

2016 -- 2017  
Annual Report

SRWC   
St. Raphael Wellness Centre



## ANNUAL REPORT 2016/2017

### EXECUTIVE COMMITTEE

Linda Pleskach – Chair  
Karen Burwash, LLB - Vice Chair  
Bill Neydli – Treasurer  
Charlene Currie, Occupational Health Nurse- Secretary

### BOARD OF DIRECTORS

(Members at Large)

Zenon Lisakowski  
Rt. Hon. E. Schreyer  
Les Ulliyot, MD, FCFP  
Kevin Young  
Ray Leveque

### STAFF

Colleen Allan, MSc.M., MPM, M.Div. – Executive Director  
Doris Beitz/Candace Smith Executive Administrators  
Donna Youngdahl/Rosetta Troia– Rehabilitation Counselors  
Michelle Akinola/Kristofer Reid– Rehabilitation Counsellor  
Noah Star – Psycho/Education Facilitator  
Gord Pratt – Rehabilitation Counsellor - Evening Recovery Programs

### Staff Update

There was a turnover of staff this year. **Donna Youngdahl**, resigned and took a position with the Aurora Centre in Gimli, January, 2017, and **Rosetta Troia** was hired in February, 2017. **Michelle Akinola** left in June, 2016 and **Kristofer Reid** transferred from the Men's Continuing Recovery to the Community Education Integration Coordinator Position

### VOLUNTEER/RECOVERY COACHES

Keedeem Cummings (assists Family Program)  
Gary Henry (now has a position at the AFM)  
Darroll Kowalsky (was with MCR/Work Sober)  
Erin McFee (now employed by AFM)  
Al Mallatt (now working – but will volunteer evenings)  
Bill Neydli (board member)  
Roberta Reid (Returned to work)

A. Katherine Saunders (completed Part I – Helping Skills.  
Blake Shapansky (was away, to return Jan'18)  
Fitzroy Smith (Volunteered for 5 months) now working at SRWC as a Counsellor  
Colin Tremblay (facilitates TAPP Program)  
Kevin Young (Board Member – (completed Part I – Helping Skills)



## MESSAGE FROM THE CHAIR & EXECUTIVE DIRECTOR OF SRWC, INC.

On behalf of the Board of Directors and Staff of St. Raphael Wellness Centre, Inc. we welcome you to our AGM. It is wonderful to experience the support of so many individuals, agencies, organizations, and of course our alumni represented here today who share our holistic vision of a **“seamless Continuum of Recovery from entry to community integration and beyond.”**

Through the combined support of Manitoba Health, Mental Health & Addictions Branch, and our generous and committed funders and sponsors, as well as our committed staff, volunteers and alumni, we continue to provide a **“welcoming community”** for healing where individuals, families and friends affected by addictions are accompanied in their journey towards recovery in **“mind, body, and spirit”**

This year through the support and financial assistance of the Winnipeg Foundation, and Community Funding we have continued to offer our Evening Recovery Management Programs We are pleased to include a synopsis of the evaluation of this program in the docket.

SRWC Board of Directors, our participants and staff thank you for your consideration and support.

  
Linda Pleskach, - Chair

  
Colleen Allan, MScM, M.Div. Ex. Dir.

### Vision Statement

The model of restorative health in mind, body and spirit

### Mission Statement

St. Raphael Wellness Centre is a welcoming community for healing where individuals, families and friends affected by addictions are accompanied in their journey towards recovery in mind, body and spirit.

### Principles of Recovery

- There are many pathways to recovery
- Predicated on screening and assessment procedures which are holistic and global
- Recovery is self-directed and empowering
- Recovery is holistic
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health and wellness
- Recovery emerges from hope and gratitude
- Recovery involves rejoining and rebuilding life in community
- Recovery involves a process of healing and re-definition
- Recovery is supported by peers, friends and families.



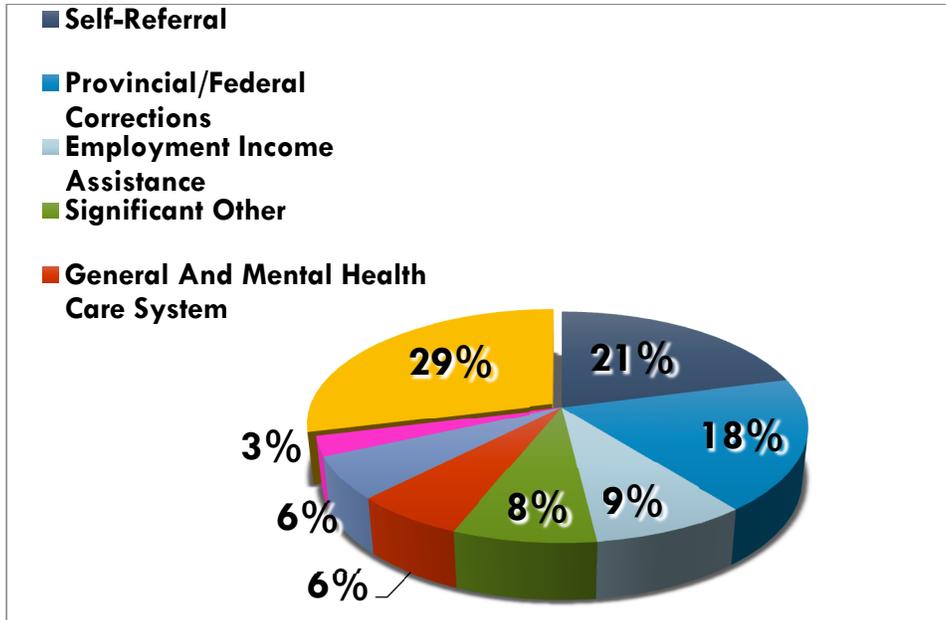
# Intakes and Evaluations

“I was battling crack addiction for 19 years... My life was crumbling and I didn't even know it...[SRWC] played a vital role in saving my life...they give me knowledge, tools and hope...”

## CEIC ANNUAL REPORT FOR 2016/2017

**INTAKE:** SRWC conducted 314 participant intake sessions of 1.5 hours each – this included the initial intake and an additional Orientation session with their respective Counsellor prior to entry into group. We do not count individuals who do not return for the orientation or their respective assigned program

### INTAKE REFERRAL



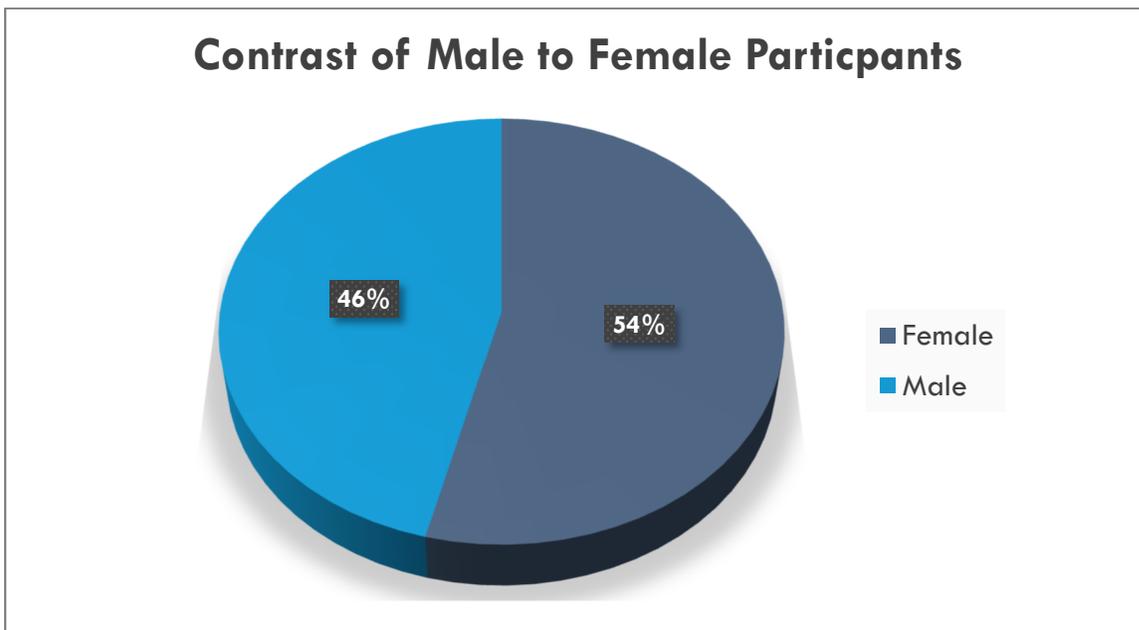
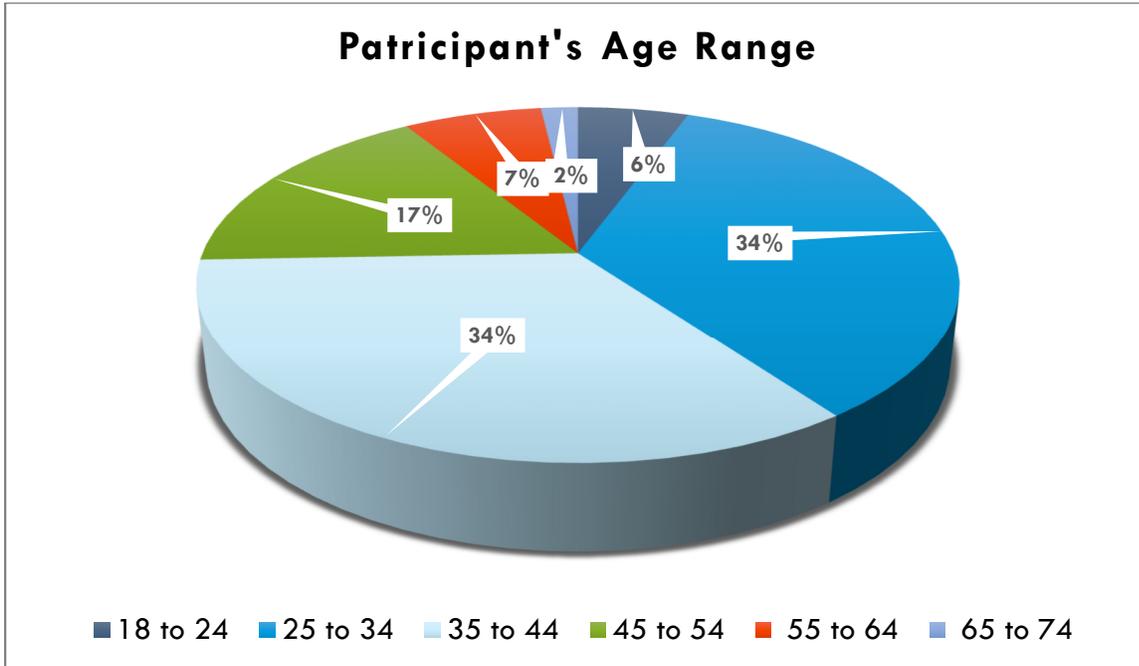
Referrals have continued to diversify again this year. Since 2011, the majority of referrals have been from other addiction programs with the majority of these referrals from the AFM and Tamarack. Although AFM has continued to be a major source of referrals to our Access and Women and Men’s Continuing Recovery Programs, this has been gradually changing as more of the referrals tend to identify themselves as self-referrals. SRWC believes this is due to more awareness of our Programs through promotional material, attendance at various Conferences and the revamping of our Website. The “**Addictions Help-Line**” has also been responsible for an increase in calls to our Centre for programming.

SRWC reviewed the Intake process and found that there were a number of no-shows in participants making an appointment and not showing up for their Intake. This is an ongoing issue in the field as participants change their mind, their situation and consequences they are facing due to their drug and alcohol use has diminished. This is particularly true for those referred by the **Addictions Help line**.

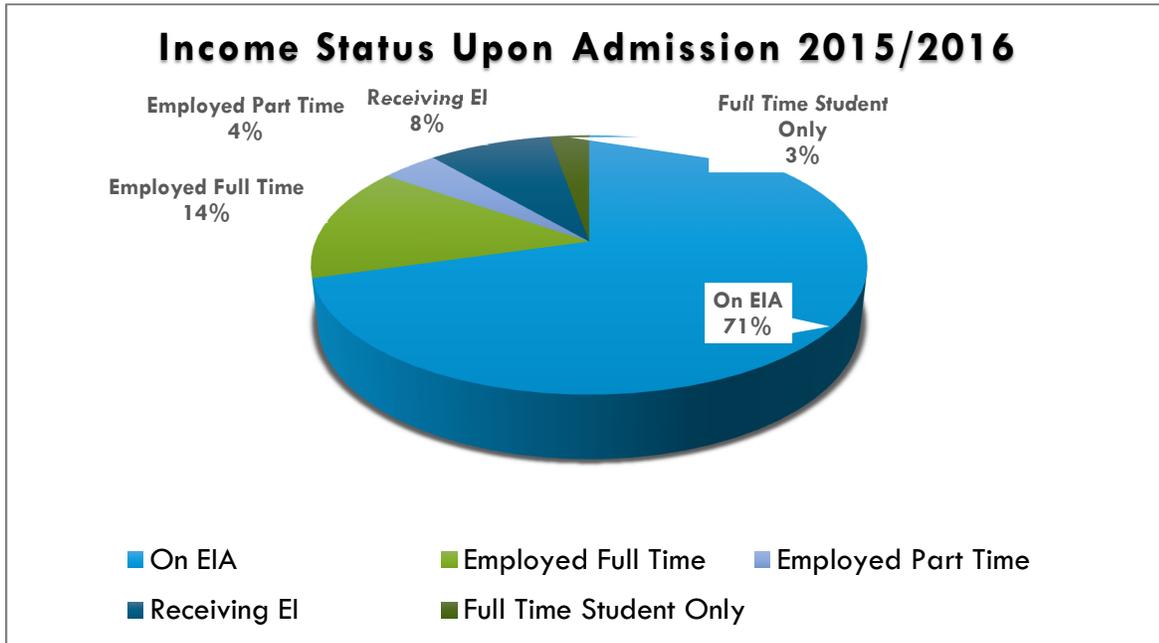
In 2016-2017 SRWC has been exploring ways to reduce the wait times between the first intake and their orientation session with their counsellor and entry into group. We now call participants before their first Intake and before their first group session. We have simplified the process and to a two-step process – Intake – then meet with counsellor before their group session for orientation, and then go directly into their group.

### AGE AND GENDER OF PARTICIPANTS

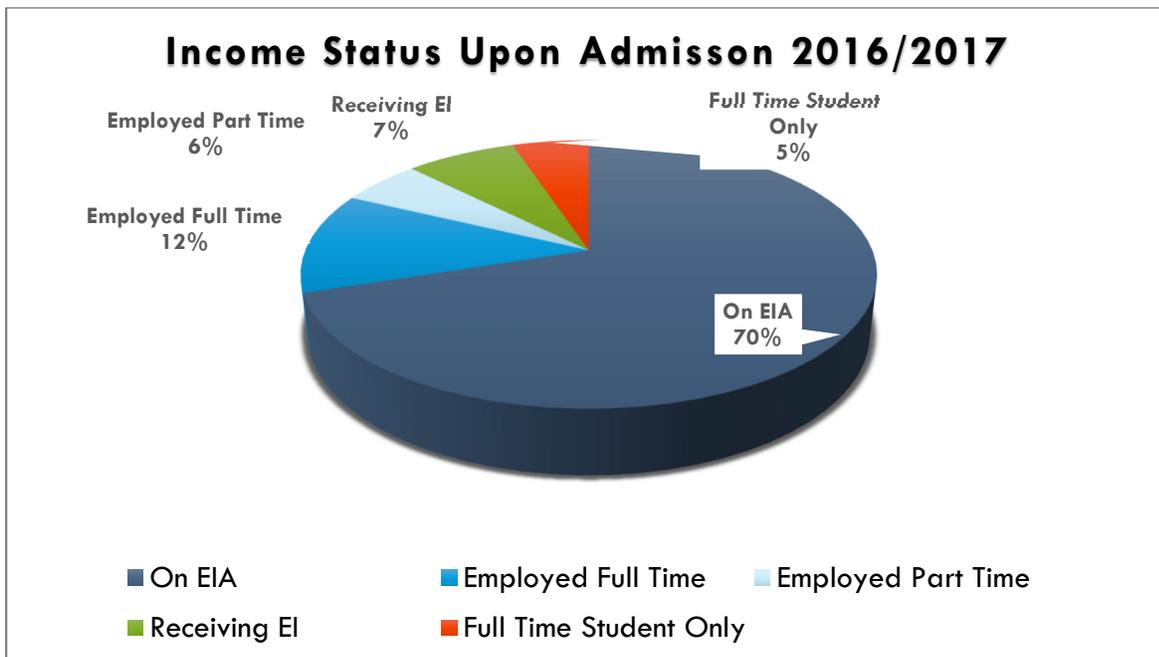
The majority of our participants both male and female are between the ages of 18 and 44. This does tend to fluctuate between the male and female participants from year to year, but overall remains stable.



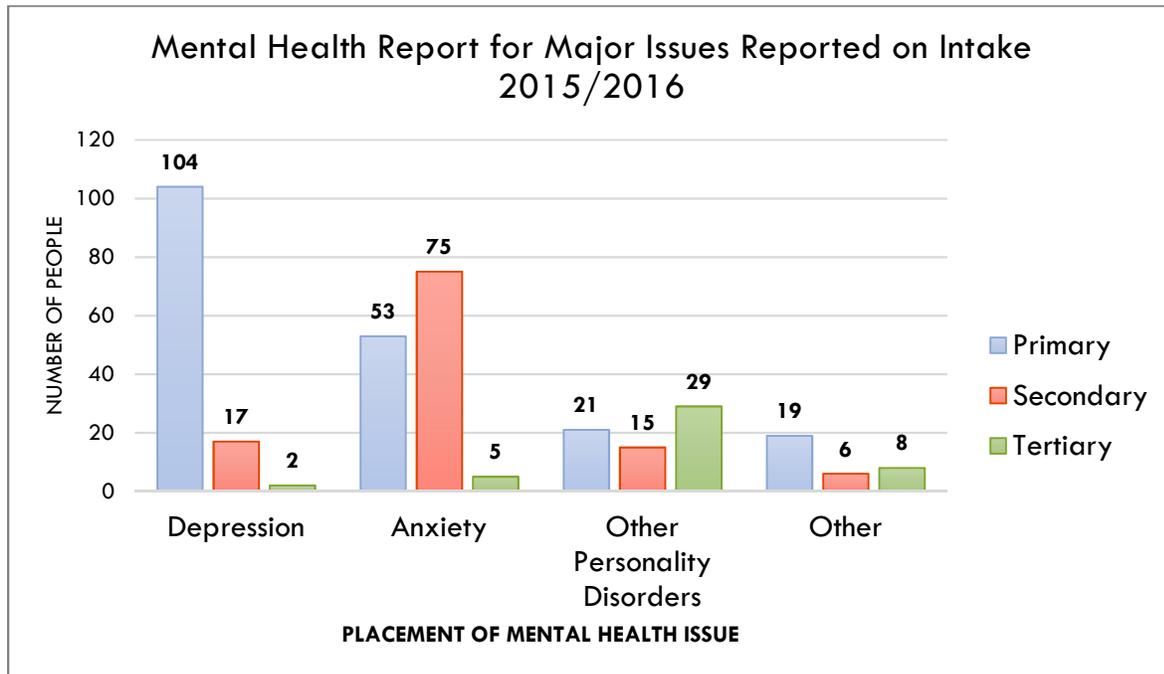
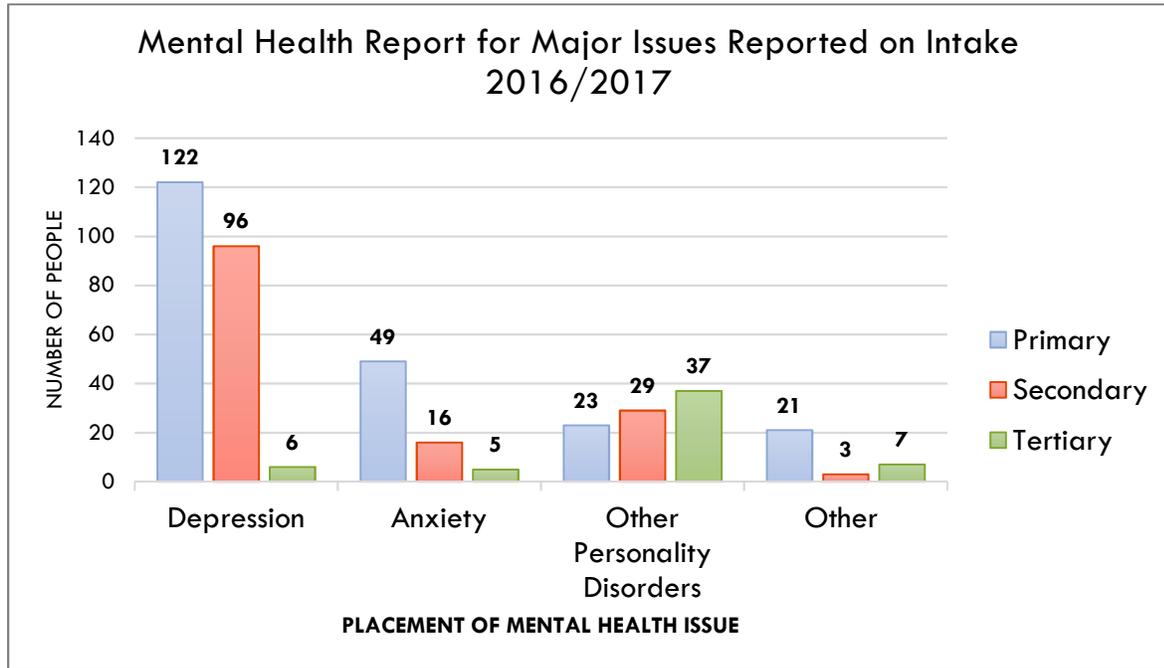
## INCOME SOURCES



Statistics indicate that we had more fulltime students in 2016/17 than we did in 2015/16. We also had less people receiving EIA as well. Our stats for people working fulltime went down, and people on EI went down (in 2016/17).

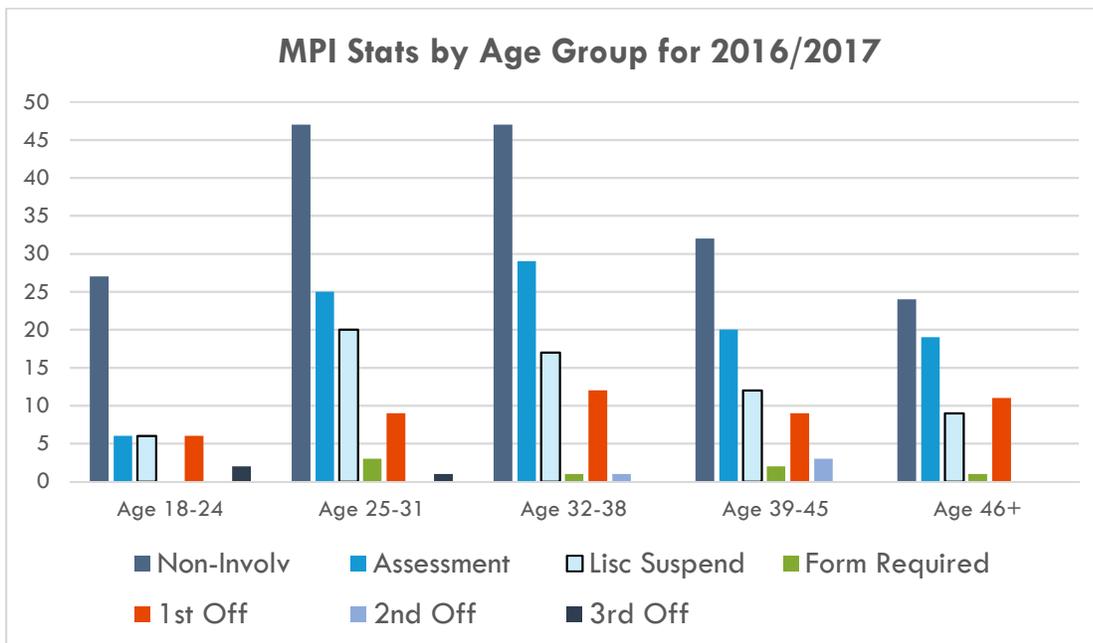
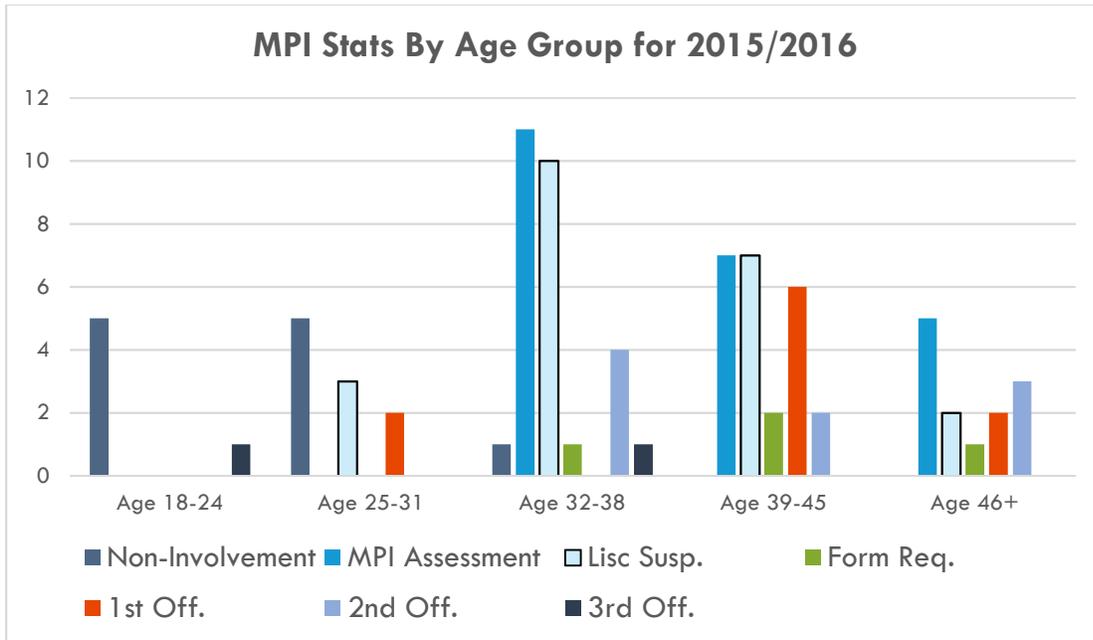


## MENTAL HEALTH PROBLEMS



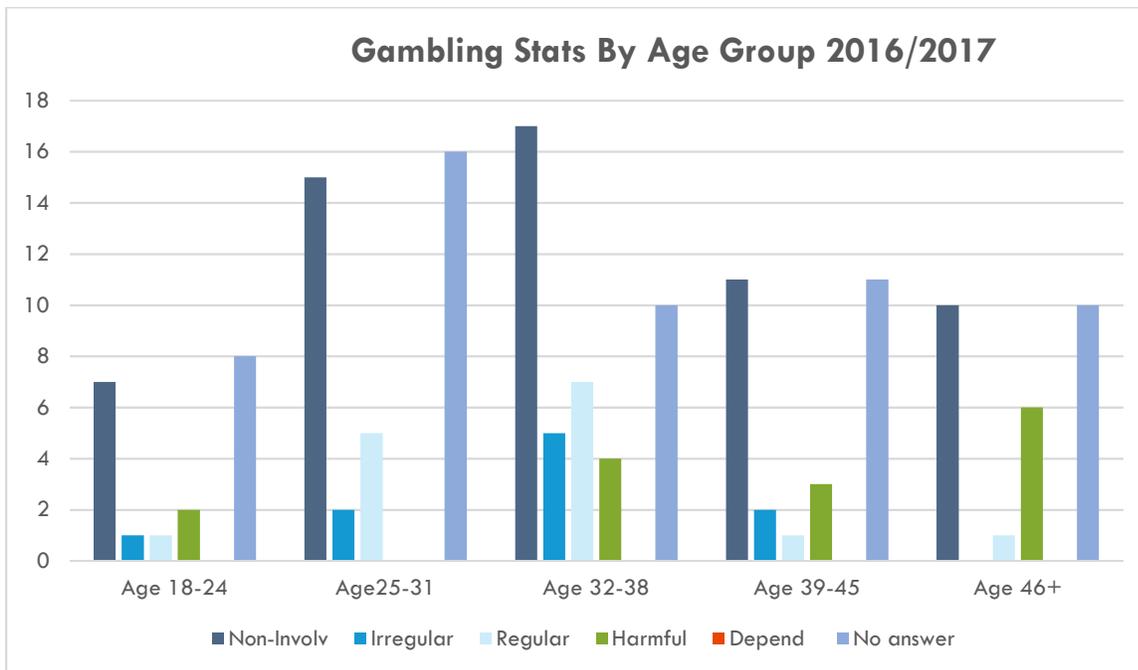
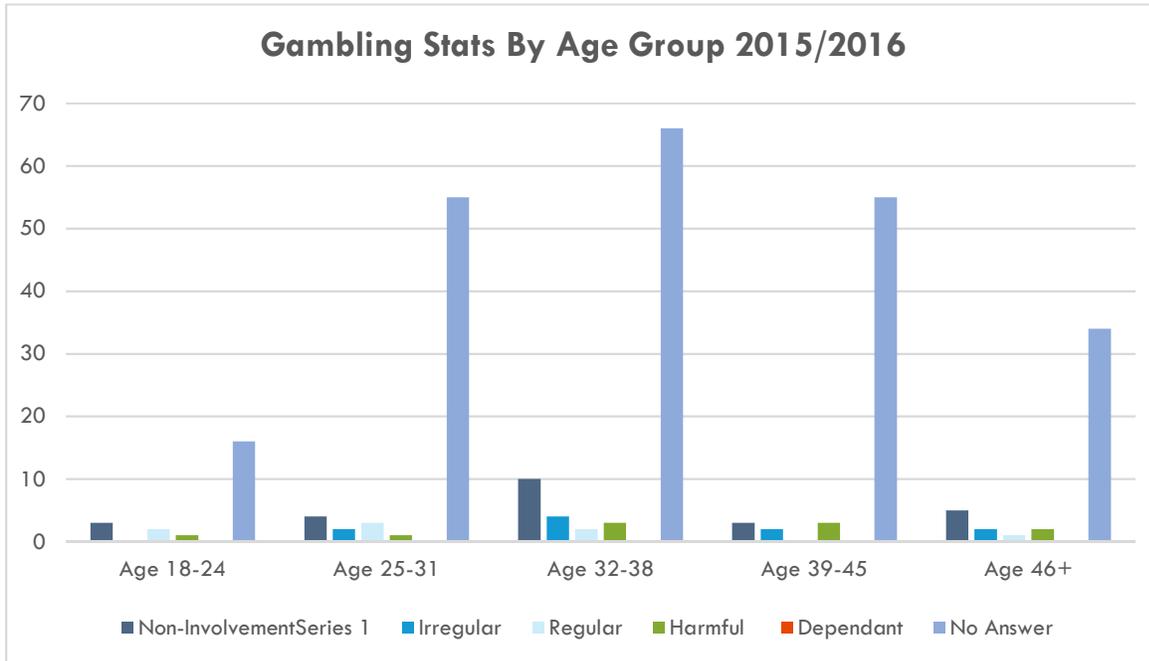
The major issues of Depression and Anxiety rank quite high in both 2015/16 and in 2016/17. Issues of PTSD, ADD, ADHD and Schizophrenia make up the Other Personality Disorders. Each column under the headings represents whether or not it is a primary, secondary or tertiary diagnosis.

## IMPAIRED DRIVING

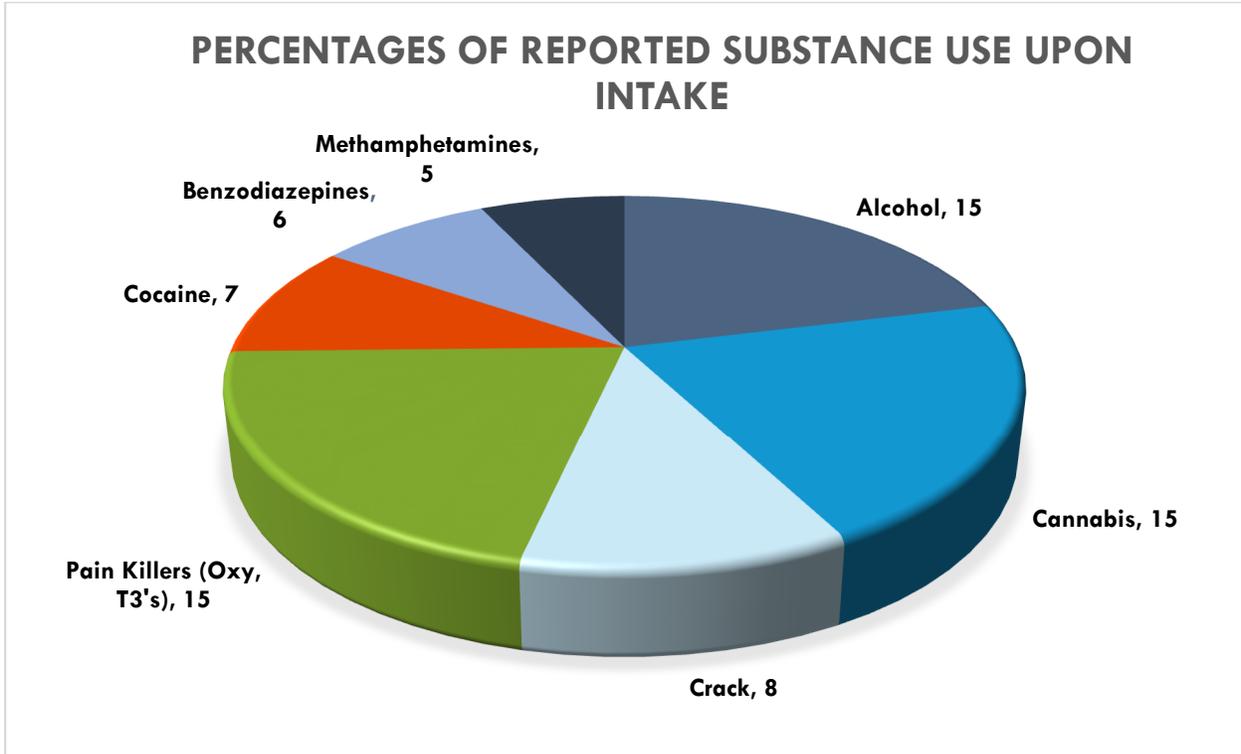


We can see a definite change in the 18-31 year age grouping in 2015/2016 vs 2016/2017. This is due to the fact in part that we are tracking it more but it may also be in part that participants are more apt to be honest on their application and admit to MPI involvement or a DUI than they would have before.

## GAMBLING



There is a big difference between 2015/2016 and 2016/2017 due to the fact that during 2016/2017 we were actually tracking the statistics of the number of people who called about and/or brought to our attention that they had issues with gambling as well as substances.



### Opiate Use By Age Group

As of late 2016 the intake forms will now include more detailed usage questions. As apparent in each of the following graphs, our base group of 24-44 year olds is the largest consumer/abuser of each substance listed.

Of the six substances listed, there are toxic forms becoming available through online sales. The most alarming is a “weapons grade” version known as Carfentanil, which is “suspected in hundreds of drug overdoses in the U.S. and Canada” – Associated Press.

The continued threat from these substances is in large part due to their legal use to immobilize large animals, and the ‘no questions asked’ sale sources online.

01 April 2016—31 March 2017	
Opiate	# of clients who used it
Morphine	183
Hydromorph	19
Fentanyl	79
Oxyneo	69
Oxycontin	126
Tylenol & Codeine	102
<b>TOTAL</b>	<b>221</b>

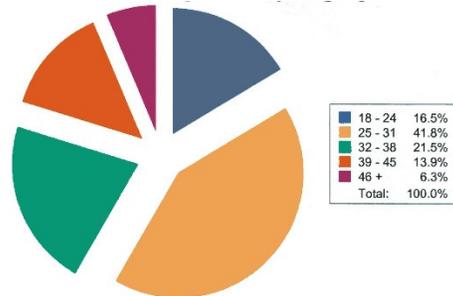
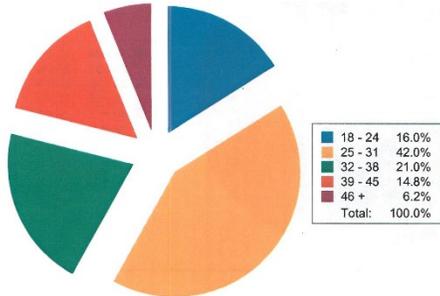
Opiate Use By Age Group

2015-2016

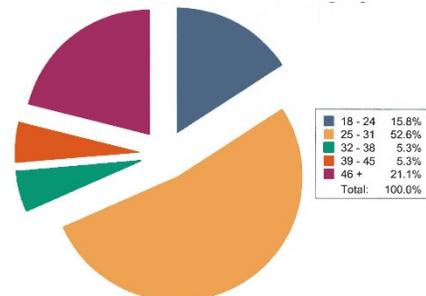
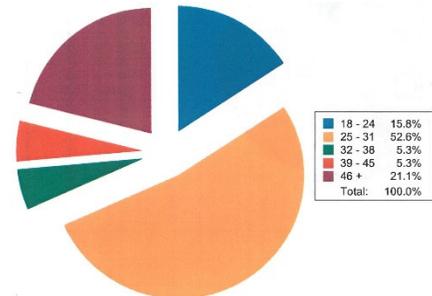
Opiate Use By Age Group

2016-2017

**FENTANYL**

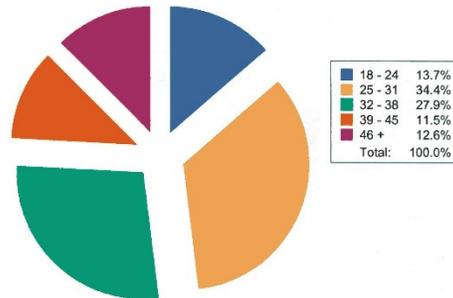
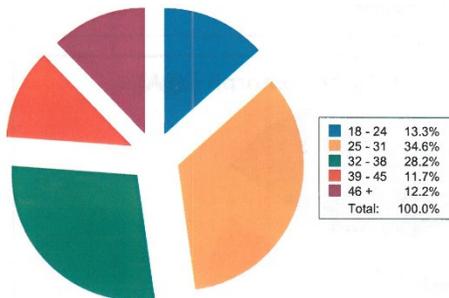


**HYDROMORPH**



For **Fentanyl and Hydromorph** they have both stayed exactly-the same as last year much like Morphine has. These three staying the same is not a bad thing. They can maintain the status quo as high as it is right now they may fluctuate in the future.

**MORPHINE**



**Morphine** has not changed at all since last year the percentages are exactly-the same in all age categories.

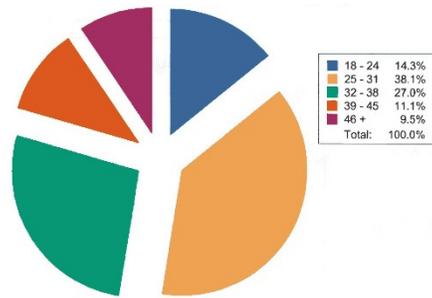
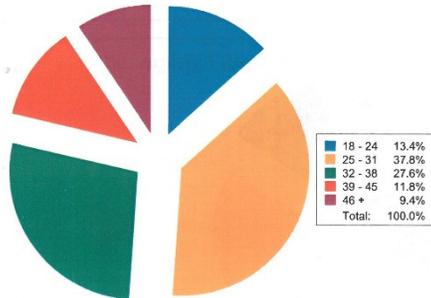
Opiate Use By Age Group

2015-2016

Opiate Use By Age Group

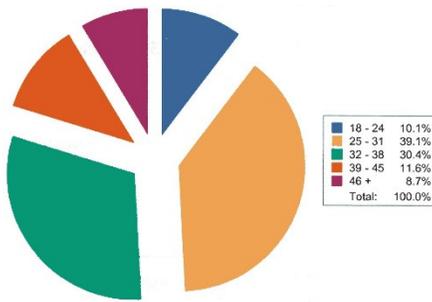
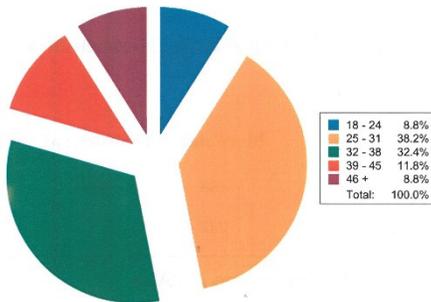
2016-2017

**OXYCONTIN**



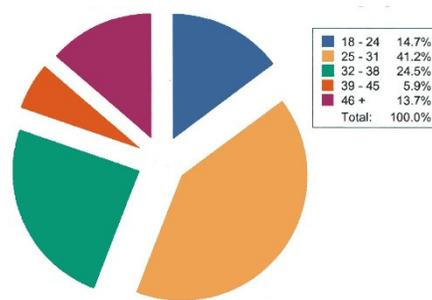
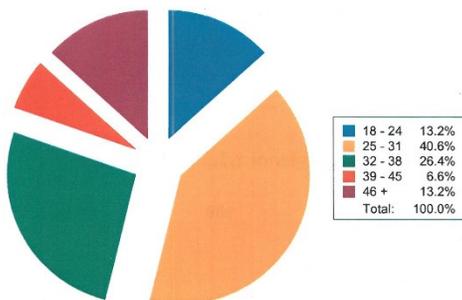
For **Oxycontin** the Age group of 25-31, has had a .7% increase and so has the 32-38 year old age group. The rest of the age groups have stayed steady and the same as last year.

**OXYNEO**



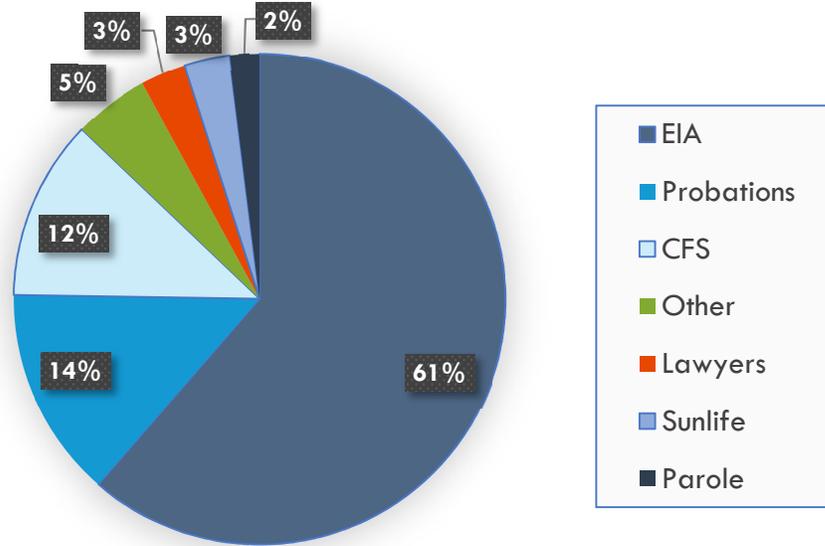
For **Oxycodone** the 25-31 year old age group has increased by 1.9% and the 32-38 year old age group has decreased by 1.8%. Despite these increases and decreases this group has maintained it self as a steady one that doesn't change much from year to year.

**TYLENOL 1,2,3 AND CODEINE**



For **Tylenol 1, 2, 3 and Codeine** the 25-31 age group has increased by .5% and the 32-38 year old age group has decreased by 1.2%. The rest of the age groups have maintained status quo and have not deviated from last year's percentages.

### Letters to Organizations For Participants



“[Before SRWC,] I was I was homeless and had no money. I was emotionally and spiritually broken. I was alone and in bad health.”

## Research

We were invited to share two of our projects at the **Canadian Centre on Substance Use and Addiction's (CCSA) "Issues of Substance 2017" conference**, in Calgary. We presented posters, one for Work Sober and the other for the Gaps and Opportunities research paper.

Along with the posters for viewing, we were there to explain the projects, how we launched them, and what the results were.

# Stay Sober, Stay Employed

## Launching and Evaluating the *Work Sober* Program

For individuals recovering from substance addiction, returning to work or getting a new job is often considered a sign of "completing" the recovery process. Yet we know the first months after completing treatment are high risk for relapse, and going (back) to work can expose employees to triggers and other hurdles to staying sober. Some individuals need recovery support, but can't take the time off work. Such as wanting to keep their recovery confidential from an employer, or owners or other key stakeholders whose time away could be detrimental to the business. *Work Sober* offered support without barriers.

Addicts At Work	Availability of Supports	Evaluating Outcomes
<b>CHALLENGE:</b> ♦ In Canada, <b>77%</b> of addicts are <b>employed</b> . They are more likely to be <b>absent or unproductive</b> , be involved in <b>safety incidents</b> resulting in <b>injury or death</b> .	<b>CHALLENGE:</b> ♦ In Manitoba, there are residential treatment agencies, but attending means taking <b>time off work</b> . <b>Minimal aftercare</b> is available to clients returning to work.	Program evaluation by a 3rd party (Kaplan Research Inc.) showed: ♦ <i>Work Sober</i> helped clients stay employed, while also improving the recovery capacity associated with sustainable long term sobriety. ♦ <b>VIRTUALLY ALL CLIENTS</b> felt that they had achieved their objectives for attending, including <b>remaining at work</b> . ♦ Clients reported <b>significant improvements</b> , moving from <b>53% to 76%</b> in overall <i>life satisfaction</i> , and other areas associated with <b>sustainable long-term sobriety</b> . ♦ Clients identified the <b>therapeutic environment</b> as a factor for success, describing it as friendly, relaxing, <b>non-judgmental, and supportive</b> . In answer to what could be improved, the main response was <b>wanting more</b> (e.g., longer program, more time with counsellor). ♦ Just under half the clients also reported <b>mental health conditions</b> , consistent with the findings of the Co-occurring Mental Health and Substance Use Disorders Initiative (CODI). ♦ Anecdotally, the program is well received by employers and employees, and is currently filled to capacity on an ongoing basis.
<b>PROPOSAL:</b> ♦ Design <b>content</b> for addicts who are <b>employed/in school</b> . Increasing sobriety at work increases attendance, productivity, and reduce safety risks. ♦ Help participants <b>improve recovery capacity</b> , strengthening life areas associated with <b>long term sobriety</b> .	<b>PROPOSAL:</b> ♦ More than "aftercare", provide meaningful support in the <b>continuum of recovery model</b> . ♦ Offer program in the <b>evening</b> , so participants can attend without taking time off work/school. Hold <b>multiple sessions</b> a week to make attending easier. ♦ Use <b>evidence-based psycho-educational</b> group and individual counselling sessions.	






"At 19 months sober...I have my dream [job], stabilized my finances... My family is comfortable with the husband and father that I am...and I know I successfully battled my demons..."  
- Kevin



**SRWC**  
St. Raphael Wellness Centre

SRWC's Poster for the CCSA's Issues of Substance 2017 Conference

# Gaps and Opportunities

## Exploring Service Gaps for Out-of-Control Sexual Behaviour and Recovery

The World Health Organization places the criteria for overall health in four "pillars":

Physical health

Mental health

Spiritual health

Sexual health

Robust overall health reduces the risk of relapse in recovery. Most of us can name services that deal with physical, mental, and spiritual issues, but what about the "Forgotten Pillar", sexual health? SRWC set out to explore the disparity between services and needs in addressing sexual health issues in Manitoba.

### The Problem

- ◆ Phone calls to SRWC, as well as the provincial help-line, seemed to show a growing need for accessible services to help individuals manage their out-of-control sexual behaviour.
- ◆ As evidence continues to rise about the inherent link between sexual health and sustainable recovery, we had heard anecdotally that individuals were having a hard time finding places that support recovery from out-of-control sexual behaviour and substance abuse recovery.

### What We Did

- ◆ SRWC brought in an independent researcher to gather information from the recovery community and evaluate the amount of need, and the amount and accessible of services for helping individuals deal with out-of-control sexual behaviour.
- ◆ This resulted in the research paper, "GAPS AND OPPORTUNITIES IN ADDRESSING SEXUAL HEALTH IN MANITOBA"
- ◆ The paper was presented at SRWC's 2016 Addictions Awareness Week conference: "Sex and Addictions: Integrating a New Model for Understanding Addictions and Sexuality"

### What We Found

- ◆ The definitions of out of control sexual behaviour vs sexual addiction are ill defined and sexual addiction is not explicitly covered in the DSMV<sup>1</sup>.
- ◆ Lack of diagnostic tools to assess the prevalence and extent of the problem.
- ◆ There is a lack of advertised supports.
- ◆ The few practitioners and for-profit centres who offer help have a fee-for-service basis which impacts accessibility.
- ◆ A major issue in identification of problematic sexual behaviour that seems to be a taboo topic socially for those experiencing the problem, and professionally for counsellors.

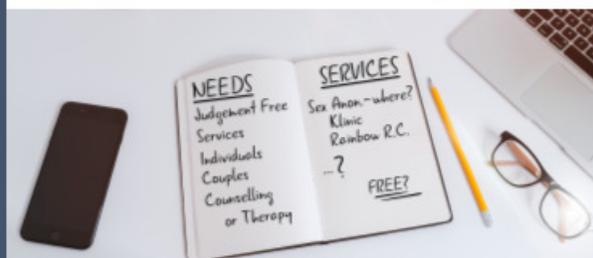
### What The Future Can Look Like

#### Short Term:

- ◆ Questions on intake / assessment forms to flag possible problems
- ◆ Sexual Health modules as part of psycho-educational sessions.
- ◆ Training for community based mental health and addiction treatment counsellors on different, proven, treatment modalities .
- ◆ Training for current providers, and new students so that at minimum each organization has a knowledgeable/specialist staff member and is able to offer one-to-one counselling.
- ◆ Certification of out-of-control sexual behavioural specialists in Manitoba

#### Long Term Vision:

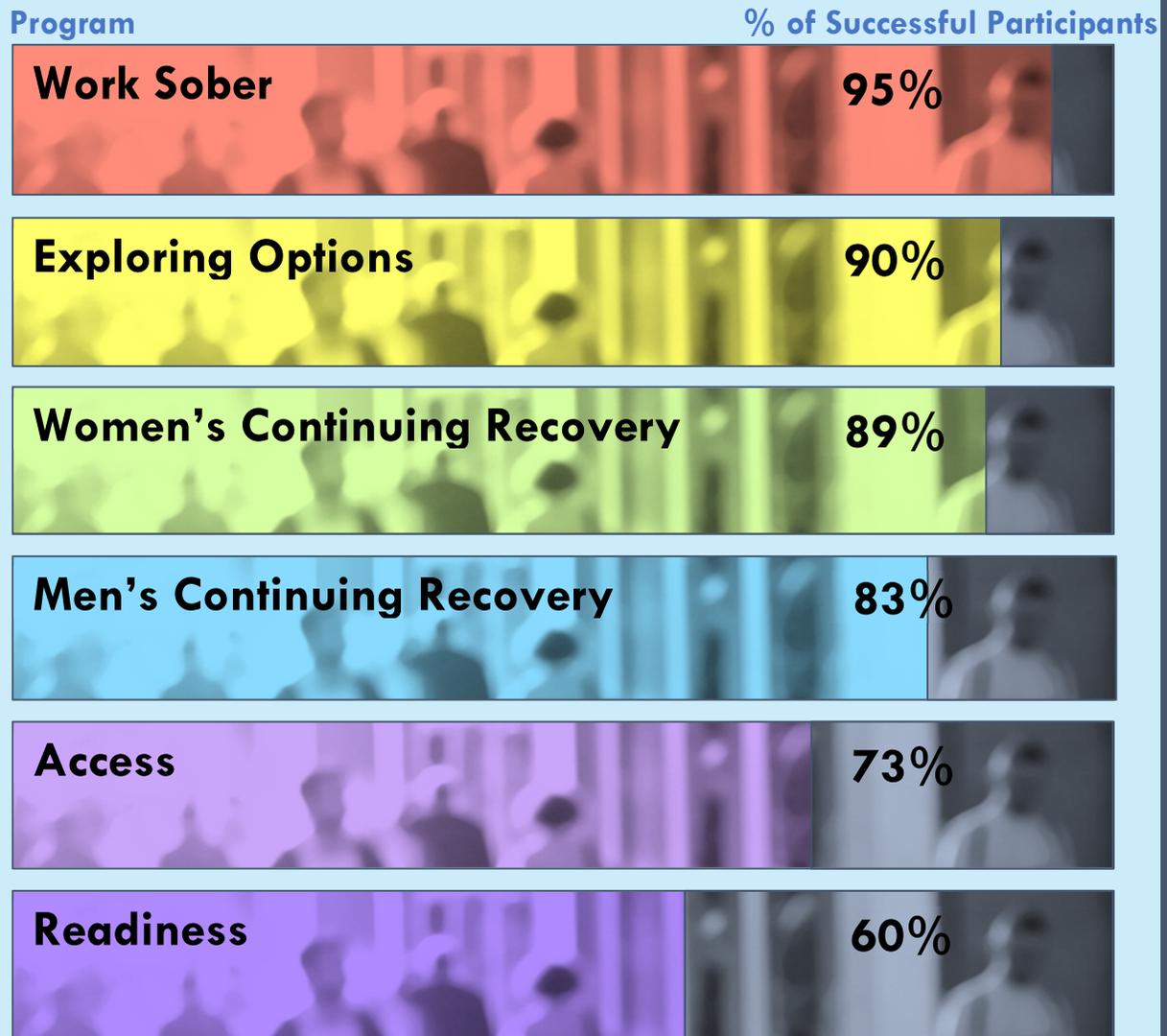
- ◆ Spearhead a movement drawing from all disciplines, and addiction and mental health, to help define out-of-control sexual behaviour on a continuum and all terminology associated within that behaviour to be included in the DSM-VI.



Gaps And Opportunities in Addressing Sexual Health in Manitoba  
Andrea Shalay, MA; Noah Star, MMT; Sponsored by SRWC

1. Diagnostic and Statistical Manual of Mental Disorders

## Success Rate by Program



SRWC Staff and Students



# Day Programming Pre-Treatment

“[Before SRWC,]  
my life was controlled by  
alcohol. I was unproductive  
at work, isolating myself from  
family, and was consumed by  
thoughts of obtaining and  
drinking alcohol.”

## Access

73%

**Access** is aimed towards those who acknowledge they have a substance or process addiction and want to make a change within their lives. We facilitate group sessions 3 times a week for 2 hours. Access teaches techniques for coping with triggers and stress. Those techniques are practiced through role-play in the sessions, or through given homework from the Educational Facilitator. Participants who come through the program may use this as a way to help stabilize themselves before entering rehab or pair is with other social supports for their recovery journey.

**Goals** that Access strives to maintain is that the group is a safe and supportive environment for participants. The environment then creates a safe place where people feel safe to discuss their concerns, becoming a forum for discussion and behavioural rehearsal. Access is also an advocacy of support for the Participants. Whether that be addressing situational needs such as child care, housing, social assistance, job searching, or goal planning. Participants are educated on physical and psychological effects of substance use withdrawal symptoms, as well as taught mindfulness and meditation techniques.

Access has had a steady flow of Participants enter into the program over the year and many successful graduates of the program. Over the past few months, Access has reached its capacity and will start a waiting list for future Participants. There has been an increase in regular attendance from new and existing Participants within the group. The veteran attendees are well supportive of the new participants, which provides a relaxed atmosphere for all. Participation within the group has been high. Generally, new Participants feel comfortable enough to join in the conversation or share their stories within the first couple of times of attending the sessions.

This year, 41 participants completed the program:

- 1 participant left for the use of substances*
- 1 participant left the group due to behaviour*
- 5 participants left on their own*
- 3 participants left for unknown reasons*

Participants showed a sense of ownership by crafting group norms, rules, culture and setting up their own self-care network through an exchange of contact info.



SRWC participants, staff and family at the Annual BBQ

### IN THEIR OWN WORDS

- “Learning about forgiveness was relevant in regards to forgiving others for wrong doing and forgiving myself for actions I have done. “
- “The handouts and discussions within group are helpful as it’s a way to learn and grow from others within the group”



# Day Programs Post-Treatment

“[SRWC] taught me to be a better person...I have the possibility of being a better person and husband, and continued personal growth.”

## Men's Continuing Recovery

83%

This year, the **Men's Continuing Recovery (MCR)** program welcomed a host of new Participants and their success stories.

The group size has risen and dropped through the year, but on average, we had 6-8 individuals participating.



SRWC Participants, Staff, and Family at the Annual BBQ

Summer Outings have included the SRWC Summer BBQ, and the art display at ARTBEAT studio, when the Counsellor arranged a visit and a tour led by an artist who also one of our previous SRWC Par's.

Topics we covered in group this year include "Giving and Receiving Forgiveness", "Rebuilding Self Esteem", "Grief and Loss in Recovery", "Problem solving Skills", "The Science of Willpower", "Creating Joy in Recovery", "Understanding Self-Care", "Healthy Families", "Attitudes and Beliefs", "Relapse Prevention", "Setting Healthy Boundaries", "Healthy Supports", and many more.

This group in particular has connected with ex-prisoners returning to the community. A significant amount of our Participants were referred to us though the John Howard Society.

## VICTORIES

Sometimes success is measured in days abstinent. Sometimes it is measured in Participants showing they have begun making changes in their thinking and behaviour that will support their long-term recovery.

- A Participant stayed sober while separated from his spouse, and experiencing emotions that he says would have caused him to use in the past--demonstrating the skill of **managing difficult emotions**.
- A Participant feels rushed and makes an unhelpful career decision, and with help from group members is now able to make a new decision. This demonstrates his new skills of being **willing to listen**, and to utilize his "**wise mind**" in **decision making**.
- The Participant who spoke at the SRWC fundraiser in June. He appreciated the honor and **trust** implied in the request, and it appears to have **strengthened his commitment** to SRWC and to **helping others**.
- The Participant who has been trying to manage his family relationships in recovery. He later reported that the skills taught and discussed in group have let **him set meaningful and productive goals** and **communicate more effectively**.

- Using the group learning and discussions around healthy relationships, Par was able to use his new skills to **identify** (and separate himself from) a relationship that had proven to be harmful for his recovery.
- A Participant was going to move to Calgary. After using this as a group instruction on **decision-making skills**, he decided to stay in Winnipeg, and to continue participating in MCR
- A Participant who completed his legally mandate 40 sessions has opted to continue attending, because he **values what he's learning** and **how he's treated** when he's here.
- A Participant who completed Readiness and then attended MCR regularly, indicates he appreciates the **non-judgmental listening** modelled by the Counsellor and Recovery Coaches.
- One Par who experienced significant abuse as a child had tried to share his story in different agencies, and says his story had not been received with compassion and openness. After **developing trust** with the group and the counsellor, he shared his story and later said he was **thankful to find his story was not judged nor ignored**.
- Two regular Pars who had started attending because of legal requirements got so much from the course that after they “graduated” they **stuck around** to keep **getting help** and **giving back to the group**.
- One Par who had been previously been in MCR but transferred to only individuals counselling with me for extra work, later returned to the MCR group feeling more **grounded** and **capable**.



SRWC Participants at the Annual BBQ

### IN THEIR OWN WORDS

- “[Before SRWC,] I was I was homeless and had no money. I was emotionally and spiritually broken. I was alone and in bad health.”
  - “[With SRWC], I am making and effort to live more positively and healthy. Learning to deal with emotions, family, setting goals, forgiveness, cultivation joy in my life, having a schedule, staying busy, and having better relationships.”
- “Life was not good before I started my recovery journey.”
  - “I am living my life better now. Keeping important things in mind, trying to avoid bad people and substances. Starting to recognize my priorities etc.”

## Women's Continuing Recovery

89%

Women's Continuing Recovery group currently has 15 Participants registered. Participants have been in program an average of 3 -5 months.

Four of our participants have graduated. Two of those participants have chosen to stay after graduation as support in their continued recovery.

Some of the topics that covered in WCR include:

- **Celebrations:** "Day to celebrate" a 12 month, 10 Month, 6 month and 4 month Sobriety. Baby Shower for a participant due in October and Potluck sharing day.
- **Spirituality in Recovery:** This was a 5 session long facilitation on Spirituality. What it means and how it can be used positively in an individual's recovery.
- **Grief:** Participants have experienced recent losses of loved ones and others having had kids taken and put into care and/or loss of relationships. We discussed what grief was. How they could work through the grief. When it becomes complicated grief. (Signs to look for) We shared photos and told stories to honor our losses.
- **Relapse Prevention:** This was a weeklong session on what relapse looked like, what tools could be used to spot signs of relapse early, and what tools could be used to prevent relapse
- **Setting Boundaries:** How to set healthy boundaries in different types of relationships so that they do not hinder recovery. Many Participants struggle with setting boundaries to maintain a healthy life with family and friends who are not supporting of their recovery.



WCR group members held a baby shower their pregnant Participant.

Field Trips:

- Traveled to the North End Recreation Centre with North End Food Securities for a nutrition class learning how to make a traditional meal of Bannock and Stew.
- Refuge Recovery came in house and shared a session with our participants. One participant has attended Refuge to add to her continued Recovery Support along with SRWC.
- Mindfulness Walks and art therapy class.
- Legislative Building for Women's Health Gathering

## VICTORIES

- One of our participants who shared came to group when she first found out she was pregnant, **shared her fears about** keeping the child and her decision to continue with her pregnancy had a **healthy baby girl** October 2017. SRWC Women's group had a baby shower for her before her due date. Participant would like to return to group once the baby is a couple of months old.
- One Participant has reached **one year sober**, has continued to **not self harm** and is now volunteering at Animal Services.
- A participant who was having trouble with her CFS worker getting back to her for almost 6 months with the allowed visitation schedule with her children asked for our assistance. We have been able to **make contact with her worker** and she is now having **regular visits with her children** and is also allowed to text and snapchat with them.
- Two participants have completed group and one has gone **back to school** and one is starting in February.
- Participant who has been working very hard at program has been able to have her **sentence reduced to house arrest** and not incarceration as well has now met with all family lawyers involved and will now be **starting visitation with her children** and working on transitioning back to 50/50 custody arrangement.
- A participant has gone **back to work** part time. Her employer is very supportive of her recovery and makes the schedule work around her attending group.



SRWC Participants at the Annual BBQ

[My future includes] staying sober...being productive at work...leading a healthy lifestyle that includes self-care...earning back my family's trust."

# Evening Programs Pre-Treatment

“[With SRWC], I am  
Making an effort to live  
more positively and healthy.  
Learning to deal with  
emotions, family, setting  
goals, forgiveness, cultivation  
joy in my life, having a  
schedule...and having  
better relationships.”

## Exploring Options

90%

When the **Exploring Options** Counsellor transitioned there was continuity in leadership--the new Counsellor had been a volunteer facilitator with the group for about 5 months previously.

Attendance in the group was consistent most of the year, even through the early summer, but August and September saw a decrease in attendance in the program, due to completions, transition and infrequent attendance by some participants. This trend continued through to mid-October.

SRWC developed a performance improvement plan ensuring SRWC continued to provide the recovery community with an array of high quality addiction recovery care services designed to meet participants individual needs. The aim was to increase the number of participants and to ensure the care provided by the new Rehabilitation Counsellor continued to be safe, effective, Participant-centered, timely, efficient and equitable. To that end, the organization as a whole participated in systematic Performance Improvement efforts.



SRWC Participants at the Annual BBQ

Our efforts focused on areas that affected the intake process and orientation, which resulted in a growth in the number of participants in the group, which led to an increase in attendance. The Counsellor received a formal orientation and guidance as what the group required. Attendance is back up to an average of 8-10 participants per group session and continuing to grow. Since June, 7 Participants received individual counselling from both counsellors past and present. This continues to be a service provided by SRWC, directed toward participants in need of extra support because they are in crisis or are facing unsurmountable problems and changes in their lives. The feedback on these efforts have been positive.

### IN THEIR OWN WORDS

- “I like the fact that I am not judged here.”
- “I am happy there is no shaming here, I was nervous coming back after a slip.”
- “The new tools I am learning here have been useful.”
- “I am getting to know who I am after the self-evaluation exercise.”
- “After completing this questionnaire, I know how vulnerable I am to stress.”
- “I will be practicing the breathing meditation as a way of deal with stress”

# Evening Programs Post-Treatment

**“Work Sober** helps people with their home and work lives by providing tools to help you recognize your triggers and take action proactively where needed ...[SRWC staff] took the time to connect with me...without judgement!”

## Work Sober

95%

This year, the Work Sober program welcomed a host of new participants and their success stories.

The group size has maintained consistent 10-12 individuals participating.

In February 2017, Participant Stacy M. passed away, which was a difficult time for many, but also an opportunity to strengthen each other and to learn and practice healthy grieving skills.

Many of our topics are pre-selected based on best practices and recovery research, but we are also open to teaching topics based on the needs of our group members. Topics the group covered this year include “Grief and Loss in Recovery”, “The Science of Willpower”, “Creating Joy in Recovery”, “Understanding Self-Care”, “Mindfulness Tools”, “Attitudes and Beliefs”, “Rebuilding Self Esteem”, “The Role of Fear in Recovery”, “Giving and Receiving Forgiveness”, “Setting Healthy Boundaries”, “Assertive Communication at Work and Home”, “Problem solving Skills”, and many more.



SRWC Participants and Family at the Annual BBQ

The Recovery Capital Checklist was created for this group, and was tested and fine-tuned here before being expanded to all of SRWC. This tool helps Participants evaluate their current capacity for recovery, and opportunities for improvements.

I also represented Work Sober and SRWC at the trade show booth at the return-to-work conference: “What’s the Buzz’ in Disability Management”

## VICTORIES

There are so many way to measure successes in this work. Things like abstinence from substances, and group attendance are quantifiable, but more interesting is the stories that live behind the numbers.

- Several Participants moved from other SRWC programs (such as Readiness, Access, Exploring Options) into Work Sober due to their **length of sobriety** and **returning to work**.
- A Participant who, with a referral and support from SRWC, was part of a local art show. The courage to apply for that was a big step in her recovery. This step transformed into an opportunity to do full time art. She now planning an **art display/auction memorial** for her nephew, and hopes to use **art-therapy to help others**.
- Participant who transitioned into a new career, fulfilling his desire of doing more fundraising work with a not-for-profit that’s close to his heart. Participant said knowing he

“I have changed jobs to my dream opportunity, and stabilized my finances...My family is comfortable with the husband and father I am as a sober person... I have successfully battled my Demons, and so far I am winning the battle.”

still had the group and Counsellor to keep him **grounded** during the transition made it easier to **manage the stress**.

- A Participant has maintained his sobriety even while being off work on disability and being at risk of boredom, demonstrating a new skill for **patience** and **distress tolerance**.
- Par has been dealing with stress of going to short-term disability after being diagnosed with an illness that will require many life changes. Par has demonstrated the new skill for **distress tolerance** when he reports that using drugs “hasn’t even been an option” for him, **despite the anxiety he is feeling**.
- A Participant maintained her sobriety even while seeing her mother and sisters continue to use and experience overdoses, demonstrating a new skill for **stress tolerance**.
- Participant who spoke at the SRWC fundraiser in June. Although he has been sober a long time, he finds a lot of value in the **learning and support he receives at SRWC**.
- A Participant has maintained her recovery even while seeing her son continue to use and experience multiple overdoses demonstrating a new skills for **letting go**, and of **boundary setting**.
- Participant who has kept a job he hates, knowing it’s short term-pain, long-term gain and more importantly breaking the cycle of losing/quitting a job and then lapsing. This has been a demonstration of his skills in **distress tolerance** and **commitment to long-term goals**.
- Two Participants who had left group earlier than would have been advised by their counsellor, within 3 months could identify where they were struggling and ask asked to return to the group. This demonstrates a newly learned **self-awareness** and a **willingness to ask for help**.



**Participants sharing his story at the Annual Fundraiser Luncheon**

## IN THEIR OWN WORDS

- “[Before SRWC,] my life was controlled by alcohol. I was unproductive at work, isolating myself from family, and was consumed by thoughts of obtaining and drinking alcohol.”
  - “[Now] I have defined goals, and am accountable for my behaviours and efforts to reach my goals. I have more structure in my life now.”
  - [My future includes] staying sober...being productive at work...leading a healthy lifestyle that includes self-care...earning back my family’s trust.”
- “I was battling crack addiction for 19 years...My life was crumbling and I didn’t even know it...St. Raphael has played a vital role in saving my life.”
  - “St. Raphael taught me to be a better person...they give me knowledge, tools and hope.”
  - “[SRWC is] Knowledgeable, caring, understanding people.”

- “I have the possibility of being a better person and husband, and continued personal growth.”
- “[Before SRWC], was a functional alcoholic with a dysfunctional...family because of my alcohol abuse. My mental health was challenged by anxiety and depression and my financial world was debt-focused to the nth degree.”
  - “[Without SRWC], I would probably be living a life of despair...I may very well have taken me to a point of helplessness where I envisioned that everyone would be better off without me.”
  - “I have changed jobs to my dream employment opportunity and stabilized my finances...My family is comfortable with the husband and father I am as a sober person... I have successfully battled my demons and, so far, am winning the battle.”
  - “[SRWC staff] took the time to connect with me, and allowed me to express myself and where I was in my journey without judgement!”
  - “My counsellor...was very influential in my growth as a recovering alcoholic and helped me to trail my own path to success. [He] listens to what you say, as well as what you don't say, and asks questions to encourage thought about what path you are on and where it might take you.”

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## Some of our events this year



Doug Braun-Harvey, the keynote presenter at SRWC's **"Sex and Addictions" workshop** with over 40 participants



Reece Malone, Gina Mckay, and Kara Neustaedter--local experts at SRWC's **"Sex and Addictions" workshop**



Getting the Audience Involved, at SRWC's **"Sex and Addictions" workshop**



Rt. Hon. Ed Schreyer, Hon. Kelvin Goertzen, Colleen Allan, Rebecca Osiowy at the **Annual Fundraiser Luncheon**



Participants sharing their stories at the **Annual Fundraiser Luncheon**



Staff and Students **enjoying Halloween**