found to be commonly associated with depression. High levels of cortisol associated with depression may contribute to conditions including diabetes and heart disease, and an increased risk for diabetes and rheumatoid arthritis. Other mental health disorders including bipolar disorder and schizophrenia have been associated with increased risk of physical health problems.

A study by the Columbia University's College of Physicians and Surgeons has linked disorders including anxiety, depression, and post-traumatic stress disorder (PTSD) with an increased risk of stroke. The study found that people who had visited the hospital for a mental health concern were 3.48 times more likely to have a stroke within 15 days of their visit, and 3.11 times more likely within 30 days. The odds of a stroke decreased as the time period increased, although they remained significantly high for psychiatric patients for up to a year. The risk was 2.41 times higher within 90 days of the hospital visit, 2.23 times higher within 180 days, and 2.61 times higher within 360 days of their psychiatry-related hospital visit.

The author of the study speculates that since psychologic distress causes the brain to react with a 'fight or flight' response, this could trigger high blood pressure which is the leading risk factor for stroke. It was also suggested the psychiatric disorders can lead to changes within the cell to cause inflammation and oxidative stress which are also believed to contribute to the risk of stroke.

This research suggests that treating mental health conditions may help improve physical conditions or reduce the risk of future health problems, and likewise, treating physical symptoms may improve mental health.

Sources: <http://time.com/4679492/depression-anxiety-chronic-disease/>;  
<http://www.medicalnewstoday.com/articles/316018.php>

## Can Buprenorphine Prevent Suicide?

There are currently no medications to quickly relieve suicidal thoughts. Antidepressants can take a month or longer to ease depression, and many psychiatrists today believe that depression and suicidal ideation are separate conditions. Treating depression might not even address suicidal thinking.

A medication that specifically targets suicidal ideation quickly could be lifesaving. Buprenorphine, (prescribed in combination with naloxone as the drug Suboxone®) is widely known as a medication-assisted treatment for opioid addiction. A 2016 study published in the American Journal of Psychiatry examined whether the medication may also be beneficial to treat people with suicidal ideation, even if they do not have a substance use disorder, or use opioids at all.

The researchers studied the effect of low doses of sublingual Buprenorphine as a time-limited treatment for people with severe suicidal ideation. The underlying understanding is that suicidality is linked to mental pain, whereby pain is processed through the same structures and mechanism in the brain, regardless of whether it is physical or emotional.

The conclusion of the study was that time-limited, short-term use of very low doses of buprenorphine was associated with decreased suicidal ideation in severely suicidal patients without substance abuse. To a lesser extent, it had a positive effect on depression, and patients who met criteria for borderline personality disorder benefited even more than those with depression alone.

The study provides a rationale for thinking about opioids in a new way and suggests that interventions that increase the capacity to tolerate mental anguish may have a powerful role in suicide prevention. Further research is needed to establish the efficacy, safety, dosing, and appropriate patient populations for this experimental treatment.

Source: Yovell et al. (2016). Ultra-low-dose buprenorphine as a time-limited treatment for severe suicidal ideation: A randomized control trial. *Am J Psychiatry*. 173(5); 491-8.  
[http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.150.40535?url\\_ver=Z39.88-2003&rft\\_id=ori%3Arid%3Acrossref.org&rft\\_dat=cr\\_pub%3Dpubmed](http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.150.40535?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed)

## Recovery is More than Abstinence

Recovery from substance use disorders is usually understood to be more than simply abstinence, or remaining sober, but a process...a journey of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.” SAMHSA lists four signs that let individuals know they are in recovery, including:

- I can address problems as they happen, without using, and without getting stressed out.
- I have at least one person I can be completely honest with.
- I have personal boundaries and know which issues are mine and which ones belong to other people.
- I take the time to restore my energy — physical and emotional — when I am tired.

For many people, recovery:

- Emerges from hope, which is fostered by friends, families, mentors, providers, colleagues, and others who have experienced recovery themselves;
- Occurs via many pathways, which may include professional clinical treatment, use of medications, support from families and in schools, services through cultural approaches, homeless programs, faith-based approaches, peer support, and other approaches;
- Is holistic—meaning that recovery encompasses a person’s whole life including mind, body, spirit, and community;
- Is supported by relationships with peers and allies, and on social networks;
- Is culturally based and influenced;
- Is supported by addressing trauma, including physical or sexual abuse, neglect, domestic violence, war, disaster, or profound loss;
- Is inclusive of positive youth development theories and concepts;
- Involves individual, family, and community strengths and responsibilities; and Is fostered by respect.

These principles of recovery can help people establish a blueprint for their own journey. However, it’s important for people living with these conditions to become aware that they are not alone in their efforts. The right support system can help ensure that those in need are addressing the four key aspects of recovery:

**Health:** The person learns to overcome or manage his or her condition(s) or symptom(s)— and make informed, healthy choices that support physical and emotional well-being;

**Home:** It is also important to have a stable and safe place to live;

**Purpose:** A person in recovery participates in meaningful daily activities, such as a job, school, volunteer opportunities, family caretaking, or creative endeavors, and has the independence, income, and resources to participate in society; and

**Community:** Relationships and social networks should provide support, friendship, love, and hope.



Sources: <https://www.recoverymonth.gov/sites/default/files/toolkit/2016/toolkit.pdf>; <https://www.addiction.com/in-recovery/>

## Teach Young People About Using Marijuana



At a time in Canada where changes in the legal status of marijuana are pending, which will make the drug more readily available, it is still important to educate children and youth about the risks of using this drug as these changes in legal status may lower teen perceptions of risk and lead to more young people using the drug.

Many young people do not respond well to warnings of health risks, so it may be helpful to talk to them about what they might lose if they use marijuana during their teen years.

Teach young people that marijuana is not a harmless drug. It can cause abnormal brain development and impact memory, concentration and critical thinking skills.

Point out they are jeopardizing their potential to do well in school, to graduate, to get a driver's license, or to get a job.

Point out that they may want to smoke marijuana to 'fit in' with their friends, but they need to understand the risks involved – not only the impact on brain development, but also the legal risks, for example, driving under the influence of marijuana could lead to a charge on their record.

Help young people find a way to handle situations in which they might be offered marijuana – ways to say "No, thanks – I've tried it" or "I quit smoking", or "I have a test tomorrow and want a clear head", or "No thanks, I'm not into drugs".

Point out that alcohol is also legal, but the legality of a drug like marijuana or alcohol does not reduce the risks of use and abuse.

Teach parents and other adults that they are role models for children and youth and their actions speak louder than words. Children and youth who see adults using marijuana are more likely to use it themselves, regardless of whether they were warned not to.

A good educational video to show young people is *Marijuana and the Brain*, available at:

<http://www.cnn.com/2017/02/27/health/marijuana-legalization-kids-parenting/index.html>

## Marijuana Use by Pregnant and Lactating Women

Marijuana use during pregnancy has been linked to a variety of health problems for babies, and the effects of marijuana during lactation is still being studied. Woman wanting to use marijuana during pregnancy or while breast-feeding should be made aware of the effects of marijuana on their baby.

Even small amounts of marijuana use during pregnancy can affect the baby. It is also possible that second-hand marijuana smoke might also affect the baby, and so it is important to discourage any exposure to marijuana.

Some of the possible side effects of marijuana during pregnancy include:

- Small size
- Low birth weight
- Still birth or miscarriage
- Premature birth

Fetal marijuana exposure increases risk for health problems later in life, including:

- Asthma
- Breathing problems
- Childhood cancers
- Behavioural problems
- Depression
- Anxiety
- Gaps in problem-solving skills, memory and the ability to remain attentive in school

When women who are breastfeeding use marijuana, the psychoactive ingredient Tetrahydrocannabinol (THC) is excreted into the breast milk in small quantities. THC may be stored in the fatty tissue of breastfeeding babies for many days after consumption. Studies on the impact on the baby are not conclusive, however possible impacts on the baby may include impact on the child's motor development.

Additionally, marijuana with high amounts of THC has been linked to decreased fertility in both men and women.

### Sources:

<http://perinatalresources.org/marijuana-use-pregnancy-lactation/>  
<http://clearga.org/marijuana-and-pregnancy/>

# What is Emotional Intelligence?



Emotional intelligence, or EI, is the keen ability to perceive, control, and evaluate the emotions of yourself and those around you. According to Daniel Goleman, an American psychologist who helped popularize EI, there are five main elements of emotional intelligence: Self-awareness, self-regulation, motivation, empathy and social skills.

Emotional intelligence is:

- The ability to accurately identify your own emotions, as well as those of others
- The ability to utilize emotions and apply them to tasks, like thinking and problem-solving
- The ability to manage emotions, including controlling your own, as well as the ability to cheer up or calm down another person

People with high emotional awareness generally have the following characteristics:

## **1. They're change agents.**

People with high EI aren't afraid of change. They understand that it's a necessary part of life—and they adapt.

## **2. They're self-aware.**

They know what they're good at and what they still have to learn—weaknesses don't hold them back. They know what environments are optimal for their work style.

## **3. They're empathetic.**

The hallmark of EI, being able to relate to others, makes them essential in the workplace. With an innate ability to understand what co-workers or clients are going through, they can get through difficult times drama free.

## **4. They're not perfectionists.**

While extremely motivated, people with EI know that perfection is impossible. They roll with the punches and learn from mistakes.

## **5. They're balanced.**

Their self-awareness means that they naturally know the importance of and how to maintain a healthy professional-personal balance in their lives. They eat well, get plenty of sleep and have interests outside work.

## **6. They're curious.**

An inborn sense of wonder and curiosity makes them delightful to be around. They don't judge; they explore the possibilities. They ask questions and are open to new solutions.

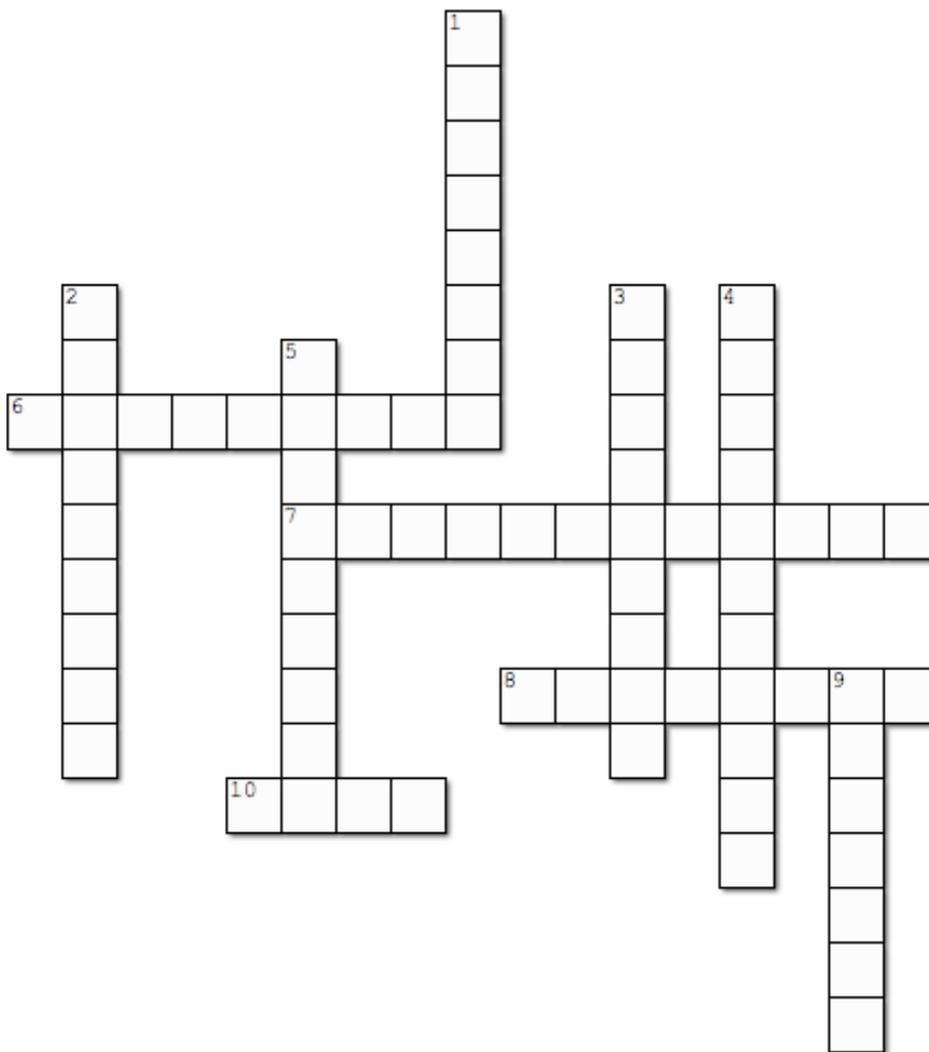
## **7. They're gracious.**

People with high EI know every day brings something to be thankful for—and they don't see the world as "glass half-empty" as a lot of people do. They feel *good* about their lives and don't let critics or toxic people affect that.

Complete a **self-assessment** to get you thinking about the various competencies of emotional intelligence as they apply to you! A self-scoring assessment is available at:

[http://c.ymcdn.com/sites/www.mtpha.com/resource/resmgr/2016\\_Conference\\_PP\\_Documents\\_/S2-Emotional\\_intelligence\\_qu.pdf](http://c.ymcdn.com/sites/www.mtpha.com/resource/resmgr/2016_Conference_PP_Documents_/S2-Emotional_intelligence_qu.pdf)

## And Now for Some Fun!



**Across**

- 6. Marijuana use during \_\_\_\_\_ has been linked to a variety of health problems for babies.
- 7. Emotional \_\_\_\_\_ is the keen ability to perceive, control, and evaluate the emotions of yourself and those around you.
- 8. There are currently no medications to quickly relieve \_\_\_\_\_ thoughts.
- 10. Even small amounts of marijuana use during pregnancy can affect the \_\_\_\_\_.

**Down**

- 1. The right support system can help ensure that those in need are addressing the four key aspects of \_\_\_\_\_.
- 2. Marijuana with high amounts of THC has been linked to decreased \_\_\_\_\_ in both men and women.
- 3. Conditions that could be linked to mental health disorders include a skin condition found to be commonly associated with depression called \_\_\_\_\_.
- 4. Antidepressants can take a month or longer to ease \_\_\_\_\_.
- 5. Teach young people that \_\_\_\_\_ is not a harmless drug.
- 9. Teach parents and other adults that they are role models for children and youth and their \_\_\_\_\_ speak louder than words.

ANSWERS: Across: 6) Pregnancy; 7) Intelligence; 8) Suicidal; 10) Baby; Down: 1) Recovery; 2) Fertility; 3) Psoriasis; 4) Depression; 5) Marijuana; 9) Actions