



Carmichael Connection

September 2018

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CARMICHAEL ENTERPRISES RESIDENTIAL PROGRAMS LTD

IN THIS ISSUE

THIS STORE EMPLOYEE'S SIMPLE GESTURE MEANT THE WORLD TO A TEEN WITH AUTISM

Excerpts from: By Gisela Crespo, CNN

<https://www.cnn.com/2018/07/31/health/autistic-man-stocks-shelves-trnd/index.html>

A grocery store employee is being lauded for helping a teen with autism stock shelves in a fridge.

Sid Edwards and his son Jack Ryan Edwards, 17, visited their local Rouses Market in Baton Rouge, Louisiana, on Sunday. Jack Ryan, who is on the autism spectrum, took notice of what one of the employees was working on: stocking shelves in a fridge.

Edwards said Jack Ryan was mesmerized by what the store employee was doing. At first, Edwards thought his son wanted orange juice.

But after getting the juice, Jack Ryan stood still watching the employee work.

That's when the employee, identified by CNN affiliate WAFB as 20-year-old Jordan Taylor, approached Jack Ryan.

"Something in the back of my mind was just like, 'ask if he wants to help you,'" Taylor told WAFB.

Jack Ryan and Taylor teamed up to stock the shelves together for half an hour, with Taylor handing Jack Ryan the products and Jack Ryan diligently putting them in the fridge.

"It was a big deal," Edwards said of seeing his son being able to help with the task.

"To me, when you go to a grocery store with an autistic kid, especially when they're young, people don't understand, they're not very accepting."

"Somehow this young man reached my son ... he went into Jack Ryan's world."

Edwards sent the video to his family. His daughter, Delaney Edwards Alwosaibi, posted it on Facebook on Monday. Since then, the video has gained nearly 10,000 likes and more than 1,000 comments praising Taylor for the act of kindness.

"He could have ignored him," Edwards Alwosaibi wrote on Facebook. "He could have made an excuse and said he couldn't allow him to help. Instead, he let him have his moment and in turn gave my family a moment we will never forget."

"I was just happy that I could make someone else happy and make their day," Jordan told WAFB.



"Suicide doesn't end the pain. It just passes it on to someone else."

SUICIDE PREVENTION

Pages 2 & 3



NANAIMO ARTIST OPIOD CRISIS

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STAFF SPOT LIGHTS



Birthdays ~ September 2018

Helen	Isabell	Kip	Lisa Marie
Stacey	Pam L	Cathy	Kristine
Chris J.	Gabriella	Greg	Vaughn
William	Richard		

Staff Draw Winners

August: Jen C.



Welcome New Staff & Returns

Success Olabisi Mallory Aidan

RANDOM FAST FACTS



Spy Magazine sent 13 cent cheques to some of the world's richest people to see who would cash them. The only two people to do so were Donald Trump and an arms dealer!



Apples, not caffeine, are more efficient at waking you up in the morning.

OOPS!

If we have missed anyone off the Staff Spotlights please contact the office so we may correct in the next issue. Thank you!



PROMOTING HOPE AND RESILIENCY IS CENTRAL TO SUICIDE PREVENTION PT.1

Excerpts From: Canadian Association for Suicide Prevention <https://suicideprevention.ca/More-on-suicide-prevention>

Hope and Resiliency should be reflected in all suicide prevention activities and messaging.

Suicide Prevention is Everyone's Responsibility:

No single discipline or level of societal organization is solely responsible for Suicide Prevention; individuals in many roles and at all levels of community/society and government can and should contribute to the prevention of suicide related behaviours. Suicide Prevention therefore requires collaboration based on equality where no discipline or stakeholder is privileged over another.

How We Talk About Suicide Makes a Difference:

Language is key to caring, understanding and non-judgmentally. When talking about suicide or suicide related behaviours, the language of hope and comfort that helps to avoid stigmatization and shame excludes use of the terms "committed", "successful suicide" or "failed suicide attempt". Instead using terms such as "Died by Suicide", "Suicide Attempt are preferred. Suicide Prevention is aided by addressing the stigma of suicide and mental illness.

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Prevention, Intervention and Postvention (Hope, Help, and Healing) are the three areas of focus when working in the area of suicide.

They can be understood as the before, during and after experiences of thoughts of suicide, attempts or death. Everyone has a role and contribution to preventing suicide in one or more of these areas. You don't have to be an expert. You do need to know how to take care of yourself and help another person get to safety if the need arises.

Prevention is the umbrella in working toward reducing deaths by suicide; increasing awareness, eliminating stigma, knowing what to do in the event that you or someone you know experiences thoughts or behaviours associated with suicide. It's having the skills, awareness, before someone is in crisis. In preventing suicide, intervention and postvention are components toward the goal of reducing suicides.

Intervention includes coping and intervening in the event that you or someone you know is experiencing suicidal thinking or behaviours.

Postvention includes the skills and strategies for taking care of yourself or helping another person heal after the experience of suicide thoughts, attempts or death.

Certain Segments of Our Society, Especially Those Who Have Been Marginalized, are at Greater Risk of Suicide:

Within the Canadian population, the unique conditions resulting from marginalization, institutionalized trauma, colonialism, structural violence, racism, prejudice, acculturation and homophobia have contributed to First Nations, Inuit and LGBTTIQ23 people having higher rates of suicide related behaviours. In Canada older white males also have among the highest suicide rates with contributing factors including cultural expectations, and gender/societal roles. Suicide prevention should cover the life span.

PROMOTING HOPE AND RESILIENCY IS CENTRAL TO SUICIDE PREVENTION PT2**Excerpts From: Canadian Association for Suicide Prevention**<https://suicideprevention.ca/More-on-suicide-prevention>**Societal Attitudes and Conditions Have a Profound Effect on Suicide and Suicide Prevention:**

Suicide risk can be reduced with individual and societal commitments to social justice, equality and equity including but not limited to addressing and speaking out on such issues as stigma, homophobia, racism, institutional poverty, misogyny, abuse, oppression, and patriarchy along with ensuring access to effective and appropriate psychological and medical treatment and support.

Suicide Prevention Should be Imbedded Into the Mosaic of Community Resources:

Suicide Prevention operates most effectively when its activities are coordinated and integrated and takes the continuum of prevention, intervention and postvention into account.

Suicide Prevention is Strengthened When it is guided by the Principles of Trauma Informed Care:

There is a well-established link between psychological trauma and suicide. Given the prevalence of psychological trauma in our society CASP believes suicide prevention should include a belief in the fundamental right for every person to receive services that are driven by the principles of trauma informed care⁴.

Knowing When and How to Ask about Suicide Saves Lives:

Every person can know when and how to ask about and talk to someone about suicide – just like we know what to do with physical pain.

Suicide Prevention requires the support of open and direct talk about suicide safety and training, to be comfortable in asking about suicide and helping in suicide risk situations regardless of station or discipline in the community.

Suicide Prevention Strategies and Programming Must be Knowledge-Based: Knowledge-informed strategies are based in research, culture and lived experience.

Suicide prevention must be informed and guided through the pivotal role of bereaved survivors and those with lived experience of suicidality. Suicide prevention requires a respect of our multicultural and diverse society that embrace a shared and mutual responsibility to support the dignity of human life and each person.

Suicide Prevention Leaders and Supporters Encourage Diverse Points of View:

CASP believes that suicide prevention leaders assume a responsibility to challenge and question our routine ways of thinking about suicide and have a curiosity and appreciation of diverse points of view.

Commitment to a Community Based Approach:

CASP is committed to a community based, life building/affirming, person-centered, and holistic approach to Suicide Prevention that recognizes the interconnectedness of the body, mind and spirit.

Suicide & Mental Illness

There is no single mental illness diagnosis that is exclusively responsible for death by suicide. The majority of people who live with a mental illness do not attempt nor die by suicide. Some estimated facts:

85%-98% of people diagnosed with depression do not die by suicide.

80%-97% of people diagnosed with bipolar illness do not die by suicide.

85%-94% of people diagnosed with schizophrenia do not die by suicide.

Risk for death by suicide is increased if a person suffers from depression alongside schizophrenia, bipolar illness, substance abuse, anxiety disorders. Those who struggle with a diagnosed personality disorder can be up to 3x more likely to die by suicide those without and, risk is increased if they also struggle with a substance abuse disorder. It is important to get treatment for a mental illness.

"Suicide doesn't end the pain. It just passes it on to someone else."

UP COMING EVENTS

**WORLD
SUICIDE
PREVENTION
DAY**

10th September

**WORLD SUICIDE
PREVENTION DAY**

September 10, 2018

<https://suicideprevention.ca/world-suicide-prevention-day-ribbons/>

**CARF Canada**

Achieving and Maintaining CARF Accreditation in Employment & Community Services, Behavioural Health, and Child & Youth Services

Dates: October 1 & 2, 2018

**Simon Fraser University at Harbour Centre
515 West Hastings Street
Room 7000
Vancouver, BC**

<http://www.cvent.com/events/achieving-and-maintaining-carf-accreditation-in-ecs-bh-cys/event-summary-a5c89d329e564041bd3422ad73551f2c.aspx>



LABOUR DAY

September 3, 2018

NANAIMO-BASED CERAMICS ARTIST USES POTTERY IN FIGHT AGAINST THE OPIOID CRISIS

Excerpts from: Anna Dimoff, CBC News

<http://www.cbc.ca/news/canada/british-columbia/nanaimo-based-ceramics-artist-uses-pottery-in-fight-against-the-opioid-crisis-1.4774609>

After a decade of battling addiction, artist Ciro Di Ruocco found community and peace at the pottery wheel.

Di Ruocco got serious about ceramic art when he was in recovery in Nanaimo, B.C., for OxyContin and fentanyl addiction.

"When the clay is spinning at the wheel I'm not in stuck my head, I'm just thinking about what's in front of me," he told North By Northwest producer Matthew Parsons.

"I felt the most present when I was at the pottery wheel, and I felt like I walked away — sometimes — with something to show for what I did."

After his family and close friends hosted an intervention, Di Ruocco travelled across the continent, from Vermont to Vancouver Island, to seek treatment for his addiction.

When he got to Nanaimo, he found a drop-in pottery studio close by. He could once again try his hand at the art form he'd set aside in high school and it fit into his treatment schedule.

The seriousness of Di Ruocco's addiction began after a soccer injury in college. He remembers the strange feeling of realizing his body was detoxing the painkillers he was taking.

"I remember waking up one day and being like, 'Why do I keep getting the flu?' Really I was detoxing from this medication and it feels like the flu," he said.

"You're not even wanting to get high in the end ... It's really hard to explain to someone, this fear of being sick that's driving your addiction — that it's not enjoyment, it's torture."

Di Ruocco's work is his form of advocacy, and a way to express the powerlessness he felt when his friends were dying around him of overdoses.

The community he formed while living in Nanaimo helped him feel like a "functioning member of society," he said, after years of isolating addiction.

"What I found through art was I had something interesting to talk about and I was able to reach an older group of people that I now have this common language with," he said. "Ceramics brought community into my life and I'm really grateful for that."



Carmichael Connection

Serving Nanaimo to Campbell River

Randi's Place ~ Wellington Place ~ Oceanside Place ~ Creekside Place ~ Shamrock Home ~ Hammond Place ~
Uplands Home ~ Harbourview Place ~ Matt & Dan's Home ~ Buckley Bay Home ~ Bronte's Home ~
Martin Place ~ Outreach Home ~ Sherbourne Home ~ Nim Nim House ~