

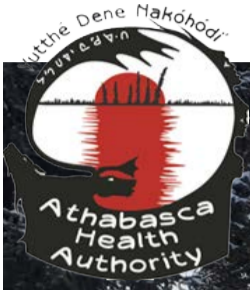
Northern Health



AHA Newsletter ~ Newsletter Contact: phuerto@athabascahealth.ca

IS003

February 2016



The Heart of the Matter

February is a great time to consider matters of the heart. For the romantics, we have Valentine's Day, when you can show your love for that extra special someone. And we also have Family Day, which provides an opportunity to spend some time with the people closest to your heart.

But it's also a good time to think about our hearts in a literal sense. Today, heart disease and stroke take one life every 7 minutes and 90% of Canadians have at least one risk factor. This amazing organ is what keeps blood pumping through our bodies, so we should make sure we keep it as healthy as we can!

If you have stories, updates, events or information you feel should be included in the next monthly issue please contact:
Pam Huerto - phuerto@athabascahealth.ca / 306-439-2647

Joke of the Month

What do you call a train loaded with toffee?

A chew chew train!!

Dene Word of the Month

bechenkalé
sled, toboggan



Trivia of the Month

Do ears grow all your life? Cartilage - that's the plastic-like stuff in ears and noses - continues to grow until the day you die. Not only does cartilage grow, but the earlobes elongate from gravity. And that makes ears look even larger.

In this issue:



February is Heart Health Month! Learn how to take care of your love muscle.



Lift the Lip Varnish Program for ages 0-5. Prevent dental decay!



Family Day is February 15th. Look inside for some ideas on how to be active with your family.

Q.I. Kaizen Corner

Recently in our *QI Corner* we talked about the Athabasca Health Authority's Mission as an organization; to create a space for *Northern people to heal* and described our shared Vision, one that would ultimately see *healthy people and healthy land*. Towards these aims we looked at methods of Quality Improvement like Lean/Kaizen (continuous good change) that provide us the tools we need to make changes to processes to meet those targets we set along the path to our destination.

Most recently we talked about why we need to make changes at all, with many asking, "aren't things good enough as they are"? We looked at how even though those that provide care and services within our system do their absolute best, we are just that, a system and systems in healthcare continue to struggle. Most recently, we discussed one of the most important reasons QI in healthcare is so important, Safety. You may remember from a past QI Corner we explored the 7 dimensions of what makes good healthcare-great. And the dimension of Safety is key among them.

In this QI Corner we are going to talk a little bit about another very important Dimension of Quality in healthcare and that is Patient and Family Centeredness. As we move ahead in our collective improvement journey creating a space for Northern people to heal AHA is increasingly focusing on Patient and Family Centered Care.

What is Patient and Family Centered Care (PFCC)?

The Institute for Patient and Family centered Care defines Patient and Family Centered Care as "an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care." 1

Patient -and family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, elders, and family members of all ages. They acknowledge that emotional, social, and developmental supports are integral components of health care. They promote the health and well-being of individuals and families and restore dignity and control to them.

Patient and family centered care is an approach to health care that shapes programs, policies, facility design, and staff day-to-day interactions. It leads to better health outcomes and wiser allocation of resources, and greater patient and family satisfaction.

Who Can I Contact?

For more information you can also contact the Quality, Kaizen and Patient Safety Office anytime @ (306) 439-2604 or tbassingthwaite@athabascahealth.ca.



4 Principles of Patient and Family Centered Care

- Respect and dignity. Staff, physicians, and volunteers actively listen to patients and families, and honour their ideas and choices. Patients and family are recognized as integral members of the care team. Care should be provided in an equitable, culturally appropriate manner.
- Information sharing. The phrase "nothing about me without me" means patients have the right to receive timely, unbiased, and accurate information about their care. Patients should be supported to make informed decisions about their care.
- Participation. Patients and families are empowered to participate in their care and decision-making at whatever level they choose. This can be summarized in the "Platinum Rule – Do unto others as they wish to have done to them." Staff, physicians and volunteers work with patients and families to provide care collaboratively, and in the way that best meets the needs and goals of the patient.
- Collaboration. Patients and families help co-design health care. They actively participate in developing, implementing, and evaluating health policies and programs; designing health care facilities; professional education; and, in the delivery of care.

Patient and Family Centered Care Terminology

The most appropriate term for patient usually depends on the health care setting. For example, in long term care homes, we often use the term resident, while in home care, we often use client.

Patients define who belongs to their family. Therefore, the term family refers to two or more people who are connected in any way – biologically, legally, emotionally. The role of the family should be determined by the patient (or where appropriate, a substitute decision-maker).

Next time we will explore what a patient and family advisor is and look at how AHA is furthering Patient and Family Centered Care and share information for how you can get involved!

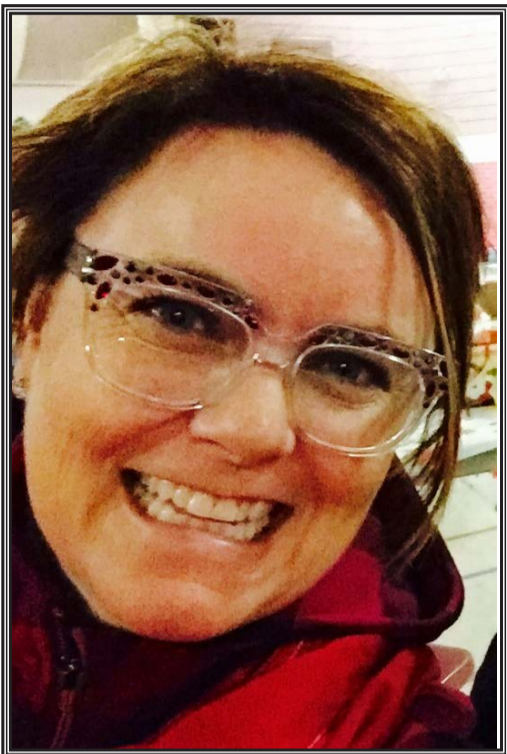
"For me, it means health care providers are including patients and family in the overall care plan as well as involving us in the planning and implementation of current and future services" -Amber Provincial Client advisor

Every month the Kaizen, QI Corner will update you on what's taking place in and around AHA's Kaizen movement. This space will also serve as a means to share ideas for making good change in addition to providing an opportunity for our Kaizen, Quality and Patient Safety Office to raise awareness, spread information and connect and broaden its reach. If there are topics you would like to see addressed, ideas you have to share, improvement milestones you want to see highlighted and celebrated, feedback or questions let us know!

AHA Featured Team Member

Getting to know.....

Dana A. Case B.S.W., M.S.W., R.S.W. – Mental Health Therapist



My Name is Dana (not pronounced Day-na I get Dayna all the time – but Dan-na). I am married to Reg Nett – 14.5 years and have 2 awesome children: Tyse and Amayah – they are twins, in grade 9, 14 years old and they make my life AMAZING! We live in Saskatoon, Saskatchewan.

I have worked in the Athabasca Basin for 17 years. I started in Mental Health in Fond Du Lac, Saskatchewan when Georgina MacDonald was the Health Director for the Fond Du Lac Band and the Uranium City Hospital was the main hospital for the North.

I grew up on a farm near Eston, Saskatchewan. My favorite winter activity is Curling and going to Arizona. My favorite place to go in the summer - is to our Cabin at Clearwater Lake, Saskatchewan. Clearwater lake is located near Kyle, Saskatchewan and it is a small lake near our farm. Lots of families from the surrounding area go and celebrate the joys of summer together. Reg and I are just completing our cabin so this lake will continue to be a family gathering place to create great memories - for many years to come.

17 years ago, when I began working in FDL – there were only 2 Mental Health Therapists for the entire AHA Basin (including Wollaston Lake). I was assigned to 3 communities to provide Mental Health Therapy – Uranium City, Camsel Portage and Fond Du Lac, Saskatchewan. I would fly into the North from Saskatoon on a one week in, one week out rotation and would follow this rotation until I adopted my children Tyse and Amayah from Russia – 25/12/2005. Reg and I have just celebrated our 10 year anniversary of their adoption!

For 13 years I provided Mental Health to the Community of Fond Du lac, Saskatchewan. For the past 4 years I have worked in the community of Black Lake, Saskatchewan while continuing to provide services to Uranium City and Camsel Portage. I also am available to see clients residing in Stony Rapids, Saskatchewan and enjoy the patients and staff at the Stony Rapids Facility.

I have watched the Hospital close in Uranium City and the new hospital built in Stony Rapids. I have seen so many amazing changes within our organization and I have been Blessed to be a part of it all. Working in the Athabasca Basin has been a true pleasure for me. I feel that the Northern People are a part of my extended family. I think I am the longest contracted employee with the Athabasca Health Authority.

I am blessed to have such an amazing job and to work with such a great organization. I have met so many amazing people throughout the last 17 years and I am excited to continue to serve the North for many years to come.

TOGETHER WE
CAN
DO SOMETHING



**WORLD
CANCER
DAY** 4 FEB
2016

Things We That Are Good for Our Heart

Following a heart-smart lifestyle doesn't have to be bland or boring! The 20 things hidden in this puzzle promote cardiovascular wellness. Give your brain a workout and find them all.



ALMONDS
BERRIES
BIKING
CHICKEN
CHOCOLATE
DANCING
FRESH FRUIT
GUACAMOLE
HIKING
LAUGHTER
NATURE
OLIVE OIL
PETS
RELAXATION
SALMON
SLEEP
SOCIALIZING
SPICES
VOLUNTEERING
WALKING

T	A	I	V	O	P	B	W	Z	E	W	V	L	N	N
I	G	O	X	E	L	A	I	T	P	O	Q	A	E	A
U	M	N	E	N	L	I	A	K	L	S	T	U	K	T
R	V	L	I	K	O	L	V	U	I	S	L	G	C	U
F	S	S	I	C	O	I	N	E	A	N	H	H	I	R
H	V	N	W	C	N	T	T	L	O	H	G	T	H	E
S	G	L	O	A	E	A	M	A	G	I	R	E	C	C
E	N	H	N	E	F	O	D	V	X	N	L	R	T	S
R	C	A	R	G	N	I	Z	I	L	A	I	C	O	S
F	E	I	S	E	I	R	R	E	B	L	L	K	V	L
Y	N	A	L	M	O	N	D	S	I	R	T	E	I	S
G	F	T	G	F	A	R	B	P	E	T	S	P	R	H
S	E	C	I	P	S	G	U	A	C	A	M	O	L	E

Before making any lifestyle or nutrition changes, talk to your doctor about heart smart choices that are right for you!





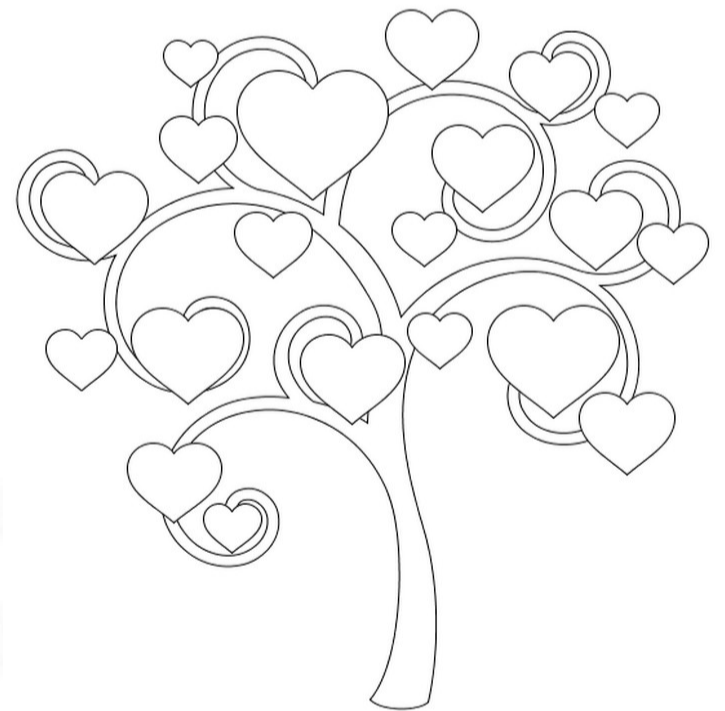
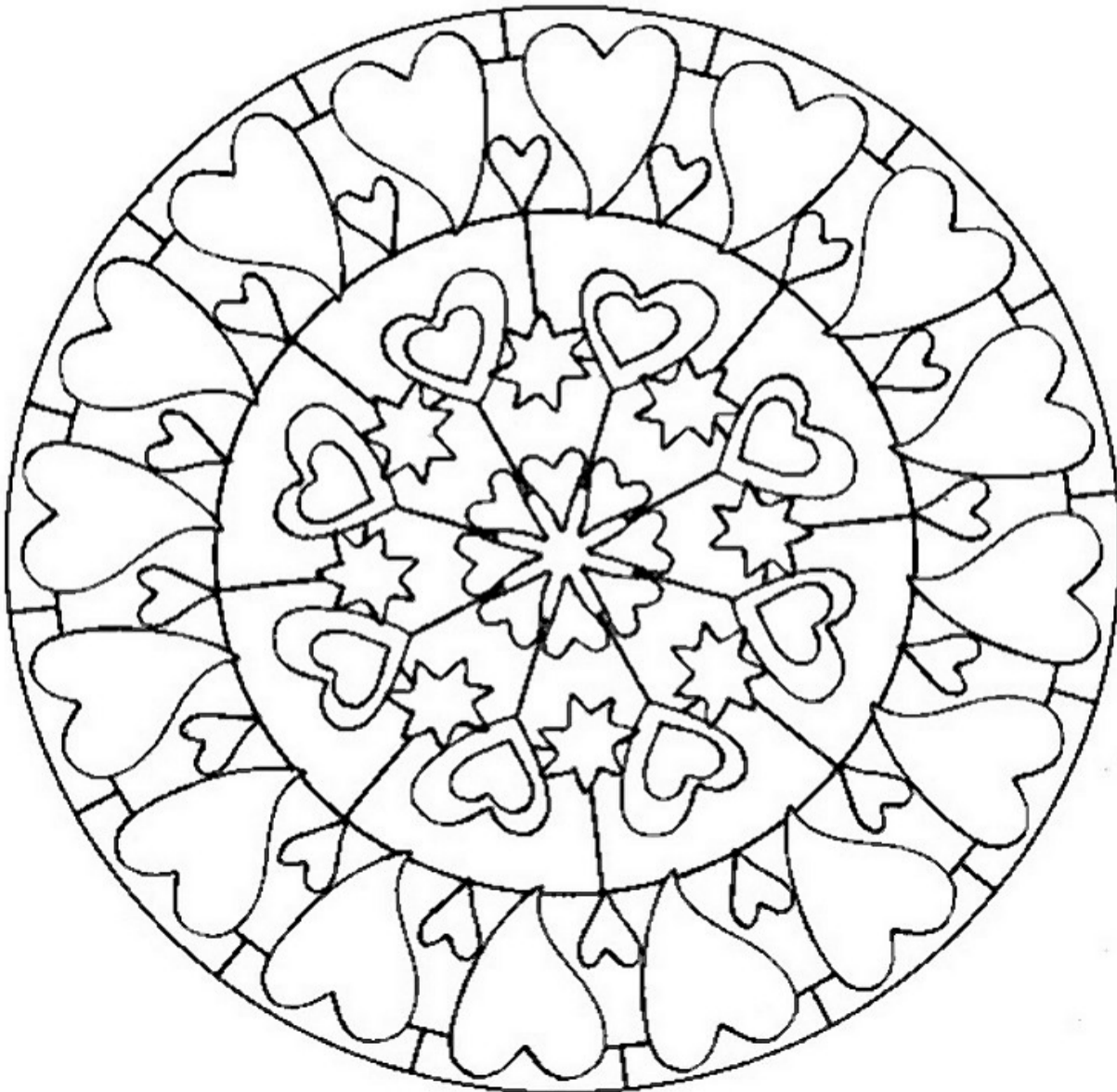
February 15, 2016

Make physical activity part of your February Family Day holiday. Being "in motion" as a family is a great way to build family traditions and create lasting memories that are special for each family

Getting your family active should be fun and easy. Here are a few tips and ideas on how to get your family "in motion" this holiday or at any time this winter. Give these ideas your own twist to make them fun for your whole family!

- Build a snowman or create your entire family in snow.
- Go for a skate.
- Play tag, football or soccer in the snow.
- Hit the hills for some tobogganing. Remember to ride safely.
- Plan a family winter walk.
- Plan to learn a new activity like snowshoeing or cross country skiing.
- Include grandparents, extended family and friends in your activity plans.
- Finish off the holiday with a healthy meal that the entire family participates in creating. Families that eat together - eat better.

Remember, holidays are a great time to start traditions but physical activity is important all year round.



When you come inside to warm up, you might spend some quiet time coloring as a family too!



Fluoride Varnish Program For Ages 0-5

Lift the lip and look inside - what do you see? Do the teeth look clean? Do they have white chalky surfaces? This is the start of dental decay. Do they look dark and are there pieces missing? This is decay.

Quite often the decay is on the front teeth first & then decay will start on the back teeth (molars). This is from the bottle in the babies mouth all the time. A baby should only have the bottle when awake & feeding. If your baby needs the bottle for comfort - [put water in it](#).

Wipe the gums & teeth with a soft cloth or toothbrush. Start your baby on a cup at 6 months old.

Fluoride Varnish

Fluoride varnish is a type of fluoride that is easy to apply on infants & young children. It is safe & effective. It can stop decay, and even slow down a cavity that has started.

Fluoride makes teeth stronger. It is painted on the teeth & is a very quick way to help prevent cavities or stop a cavity from getting bigger!

Steps in the Program

- 1 Fill out a registration form
- 2 Home visit or clinic visit
- 3 Fluoride varnish
- 4 Referral if needed
- 5 Home care - you brush and watch the amount of sugar given



Together we can make a difference!

Call For An Appointment

Black Lake
Health Centre Clinic: 284-0038

Fond Du Lac
Health Centre Clinic: 686-4816
School Clinic: 686-4828

Program Manager
Penny Griffith
306-439-2668

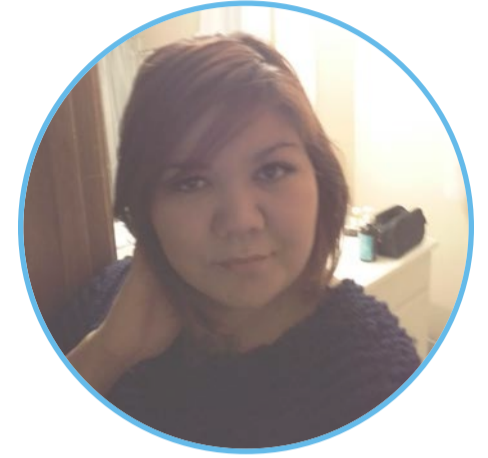
Stony Rapids
School Clinic: 439-2668

Uranium City
Call Health Centre for next visit

Staff Updates



Alyssa Ahenakew, Administrative Assistant







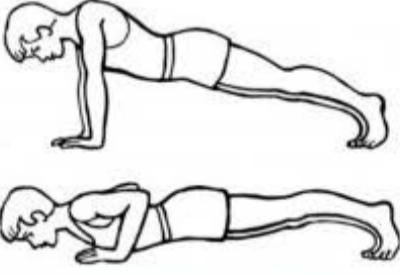




Tiffany Adam, Clinical Services Coordinator



Dr. Adeshola Abati, Infection Control Manager

HEART HEALTHY EXERCISE GAME

Directions: Each child takes a turn throwing a small object of your choice onto the board to see what exercise it lands on. They then roll the dice to see how many of the selected exercise they need to do during their turn. Once they have completed their exercise, the next child takes a turn.

 <p>SIT-UPS</p>	 <p>JUMPS</p>	 <p>TOUCH YOUR TOES</p>
 <p>JUMPING JACKS</p>	 <p>PUSH-UPS</p>	 <p>ROLL OVER</p>
 <p>JOG IN PLACE</p>	 <p>STRETCH</p>	 <p>KICK</p>

February is Heart Health Month

>> Resources: <http://www.heartandstroke.com/>



Most of us know that healthier eating and physical activity can reduce the risk of heart disease. But we don't always follow through. Dr. Beth Abramson, spokesperson for the Heart and Stroke Foundation, is here to help with this down-to-earth advice adapted from her book, *Heart Health for Canadians*.

"Most Canadians are at risk but don't know it," says Dr. Abramson. "My own family has been touched by heart disease," she adds, explaining her passion to help Canadians minimize their own risk and those of the people they love. Here are just a few tips from her book.

The must-have piece of equipment

If you're averse to pulling on a pair of Spandex tights and joining a gym, I understand. Walking briskly is a great place to begin getting active. Pick up an inexpensive pedometer and measure your footsteps; adding up to 10,000 steps a day, whether they're brisk or moderately paced, is terrific.

... and the gadget you'll never need

You won't need a heart rate monitor. Unless you have been diagnosed with heart disease or are training for the Olympics, you don't need to monitor how high your heart rate reaches. If you are short of breath and sweating you've reached an activity level that is high enough.

Pack a surprise lunch

Each week I cook a big batch of chicken breast, turkey and fish fillets, which I freeze in small Tupperware containers (each holds about four ounces of protein). Every morning, I take one out and bring it to work with me, along with a baggie of cut-up vegetables, some fruit, and sometimes low-fat cheese sticks and melba toast. I call it the surprise lunch because I don't know exactly what is inside.



There's an app for that

When you're eating out, you know that restaurant portions can be too large. One good trick is to order an appetizer as a main course.

Transform from couch potato to book worm

Watching television may be more dangerous for heart health than reading. Studies show that as television watching increases, so do unhealthy behaviours such as snacking and overeating, and the likelihood that someone will be overweight. Readers tend not to snack as much!

Don't drink your calories

Choose more fresh vegetables and fruit—instead of juice. Try to satisfy your thirst with water; it should be your first choice of drink. Tap will do!

Train your taste

I do believe you can train your taste buds. Once you limit salt at home, you'll find that non-homemade food will taste overly salty. I instruct my patients who need to cut out salt to try eating foods with pepper, or a distinctive spice or flavour they love like cumin or ginger.

Chocolate isn't medicine

I'd love to believe that eating chocolate protects the heart. But sorry to say, this isn't proven. Despite many studies trying to find a link between chocolate and prevention of heart disease, the results are not conclusive. That being said, if you are a chocoholic — as I am — having a few squares or other sweets in your diet is not unreasonable.

Jump off the super-food bandwagon...

Every day there's a trendy antioxidant, food or drink on the market. It may be pomegranate juice. It may be the açai berry. Many of these are good for you to consume. But on its own, nothing is a miracle worker – especially not a supplement. Remember that the vitamin and supplement market in North America is a multi-billion dollar for-profit industry.

...but embrace this red fruit

Eat fruits and vegetables that are high in potassium (unless you have kidney disease). Tomatoes have the highest potassium content and are low in calories. Oranges and bananas are high in potassium too, but are also higher in calories.

Ready to get started on a healthier lifestyle? Visit your AHA health provider to assess your risk and get tools, motivation and tips to embrace a future of vitality.

In the meantime, try the 30 day challenge on your phone! The redesigned app, generously supported by Desjardins Insurance and Shoppers Drug Mart, delivers a pocketful of motivation with small actions that target your personal heart disease and stroke risk factors. Available free in both iPhone & Android app stores.

<30 Days App ...help when and where you need it

<30

EAT RED for Heart Month

While red meat can increase your risk of cardiovascular disease, there are tons of red plant foods that'll keep your heart healthy!



Kidney Beans

NUTRIENT:
Fiber

You can get 44% of your daily amount of fiber with one cup of kidney beans.



Red Potatoes

NUTRIENTS:
B-6 & Potassium

Get 30% of your daily B-6 and 46% potassium in a single, large red potato.



Red Lentils

NUTRIENT:
Protein

Just one cup of red lentils has 18 grams of protein.



Tomatoes

NUTRIENT:
Lycopene

Tomatoes are high in lycopene, a powerful antioxidant.



LA LOCHE COMMUNITY SCHOOL

Traumatic Aftermath and Violent Threat Risk Assessment (VTRA)

>> Adapted From: www.cctatr.com

In the aftermath of the shootings in La Loche, Saskatchewan, we now have a national critical period for both increased threats to duplicate the crime as well as a critical period for an increase in trauma symptoms, not just at ground zero (where the traumatic event occurred) but in many schools and communities across the Country (impact zone).

Whether the case is VTRA, Crisis/Trauma Response or both, remember that high-profile violence does not cause people to go from zero (no risk) to sixty (extreme risk) – instead it simply “intensifies pre-existing symptoms in already troubled individuals.”

Crises/Trauma Response – The Traumatic Event Systems (TES) Model

Key Points:

- 1 First principle of Crisis/Trauma Response is “model calmness.”
- 2 A standard of Psychological First Aid is that traumatized individuals will often seek us out if we present ourselves as safe to approach and available.
- 3 Communication regarding where and when counselling and support services will be offered is essential and having the right “types” of helpers there is paramount. This can be a well-organized combination of skilled therapists/counsellors and naturally skilled helpers under the direction of a clearly identified team leader.
- 4 Some individuals may not seek out services and yet, are in need of intervention and may need professionals to “over function” on their behalf by identifying them and making the first contact.
- 5 School staff, district leaders, helping professionals from the community and others should formally meet as often as necessary to identify and then triage those we believe may currently be at the highest level of risk.

POTENTIAL HIGH-RISK STUDENTS:

Note: This criteria may be applied to assess potential risk of staff and parents as well.

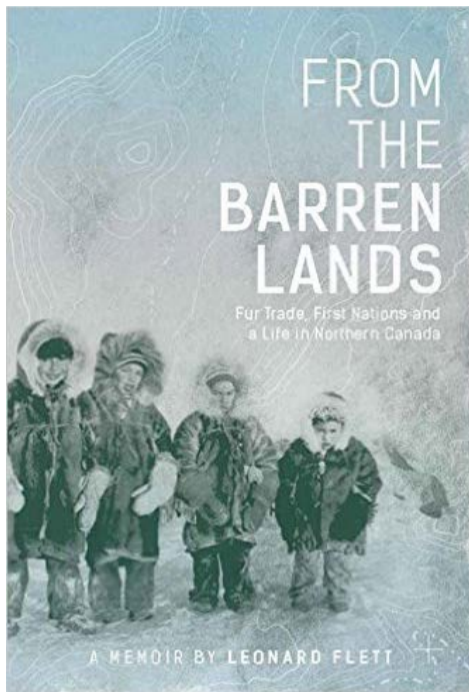
- anyone whose senses were activated by traumatic stimuli (i.e. students and staff who witness a school incident)
- immediate family members
- relatives
- close friends
- boyfriend/girlfriend
- team mates
- ex-boyfriend(s)/girlfriend(s)
- classmates
- students, staff, parents with active mental health concerns (i.e., suicidal ideation, severe depression, anxiety disorder...)
- students, staff, parents who abuse drugs and alcohol
- students, staff, parents with a significant emotional tie with the deceased, positive or negative. (This includes any individual who was involved in an adversarial relationship with a victim.)
- students, staff and parents that have experienced a historical or recent loss such as the death of a parent, sibling, friend, spouse, etc.
- students, staff, parents with unresolved abuse/trauma
- leaders or over-responsible students, staff and parents who may blame themselves for “not seeing the signs” or not “knowing what to do”
- any that you intuitively suspect may be at risk

>> Continued on page12

Look in a Book

“When I only begin to read, I forget I'm on this world. It lifts me on wings with high thoughts.” - Anzia Yeziarska

Non-Fiction



From the Barren Lands: Fur Trade, First Nations, and a Life in Northern Canada - Leonard Flett

This is a story about the fur trade and First Nations, and the development of northern Canada, seen and experienced not only through Leonard Flett's eyes, but also through the eyes of his father, grandfather, and great-grandfather. The lives of indigenous people in remote areas of northern Ontario, Manitoba and Saskatchewan in the 1960s and 1970s are examined in detail. Flett's successful career with both the Hudson's Bay Company and the North West Company provides an insight into the dying days of the fur trade and the rise of a new retail business tailored to First Nations.

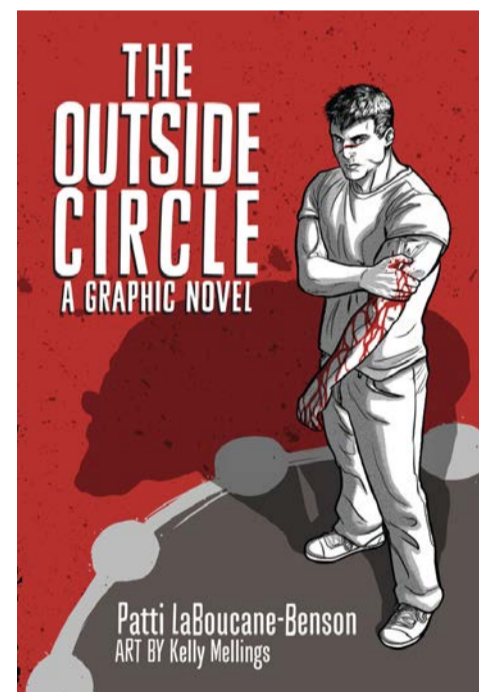
The Northern Store in Stony Rapids has this book!

Comic/Graphic Novel

The Outside Circle - Patti LaBoucane-Benson

In this graphic novel, two Aboriginal brothers surrounded by poverty, drug abuse, and gang violence, try to overcome centuries of historic trauma in very different ways to bring about positive change in their lives.

Pete, a young Aboriginal man wrapped up in gang violence, lives with his younger brother, Joey, and his mother who is a heroin addict. One night, Pete and his mother's boyfriend, Dennis, get into a big fight, which sends Dennis to the morgue and Pete to jail. Initially, Pete keeps up ties to his crew, until a jail brawl forces him to realize the negative influence he has become on Joey, which encourages him to begin a process of rehabilitation that includes traditional Aboriginal healing circles and ceremonies.



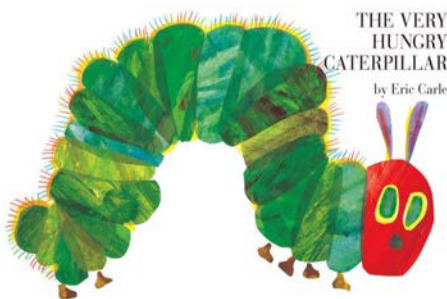
Young Readers

The Very Hungry Caterpillar - Eric Carle

With its lovely, humorous illustrations and wonderful narrative about a hungry caterpillar growing up to be a beautiful butterfly, Eric Carle's story touches anyone who still has some growing to do. Along with reassuring repetition--"He was still hungry ..."--the book includes some wonderful interactive moments: what youngster can resist sticking a finger through that hole in the page as his ravenous friend makes his way through various delicacies?

Grades: Pre K-K, 1-2

Subject: Counting and Numbers, Time and Measurement, Life Cycles, Insects



6. In the aftermath of a high-profile traumatic event there is a belief that those in the community most impacted only want help from people they know. However, our experience is that “some” people only want help from people they know while “some” people will only want help from people they do not know. Therefore a combination of local and outside supports is the best intervention.

7. Trauma Response Continuum – ensure that everyone understands that the response to trauma is on a continuum from some individuals who may not be impacted at all, to those with profound symptoms and every possible response in between. As well, some may have acute symptoms, only while others may have chronic symptoms.

8. It is very common to have either delayed or denied responses to trauma. A delayed response comes from individuals who are either required by their profession, or by nature in their families or friendship groups, to be a formal or natural leader. If traumatized, many of these individuals do not exhibit symptoms until weeks, months or a year later (after the first anniversary has gone by) and when those they were helping are now okay.

9. Everyone has a “right” to be as impacted as they need to be. Sadly, after many high profile tragedies many people will ridicule another saying they don’t have a right to be traumatized because “they hardly even knew the deceased/victim(s)”. Especially during a high profile trauma, people’s personal histories of grief, loss and trauma from the past have a way of converging as the current loss feels like the reliving of the past.
BE COMPASSIONATE.

10. All systems go! In the Traumatic Event Systems (TES) Model we focus on ensuring that services are delivered to those most immediately impacted first. Then, in general, students (children and youth) are the next priority, followed by school staff, and parents/caregivers. In many cases where crisis/trauma response efforts either had no real effect or made matters worse, was because professionals focused on the students only and failed to support staff and parents. All systems go means we take care of:

- Students (children and youth)
- Staff (teachers, support staff and administration)
- Parents/Caregivers (including other adult community members who are connected to or impacted by the aftermath of a tragedy)

11. Communication. Staff need to be communicated with openly so they understand all of the key circumstances that may affect them and their students, as well as know how they can help and be helped. Parent/Caregiver meetings also need to occur to educate parents how to determine if their children are doing okay and if not, what to do and where to go. Professionals need to assist some parents with how to talk to their children by modeling through how we talk to parents. Parents/Caregivers also need our support, as during Traumatic Events we consistently see dramatic symptom development in parents, especially if they feel they do NOT have a right to be traumatized and yet are bearing the weight of the symptoms.
BE COMPASSIONATE.

12. School district leadership, police, city/town councils, cultural leaders, mental health, social services, health regions and others need to be publicly seen together from time to time for press conference updates and privately seen together for parent/community meetings, staff meetings etc. One of the most powerful ways to “model calmness” for the entire community is for these agencies to truly collaborate together. We can “feel” if we are in good hands. BE COMPASSIONATE.

>> Continued on page13

KINDNESS IS ONE SIZE Fits All

Help Us End Bullying on February 24, 2016 - Wear pink to show your support.

CKNW ORPHANS' FUND

PINKSHIRTDAY.CA

PRESENTED BY



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SAYING

Violence Threat Risk Assessment (VTRA)

Key Points:

- 1 It is essential to stay hyper-vigilant when receiving any reports of students, staff, parents or others exhibiting “worrisome behaviours”. Because of how high profile this incident is we should also be watchful of anyone who may be struggling at this time.
- 2 Be aware that if there is a shift in the behavioural baseline of a student it is important to collect data in collaboration with local support agencies and conduct other assessments prior to taking any disciplinary measures. “Stage I Threat Assessment (VTRA) trumps suspension”.
- 3 The school/police relationship is the foundation for Stage 1 Violence Threat Risk Assessment (VTRA) and staff should be formally connecting with each other to review the VTRA protocol/process. Mental health, child protection, probation and other related community partners should be informed as to the contents of this ALERT.
- 4 Pay close attention to VTRA cases where the individual being assessed has inordinate knowledge of violent incidents worldwide or seems fixated on this recent incident.
- 5 Identification with the Aggressor: “The more a troubled individual identifies with the aggressor the more it will increase their level of risk”. Therefore, pay close attention to the media coverage about details of the alleged perpetrator. The profile they create and/or glean from social media about the shooter will provide insight to VTRA team members across the country as to who may be contextually high risk, because they are caught within this current impact zone.
- 6 Reminder that a critical period is a ‘predictable time frame for increased threat- making or threat-related behaviour’ that will extend at least **two weeks beyond** the extensive media coverage and social media reports. Because of social media the critical period in La Loche will last the longest followed by the Province of Saskatchewan. The rest of the countries critical period should be as already noted.
- 7 All VTRA cases that come to your attention need to include a comprehensive review of the individuals’ online behaviour and digital footprint as that is where we find the most blatant pre-incident signs and indicators. The role that social media plays as both a risk enhancer as well as a prominent contributing source of VTRA data has never been stronger. An accurate VTRA risk determination cannot be made without reviewing the entirety of their digital baseline.
- 8 We need to “strategically” intensify our connections with our highest risk children and youth (as well as staff and parents and caregivers) who may be “Empty Vessels”. Remember “no one can engage in a serious act of violence unless they feel “justified” in attacking that target or type of target”. The power of positive, meaningful human connection is one of the best violence prevention strategies we can utilize.
- 9 Every **high-baseline school** should be provided, if deemed necessary, with an increase in visibility of our School Resource Officers or other police of jurisdiction during the first couple of days back to school. The presence of a relaxed police officer interacting with students, staff and parents in the beginning of the day can help to lower the anxiety for schools across the country that may have had their own histories of violence or other traumas.

Prior to any violence threat risk assessment (VTRA) protocol being implemented, all students, staff, and parents should be provided with information about the protocol and procedures so that “fair notice” is given that violence and threats of violence will not be tolerated. Senior school division and community agency personnel should take the lead in presenting the protocol to ensure that students, parents and staff are all aware that the new protocol is a jurisdiction-wide policy and that a consistent message is given regarding its use.



20 Things That Everyone Needs to Know About Eating Disorders

>> Adapted From: www.nedic.ca

The uncomfortable truth about eating disorders is that they're not glamorous or a privilege for thin, middle-class white girls, or a phase that one grows out of – they're serious, life threatening mental illnesses. People affected by eating disorders are dying, every single day. Eating disorders deserve to be taken seriously and until they are, the culture of secrecy will never be broken.

Here are 20 things that everyone needs to know about eating disorders to help us all fight them:

1. **They don't discriminate.** - They don't care that your sister gets amazing grades or that your best friend is funny and sharp-witted or that your father is the sole provider for the family. They are also not selective based on your race, gender, ethnicity, sexuality, etc. Eating disorders can and do affect anyone.

2. **They're not at all tied to your body shape or size because they're mental illnesses.** - Not everyone will show the same physical symptoms even if their conditions are incredibly similar. Thin people can have an eating disorder. Overweight people can have an eating disorder. A larger body with a restrictive-type eating disorder deserves to be considered with just as much seriousness as a thin body.

3. **The jokes hurt.** - "If you don't eat something, you'll blow away!" to a thin person or "Whatever you're doing is working for you!" to a larger person isn't funny. It's incredibly insensitive, diminishing and perpetuates stigma and shame. Someone's appearance is not something to joke about.

4. **They're not a choice.** - Sadly, this still needs to be said. They're not a diet. They're not a conscious decision. No one wakes up and says, "Hey, I think I'll ruin my life today!". Insinuating that a sufferer can simply 'stop' is incredibly insulting.

5. **They feed off of shame and stigma.** - Sufferers hear your comments and jokes and quips about weight, and they internalize them all. Sufferers feel trapped and conflicted because outsiders tell them that they need to "just talk to someone about what they're going through", but then those same outsiders make jokes about weight or the affected person's disease. Sufferers often feel like there's no judgement-free safe space for them to express just how much they're struggling.

6. **They're a mental illness with physical side effects.** - They're not defined by a thin body or vomiting, or otherwise – they're defined by the mental torment, obsession and they're incredibly complex.

7. **They're not just about food or exercise.** - There are always other concerns and underlying themes (such as self-worth) that feed into an eating disorder.

8. **Anorexia and bulimia aren't the only disorders, yet they're seemingly the only ones that we talk about.** - A sufferer's condition can morph between categories and there are behaviours that overlap boundaries. No eating disorder is any less serious than another.

9. **They rarely work alone.** - Because ED's thrive on secrecy and isolation, they often work hand in hand with depression, anxiety, and self-harm. Due to this notion, many hold the misconception that ED's are attention-seeking behaviours. They're not. If anything, most ED sufferers want to disappear, rather than be noticed.

"Eating disorders
are deadly..."

and the silence
around them even
more so."

- ANASTASIA AMOUR



**HANDS UP
FOR
EATING DISORDER
AWARENESS WEEK
FEBRUARY 1 - 7, 2016**

10. A 'full recovery' doesn't mean that an individual will never slip back into a relapse. - Some individuals live in vicious cycles of recovery and relapse.

11. Weight restoration is not the "final" piece of a full recovery. - Far from it. The mental trauma can take many years to fully process, unpack and heal from.

12. They're not contagious. - You can't "get it" from just spending time with an eating disorder sufferer. When outsiders act as though sufferers are infectious, it only reinforces the sufferer's sense of shame.

13. Not every sufferer wants to get better. - This is the hardest thing of all. Sometimes, you identify with your disease so strongly that you'd rather die than be parted from it. Sometimes, the struggle is too hard that you may wish for a grim outcome. Sometimes the goal isn't to die, but to diminish to nothing.

14. Jokes only make things worse, because they're not a situation that requires lightening up. - The poorly thought out 'joke' of casually tossing questions like, "What are you, anorexic?" at thin people or assuming that anyone who is overweight must have an unhealthy relationship with food is damaging – not only to the psyches of the people whose feelings you're directly hurting, but also to the eating disorder community as a whole.

15. Life can seem torturous. - They make simple tasks like getting out of bed, going to the shops, and having dinner with your family seem like impossible tasks. They drain you completely.

16. They're not about not "caring" about your body by starving/overeating. - They're not at all indicative of laziness. Nor are they anything to do with "willpower" as so many outsiders will often commend sufferers on.

17. They're not phases, goals, or temporary decisions. - You don't just 'grow out of' them. And even if an individual's disorder was sparked by dieting behaviour, they're not a result of "diets gone wrong" . They are underlying mental illnesses that can lie dormant until awakened by the right catalyst.

18. Seeking help isn't as simple as it seems to an outsider. - Eating disorders thrive on secrecy and the mere prospect of sharing the darkest parts of the behaviours and thoughts that you've been engaging in can be absolutely terrifying. Berating a sufferer with, "I don't know why you don't just talk to someone!" doesn't help.

19. They're life threatening. - Not every ED sufferer will survive - in fact, only 46% will 'fully' recover. This is a depressing fact that often goes undiscussed because it's nicer to quote encouraging "You can do it!" slogans but the fact is, not everyone will. Some will die without ever seeking treatment. Some will die in recovery. ED sufferers die every day. Anorexia Nervosa has the highest mortality rate of any psychiatric illness.

20. They're all consuming. - You can't just "put them behind you for the day". They take over your entire life. They control you. The voice of the disease fuses with your own inner-voice and you begin to view your tormenter as an integral part of who you are.



Suffering from an eating disorder
or know someone who is?
416-340-4156
nedic
National Eating Disorder
Information Centre
www.nedic.ca

Remember, eating disorders are deadly – and the silence surrounding them even more so. Eating disorder sufferers aren't as easy to spot as the media makes them out to be, and the symptoms won't always be obvious. Your mother, father, friend, sister, brother, teacher or student could be suffering from an eating disorder right now and you might not even be aware... So please, make a conscious effort to assess the impact that your own actions are having on the environment around you.

Upcoming Events:

STONY RAPIDS

Feb 3 - Stress, stressors, symptoms & self nurturing seminar - 7:00pm-8:30pm
@ Stony Rapids School

Feb 6 - Relationship Enrichment Seminar - 7:00pm-9:00pm @ Stony Rapids School

Saturdays - Recreation Nights - 7:00pm
@ Stony Rapids School gym

BLACK LAKE

Feb. 19 - School Silent Auction & Bazaar

Mondays - AA Meetings - 7:00pm-9:00pm

Thursdays - Women's Domestic Violence H.O.P.E. Group Meetings
Health Clinic @ 6:00pm-9:00pm

FOND DU LAC

Women's Group - Mondays

URANIUM CITY

CAMSILL

New Dentists in
Black Lake and
Fond Du Lac!

Valentine's Day Healthy Heart Maze

Flex your heart muscle to keep it strong with daily exercise and heart friendly foods!
The explorers have prepared a healthy picnic for Chef Solus.
Can you help Chef Solus find his way to the picnic?



Visit www.ChefSolus.com for free printable worksheets for kids, nutrition education games, puzzles, activities and more!
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Cooking on a Budget

Chicken with Mushroom Sauce

Ingredients:

- 1 package mushrooms, sliced (\$3.49)
- 3 chicken breasts (\$8.67)
- 2 eggs, beaten (\$0.84)
- 1 cup bread crumbs (pantry)
- 2 Tbsp margarine (pantry)
- 1/2 cup mozzarella cheese, shredded (\$2.83)
- 3/4 cup chicken broth (\$0.30)

Total cost: \$16.13 Cost per serving (Serves 5): \$3.23

>> Item prices from Stony Rapid stores - Recipe adapted from P.A. Community Kitchen Cookbook

This recipe includes 3 food groups. Serve over brown or wild rice, with a veggie on the side!

Grate your own cheese to save money.

Directions:

- 1 Preheat oven to 350°F.
- 2 Slice chicken breasts in half lengthwise. Using the other knife and cutting board, slice the mushrooms.
- 3 Place half of the sliced mushrooms in a 9x13 inch casserole dish.
- 4 Beat eggs in a medium sized bowl.
- 5 Crunch bread crumbs into small pieces onto a plate.
- 6 Dip chicken into beaten eggs, then roll in bread crumbs.
- 7 In the large saucepan, melt margarine over medium heat.
- 8 Add the chicken that has been dipped in egg and bread crumbs into the saucepan, and brown both sides.
- 9 Place chicken on top of the mushrooms in the casserole dish.
- 10 Add the rest of the mushrooms on top of the chicken.
- 11 Sprinkle with mozzarella cheese.
- 12 Add the chicken broth to the casserole dish.
- 13 Bake in the preheated oven for 30-35 minutes or until the chicken is no longer pink in the middle.

