



The Right Mix for Healing: Programming

You can improve your service by understanding the holistic nature of recovery and wellness, and by supporting residents' recovery with programs, activities, and connections that work for them.

Disclaimer: This fact sheet provides tips for supportive recovery operators. For information on registration and operational requirements, please visit <u>Assisted</u> <u>Living in BC</u>.

Introduction

You can create a safe and healthy environment to support your residents' healing. Learn strategies to build their personal resources (recovery capital) through your programming.



Key words and definitions

Holistic care: Taking care of a person's whole self — physical, spiritual, mental, cultural, emotional, and social — when they are trying to get better from an illness or a health problem.

Peer support worker: A staff with lived experiences of a similar type to what residents are going through. They help residents in recovery by providing support, guidance, and encouragement. Their own experiences make it easier for them to connect with residents and help them on their recovery journey.

Recovery capital: Resources that a person has and can use to support their recovery journey. This could be a sense of <u>connectedness</u>, <u>hope</u>, <u>identity</u>, <u>meaning</u> and <u>empowerment</u>. This could also be the <u>principles of healing</u> that Indigenous cultural practitioners and elders talk about.

What is programming and why is it important?

Programming means the programs, activities, and connections that support recovery from substance use disorder (SUD). Examples include one-to-one counselling, daily group work, peer support, cultural ceremonies, and activity groups. A variety of services are needed to support residents with their recovery and wellness goals.

Psychosocial programming

Psychosocial programming is intended to help residents heal and supports their re-integration into the community. Because trauma happens in relationship, healing also happens in relationship. Examples of psychosocial programming include:

- Daily group programs and peer support
- One-to-one non-clinical counselling (e.g., addiction counselling)
- Psychoeducation and coping skills (e.g., <u>HeretoHelp</u>)
- Opportunities to learn leadership skills and peer support training

Peer support is an important part of psychosocial programming that follows residents through their recovery journey. These relationships help residents maintain their recovery after they leave substance use (SU) treatment. They form part of a resident's recovery capital.

Peer support groups may be led by a peer support worker with lived/living experience of SUD. It may be provided through virtual meetings such as <u>SMART Recovery</u>, <u>LifeRing</u>, <u>All People All</u> <u>Pathways</u>, <u>Women in Sobriety</u>, <u>Harm Reduction Works</u> and <u>12-step</u> programs. Peer support may also be through a mentorship program.

Psychosocial programming is one of six assisted living services a registered supportive recovery residence may provide. For more information, please see the <u>Assisted Living Supportive Recovery</u> <u>Handbook for Operators</u> (pages 52-55).

Self-management and basic needs

Supportive recovery residences help residents learn to self-manage and meet basic needs, which supports their recovery in a community setting:

- Daily living skills (e.g., cooking, managing finances, dealing with stress and conflicts)
- Housing clinics and referrals
- Vocational and employment workshops
- Managing mental health and other conditions
- Relapse prevention education and practice (e.g., exposure to a community environment)
- Overdose prevention recognition and response

Clinical services and land-based healing

Specialized services are usually provided through the community, including:

- Psychotherapy (e.g., online cognitive behavioural therapy for <u>anxiety</u> and <u>depression</u>)
- Clinical counselling (e.g., trauma or SU counselling)
- Culture-based healing and programming (e.g., <u>land-based healing</u>)

Ways to build recovery capital

Research shows that a 'one size fits all' approach does not work well in recovery settings. People in recovery set their own personal goals. The programming they join should match their personal goals. Here are some ways you can personalize support and resources to help them build recovery capital:

Focus	Why (How it builds conital)	Examples
Focus Connectedness and Hope: Support relationship building	Why (How it builds capital) Positive social relationships are key to health and wellness. Programming can support reflections how SU affects relationships that are important to the residents. It can also help them plan out and take concrete actions to rebuild positive connections (e.g., making amends, writing gratitude letters, and setting up visits).	Examples Some people may wish to strengthen existing connections with friends and family who are supportive of their recovery goals. Others may need to create relationships with people who can support them in their healing journey (e.g., people who are taking Opioid Agonist Treatment). Persons who have been disconnected from their communities may wish to learn about their communities and find positive connections within them. For example, Indigenous people may wish to reconnect with their culture and language after being separated from their communities and traditional ways of being.
Identity and Meaning: Promote meaningful activities	Everyone needs purpose and meaningful daily activities that match their interests and abilities. Meaningful activities increase a person's confidence in their ability to do things, and their motivation to support themselves and others.	If someone likes to decorate, include them in decorating activities. If someone likes to share their skills, provide an opportunity to conduct a peer- led workshop.
Empowerment: Encourage continued support and aftercare	A list of programming and resources available to residents within their home community can support them to maintain and build on the progress they made during treatment.	 For residents who are parents, they may need help from other health and social services, such as: primary care housing income support child and family assistance programs (e.g., parenting skill support of family reunification

programs).

Note: In small communities, it can be a challenge to find the services that your residents might need. Reach out to your <u>regional health authority</u> for more information on local MHSU services, or call 1-800-663-1441:

- Fraser Health: 236-332-4857 or community SU services clinics
- Interior Health: 310-6478 or local MHSU centres
- Island Health: 1-888-885-8824 or local MHSU teams
- Northern Health: <u>Primary healthcare</u> or <u>community MHSU</u> services
- Vancouver Coastal: 604-360-2874 or local intake teams

🛃 Summary

- ✓ Focused programming builds recovery capital in safe, healthy, and meaningful environments.
- ✓ Relevant activities include psychosocial programming, peer support, connections to other services, and relationship building.
- ✓ Good programming supports residents' capacity for community living.

To learn about supportive programming, visit the **<u>Tools and Resources - Province of British</u> <u>Columbia (gov.bc.ca)</u>** and scroll down to the Fact Sheets section.



For more information about other topics, and to access training that can support you in your work, simply scan this QR code with your smartphone or tablet camera. A popup message with a link will appear - tap the link to access more content.