

# THE TADDLER

## What the Weight?

*By: Julia Stanislavskaia, RD*

Spring represents new growth and is often a time when we re-focus on growth within ourselves. Some of our most common goals consist of managing our priorities, our health and for many of us, our weight. This is perhaps the most popular money-making topic that never ceases to leave the pages of our newspapers, our screens and therefore, our minds. Are you tired of thinking about weight and food? Whether you are unsure of what new approach to take or you are facing this issue for the first time, here are some principles to consider before setting your goals.

Try going back to the basics first. As a dietitian, I often see clients that have tried all kinds of elaborate and restrictive dietary regimens, but have not tried eating a regular, healthy diet consistently. This implies a meal plan that actually meets your nutrient requirements, since undereating day in and day out may have the same effect as exceeding one's calories consistently. Track your food intake and make sure you are not at either end of the extreme or this will hinder your goals, not to mention, increase your risk of nutrient deficiencies.

If you feel that your meals are mostly balanced and you are consuming an adequate diet, a more specific dietary approach may be helpful for you. Everyone's body is different and if a more specific diet tailored to your needs is warranted, a registered dietitian can help you with this.

For those who are confident in their eating habits and nutrition knowledge, it may be time to think about why you eat, not just what. Understanding emotional eating patterns and how one uses food to cope with daily stressors and feelings is a monumental task. An average person unconsciously makes 200 food-related decisions per day. If you pay attention, you may actually find the frequency of food-related thoughts overwhelming. Food is one of the easiest ways to medicate and to cope with our emotions mindlessly. It is important to realize how and when you may be utilizing food for this purpose - it may be due to fatigue and sleep deprivation in the evenings, due to boredom or stress during the day, or part of the weekend tradition when family is visiting.

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**HEALTH AT EVERY SIZE**

*Cont'd from page 1 (What the Weight?)*

Consider your patterns of emotional eating by first asking yourself: are you actually hungry? Did you eat a balanced meal in the last 3-4 hours? If you did, it is likely not true hunger. Would you consider snacking on some veggies or are you craving something crunchy and salty? If you are selective enough to crave specific foods, then you may not be truly hungry, as with true hunger most options will seem appealing. Most importantly, remember that when we engage in emotional eating, we are literally stuffing down our feelings rather than addressing them. Emotional eating does not provide any acknowledgment of our emotions or a solution to our problems, and it may make things worse by adding guilt into the mix. Start to think about distinguishing between true and emotional hunger and consider your personal triggers for emotional eating. As difficult as it is, increasing awareness of these patterns is crucial for most of us. There are numerous resources available on mindful eating and managing emotional eating. If you feel this may be something you want to address, a registered dietitian or social worker at Taddle Creek can help you.

If you feel like you are following a balanced diet, are moderately active and eat mindfully for the most part (perfection is never the goal) – is it possible that you are healthy at your current weight? If you feel great and energized, for example, you have no knee or back pain or impaired mobility at your current size, do you really need to lose any weight? Another health concept that has emerged more recently is the Health At Every Size approach, also known as HAES. The HAES approach rejects the idea that weight is a choice and that it can be used to define health. Many people can identify with this as they have struggled their whole life to reach a certain weight or to manufacture a body shape that they never were because theirs was deemed unhealthy by measures that are far from ideal, such as social expectations or even clinical tools such as the body mass index (BMI). The HAES concept relies on principles of body inclusivity, health enhancement, respectful care, and eating, as well as exercising, for well-being. (Multiple resources about HAES are available online and many dietitians use this approach in their practice).

Remember, different scenarios may apply to you – perhaps you need to try basic healthy eating and an exercise regimen consistently and with support, or you may need some additional help and a more specific dietary regimen with which a registered professional can help you. Perhaps you need to focus on emotional eating and stress management, which often means addressing underlying issues as well. You may not need to lose weight at all, but work on positive body image, self-love and self-acceptance, because you are already on track and feeling great, but misguided by external messages. Really think about where you are currently with your health goals and what you truly need, before pushing yourself “to be good” or before trying another diet.





## Mental Health Corner

### Play

by: Julia Kundacki, Social Worker

What relieves stress, increases brain function, stimulates the mind, boosts creativity, keeps you feeling energetic and deepens your connection to others?

PLAY, of course!!!!

In our hectic, modern lives, many of us focus so heavily on work and family commitments that we never seem to have time for pure fun. Most children naturally know how to play, but somewhere between childhood and adulthood, we've forgotten about the notion of play and how to engage in it. We have forgotten about the magic of play! In fact, when we carve out some leisure time, we're more likely to zone out in front of the TV or computer than to engage in fun, rejuvenating play like we did as children. Our society tends to dismiss play for adults. Play is often perceived as unproductive, self-indulgent or even a 'guilty pleasure'. The notion is that once we reach adulthood, it's time to get serious. Between personal and professional responsibilities, there's no time to play. Sound familiar? But...wait for it...play is just as pivotal for adults as it is for kids! As Scott Eberle once said, "we don't just lose the need for novelty and pleasure as we grow up."

In his book *Play*, author and psychiatrist Stuart Brown compares play to oxygen. He writes, "it's all around us yet goes mostly unnoticed or unappreciated until it is missing". This might seem surprising at first until you consider everything that constitutes play. Play is art, books, movies, music, comedy, flirting and even daydreaming! Brown defines play as a moving target. He says it is a process, not a thing. It starts with anticipation and hopefully ends with poise. In between, you find surprise, pleasure, understanding and strength of the mind, body and spirit. A state of being – purposeless, fun and pleasurable.

In other words, when you are playing, one loses sense of time, self-consciousness fades and the voice of the 'inner critic' is silenced. You're playing for the sake of playing instead of for a lofty goal.

Don't just take it from me. Marian Diamond, a professor of neuroscience and anatomy, studied the impact that play has on the brain of rats and found that those who were exposed to playful activities had thicker cerebral cortexes, which is the area of the brain responsible for cognitive processing, attention and awareness. Other studies have shown that when humans are deprived of play, they notice difficulty concentrating, increased sluggishness, sleepiness and restlessness.

One way to rediscover the joy of play and to begin to connect with play again is to start by taking a play history. Bring to mind past play memories. Was there a time in your life when play played a greater role? What did you do as a child that excited you? Did you engage in those activities alone or with others? Or both? Whether it was solo play, object play, social play or imaginative play, think back to a time in your life when you remember experiencing joy in playing.

It is also helpful to address barriers that get in the way of letting play into your life. Perhaps reflect on any feelings of discomfort and/or vulnerabilities that surface at the thought of play. Even contradicting voices that come up in the name of play, such as "this is silly, you don't have time for this". Changing the way we think about play is critical. Of course, this can be difficult when we are sad, angry, anxious or feeling depressed. Play can seem like a foreign concept at these times, yes, but it can also act as a natural antidepressant. It can provide a way to get out of the ruminative headspace and into a more embodied experience of ourselves. When we practice giving ourselves permission to play, we are also practicing self-care and self-kindness. We are honouring ourselves and our well-being.

*Cont'd on page 5*

## Senior Advisory Volunteer Initiative (SAVI): Taddle Creek Family Health Team's Patient Advisory Committee

By: Margaret Robbins, SAVI Member

Approximately five years ago, the Taddle Creek Family Health Team (TC FHT) formed a committee named SAVI to focus on the needs of seniors who are patients at TC FHT. Dr. Pauline Pariser, physician, and Jerry Hodge, a patient, co-chaired the committee. When Dr. Pariser left the team, Shawn Goodman, pharmacist, replaced her. Today the committee is made up of nine seniors along with Shawn, Sherry Kennedy, Executive Director, and Dr. Vivienne Lemos, a TC FHT physician.

The role of SAVI is to advise the professional health team on program planning and education for seniors. As seniors face the aging process, they have unique challenges which may include chronic illness, memory loss, falls or a move to long-term care. SAVI has held a number of successful seminars on topics that have been identified as important to seniors. They have included "How to Maintain Physical Fitness and Mobility," "Memory Preservation and Alzheimer's Prevention" and "How to Navigate Health Systems". The high attendance numbers and the positive comments and discussion have encouraged us to continue to plan seminars.

SAVI's goals are to continue working with the professional staff at TC FHT to provide education programs and to contribute to program development so that the needs of seniors are identified and met.

If you have any suggestions about seniors' health that you would like to bring to SAVI's attention, please feel free to raise them through TC FHT's website contact page <http://taddlecreekfht.ca/contact/> where there is space to provide feedback.



## WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, *Executive Director*

This column lets you know about TC FHT programs, events and announcements.

### Programs

TC FHT's partnership with The Centre for Addiction and Mental Health (CAMH) continues to provide quicker access to Cognitive Behavioural Therapy (CBT) Groups for patients suffering from mild to moderate depression and anxiety. Two 12-week groups finished this past winter and three more are being held this spring. These groups are hosted at TC FHT and are facilitated by CAMH clinicians. They offer a practical, short-term form of psychotherapy that helps people develop skills and strategies to manage anxiety/depression, and reduce stress. Participants learn how to experience uncomfortable emotions and respond to them in more helpful ways. If you are interested in being part of a fall CAMH CBT Group, speak to your Primary Care Provider (physician/nurse practitioner) about a referral. It is important to note that TC FHT's Mental Health Program (MHP) continues to offer CBT Groups for patients suffering from more severe symptoms of depression and anxiety.

TC FHT's MHP continues to offer Single-Session Drop-In Counselling Clinics (mental health support) at Bay on Fridays from 9am-12pm and at Bloor on Tuesdays from 1:15-3:15pm. To learn more, visit [http://taddlecreekfht.ca/services/single-session-drop-in-clinic/?ref\\_program=mental-health](http://taddlecreekfht.ca/services/single-session-drop-in-clinic/?ref_program=mental-health).

Please refer to the table at the end of this newsletter for an outline of TC FHT's Groups/Workshops offered this Spring and Fall 2018. For some you need a referral and for others you simply need to contact the number provided. These are also posted on our website calendar (<http://taddlecreekfht.ca/patients/event-calendar/>).

### Events

The 2017-18 TC FHT Patient Care Survey results are in; we received 1620 survey responses between Sept. and Nov. 2017. A sincere thank you to those of you who completed the survey.

*Cont'd on page 5*



## WHAT'S HAPPENING AT TADDLE CREEK

*Cont'd from page 4*

Your comments provide insight into how we can better serve you and how we can improve your patient experience.

From a quantitative standpoint, we heard the following:

- 83% were able to see their primary care provider either on same or next day, when needed
- 97% always or often felt they had the opportunity to ask questions
- 94% always or often felt they had enough time with their primary care provider
- 96% always or often felt they were involved in decisions about their care
- 81% always or often can contact the office by telephone easily
- 89% always or often have messages returned in a timely manner
- 93% always or often have a reasonable wait time when in the office
- 91% always or often can book an appointment within a reasonable time
- 91% always or often the practice follows up on any serious problems

We are proud of these results but noted from comments that there are still areas for improvement. We plan to do a thematic analysis of the comments to see where we can improve. I will report the outcome of the thematic analysis in the fall Taddler.

In the winter 2018 Taddler, I wrote about **Health Myself (HM)**, a patient/provider portal that many TC FHT providers use. HM offers 3 electronic engagement tools: secure email, appointment reminders and e-booking. Not all TC FHT providers offer HM or provide access to all three tools, but I'm confident that in the future we will see more providers offer HM tools to patients. At your next visit to TC FHT, ask your provider if they are using HM and if they are, ask them to send you an invitation. Alternatively, you can speak with a medical secretary about a HM invitation.

#### Announcements

I am sad to announce that Faith Senining, Administrative Assistant in our Diabetes Education Program (DEP), resigned this past April after more than 4 years with TC FHT. Chicklette Pangilinan has been hired as our new DEP Administrative Assistant. Chicklette earned an Office Administration – Health Services Diploma from Seneca College in 2017. She also has experience working as a Medical Receptionist at a Digestive Health Clinic and plenty of customer service experience.

Welcome aboard Chicklette.

*Cont'd from page 3 (Play)*

So, think about the ways you're already replenishing yourself and incorporating play into your life today. What kind of environment makes play possible in your life? And who are the people in your life that inspire play in you?

Have I piqued your curiosity yet?! If you want to learn more about the current research (as mentioned above) and more on the power of play, visit the National Institute for Play website ([www.nifplay.org](http://www.nifplay.org)). Play can lead us all to sacred spaces, together. Let's go!

Quotes:

*Play is ancient, voluntary, inherently pleasurable, apparently purposeless activity or process that is undertaken for its own sake, and that strengthens our muscles and our social skills, fertilizes brain activity, tempers and deepens emotions, takes us out of time, and enables a state of balance and poise. – Stuart*

*You can discover more about a person in an hour of play than in a year of conversation. - Richard Lingard*

*We don't stop playing because we grow old, we grow old because we stop playing. – George Bernard Shaw*

*Someday you will be old enough to start reading fairy tales again. – C.S.Lewis*

References:

1. Uncovering Happiness – Elisha Goldstein
2. National Institute for Play - [www.nifplay.org](http://www.nifplay.org)



# Shingles: What You Need to Know

By: Shauna Sturgeon, NP

**What is shingles?** Herpes Zoster (shingles) is a painful, red, blistering rash caused by the chicken pox virus. After an infection with chicken pox, the virus remains dormant in the nerve cells of the body. If the immune system becomes weakened, the virus can reactivate and cause an episode of shingles. The rash can occur on any part of the body including the eye or middle ear, however it most commonly affects areas on the chest and back. The rash typically lasts for 3-4 weeks.

**Who is at risk of shingles?** Anyone who has had a chicken pox infection in their lifetime is at risk of shingles. Many people may have had a very mild case of chicken pox and do not remember being sick with the virus, but are still at risk of developing shingles. Shingles mostly affects people over the age of 50 because of a gradual weakening of the immune system as part of normal aging. However, anyone can get shingles at any age. In fact, up to 20% of people will develop shingles in their lifetime. People with weakened immune systems due to health problems or immunosuppressing medications are also at increased risk of shingles. It is uncommon to have shingles more than once, but it is possible, especially with a weakened immune system.

**Is shingles contagious?** No. You cannot transmit shingles to another person. However, there is a small risk that a person who is not immune to chicken pox could get chicken pox from coming into direct contact with a shingles rash or from inhaling the virus from the air. If the rash occurs in an area that cannot be covered, it is advisable to avoid public spaces for up to 10 days or until the blisters have crusted over.

**What are the early signs and symptoms of shingles?** For about 1-2 days before the shingles rash develops, it is common for people to feel itching, burning, tingling or soreness in the affected area of the body. Shingles usually develops on only one side of the body (left or right) but can be on both the front and back of the same side. After the initial sensation, redness will develop along a horizontal line and will progress to small bumps and then fluid-filled blisters. Some people may also develop a fever or a headache, or may feel generally unwell.

**What are the complications of shingles?**

- **Pain:** The shingles rash causes pain in the affected area of the body and can be mild or severe enough to interfere with sleep and activities of daily living. In most people, this pain will resolve with the rash. However, about 15% of people will experience chronic pain in the area of the shingles rash, which can last months to years. This is called post-herpetic neuralgia and is more common in older adults.
- **Infection:** The blisters of shingles can ulcerate and create an entry point for other harmful bacteria to cause a secondary skin infection. An infection could delay rash healing and would require antibiotics.
- **Scarring:** The shingles rash can cause permanent scarring or skin discolouration that persists for a long time after the rash has resolved.
- **Sight or hearing loss:** Shingles can develop anywhere on the body, including the eye or inner ear, which could lead to permanent sight or hearing loss. **Shingles affecting the face requires emergency medical attention so that these complications can be prevented.**

**Is there any treatment for shingles?** Yes. Antiviral medications can be taken to reduce the severity and duration of the rash. These medicines work best if they are taken within 72 hours of the start of shingles symptoms. Medicines can also be taken to reduce the pain caused by the shingles rash. **If you think you may have shingles, see your health care provider immediately.**

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Cont'd from page 6 (Shingles: What You Need to Know)

**Is there any way to prevent shingles?** Yes. There are now two vaccines available to boost the immune system and reduce the risk of a shingles rash. If vaccinated patients do still get a shingles rash, their rash is usually milder and they are less likely to have complications. **These vaccines are recommended for most people over the age of 50. Speak to your health care provider to find out if one of these vaccines may be right for you!**

<b>Herpes Zoster (Shingles) Vaccines</b>		
	<b>Zostavax</b>	<b>Shingrix</b>
Vaccine Type	Live, attenuated vaccine	Non-live, recombinant vaccine
# doses	1 dose	2 doses, 2-6 months apart
Cost	\$200 (may be covered by private insurance) <b>Free for Adults aged 65-70</b>	\$300 (total for 2 doses) (no insurance coverage yet, just approved by Health Canada in early 2018)
Efficacy	~70% effective at preventing shingles but efficacy declines to 50% or less if vaccinated after age 70; immunity decreases over time	~97% effective at preventing shingles but efficacy declines to 89% if vaccinated after age 70; preliminary data suggests high levels of long-lasting immunity over time
Side Effects	Rare side effects from vaccination; localized reaction at injection site	Up to 11% of people will feel temporary flu-like symptoms for 1-3 days after vaccination; localized reaction at injection site
Contraindications	Cannot be given to pregnant patients, persons considered to be immunocompromised or anyone with an allergy to any of the vaccine components	**May be given to patients who are immunocompromised but needs to be reviewed on an individual basis; cannot be given to anyone with an allergy to any of the vaccine components
Revaccination		Recommended for patients who have had prior Zostavax vaccination and would like to prevent shingles

**Adapted from UpToDate Topics:** [Vaccination for the prevention of shingles \(herpes zoster\)](#); [Clinical manifestations of varicella-zoster virus infection: Herpes zoster](#); [Zoster \(shingles\) vaccine, live attenuated](#); [Drug information](#); [Recombinant zoster \(shingles\) vaccine](#); [Drug information](#); Retrieved on March 28<sup>th</sup>, 2018.



# Chronic Disease and Modifiable Risk Factors

*By: Victoria Charko, RN*

At Taddle Creek Family Health Team (TC FHT), our goal is to help you be in the best health possible. Chronic diseases are the leading causes of death in Canada, so disease prevention is an important topic that we like to discuss with you at your appointments.<sup>1</sup> Chronic diseases are long-lasting and typically slow to progress, such as diabetes, cancers, hypertension (high blood pressure) and asthma.<sup>2</sup> Certain attributes and characteristics can increase your risk of developing a chronic disease; they are called “risk factors”.<sup>3</sup>

Risk factors can be classified into two categories – modifiable and non-modifiable. Non-modifiable risk factors are those that you cannot change. Examples are your age, race and genetic history. Although these are important in establishing your risk of developing a certain illness or disease, we cannot change the effects that they will have on your health. Therefore, it is important to focus on the things that we *can* change – modifiable risk factors. These include nutrition, physical activity, smoking, alcohol consumption, sleep and stress. Approximately 4 out of 5 Canadians have at least one modifiable risk factor for chronic disease.<sup>4</sup>

Sustained changes to lifestyle can be very powerful. For example, did you know that regular physical activity and a low-salt diet can lower blood pressure as effectively as one prescription medication?<sup>5</sup> Lifestyle changes can significantly impact mental health as well. Moderate and high levels of physical activity have been shown to reduce the odds of depression by 30% and 56%, respectively, and the odds of anxiety by 46% and 47%, respectively.<sup>6</sup>

Undeniably, lifestyle changes are not always easy to make. It can be difficult to know where or how to begin and it may feel overwhelming. Consider your priorities – what is most important for you to change? What are your strengths that will help you to be successful with the change(s)? It often helps to start with small changes and to build from those. Perhaps you will start by reducing your smoking by 1 cigarette a day or maybe you will start taking a brisk, 10-minute walk twice a week. It can also help to think about potential challenges that you may encounter along the way and what you could do to cope with them. How have you managed challenges in the past?

If you are seeking some help or simply support with your change(s), the health care providers at TC FHT have individual appointments and/or groups available to you and are open to discussing your goals with you further.

*Individual appointments and groups to consider:*

- Blood pressure: one-on-one intensive hypertension counselling with the RN
- Nutrition: one-on-one appointment with the dietitian or Lifestyle Balance Group
- Smoking: one-on-one appointment with the RN/pharmacist or Quit Happens Group
- Sleep: CBT for Insomnia Group

This spring, how will you grow?

\*See the list of groups at the end of the newsletter or visit our website: <http://taddlecreekfht.ca/patients/event-calendar/> for more information.

*Cont'd on page 10*



# Gender Transition-Related Surgeries: For Persons Considering Surgery in Ontario

*By: Victoria O'Neill, NP*

On March 1, 2016, the Ontario Health Insurance Plan (OHIP) changed the funding criteria for transition-related surgery to align with the World Professional Association for Transgender Health (WPATH)'s internationally-accepted standards for gender dysphoria. This allows qualified healthcare providers (HCPs) to assess patients for surgery. A qualified HCP can be a physician, nurse practitioner (NP), registered nurse (RN) or registered social worker (RSW) with a master's degree.

The number of supporting assessments (1 or 2) for surgery is based on the type of surgery requested. The supporting assessment(s) is part of an overall prior approval form required by the Ministry of Health. Applications for out-of-country surgeries must have a supporting assessment from an Ontario physician.

Upper surgery (specifically chest) needs 1 supporting assessment from a qualified physician or NP. Lower surgery (genital surgery) requires 2 assessments from a qualified physician, NP, psychologist or RSW with a master's degree.

The prior approval form will be submitted and the Ministry will review it to ensure that criteria is met and that the form is complete. The HCP and surgeon will get a written response confirming funding from the Ministry. A response usually takes 2-3 weeks.

Surgery can be performed at different locations. The location of the surgery depends on the location of the surgical expertise and the location of the Ministry-approved service (out of province/country). Not all surgical procedures are performed in Ontario. Patients may have to travel to another province or to an out-of-country Ministry-approved service.

If you require more information, please contact your primary care provider who can assist you or refer you to someone who can help you with the process.

Other resources:

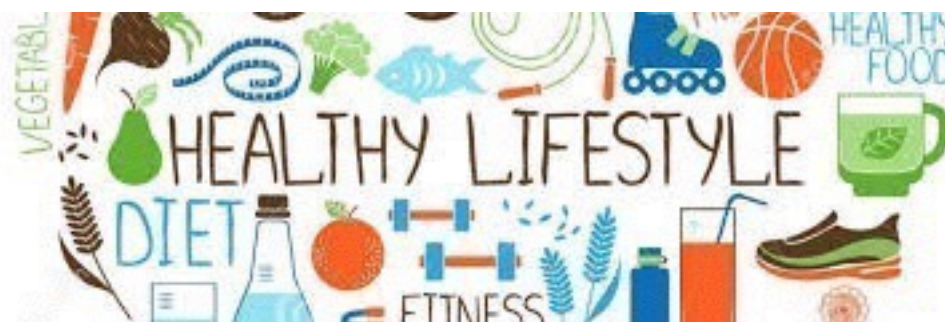
- Rainbow Health Ontario
- Trans Care Surgery: A Guide ([www.Transhealth.phsa.ca](http://www.Transhealth.phsa.ca))
- Centre for Addiction and Mental Health
- OHIP (<http://www.health.gov.on.ca/en/pro/programs/srs/>)



*Cont'd from page 8 (Chronic Disease and Modifiable Risk Factors)*

#### References:

1. D'Souza, L., Lingam, M., Bantoto, B., Dragonetti, R., Selby, P. (2017). Integrated Chronic Disease Management and Prevention: A person-centred approach to addressing tobacco and other modifiable risk factors. Toronto, ON: Centre for Addiction and Mental Health.
2. World Health Organization. (2018). Noncommunicable diseases. Accessible at: [http://www.who.int/topics/noncommunicable\\_diseases/en/](http://www.who.int/topics/noncommunicable_diseases/en/).
3. World Health Organization. (2018). Risk factors. Accessible at: [http://www.who.int/topics/risk\\_factors/en/](http://www.who.int/topics/risk_factors/en/).
4. Government of Canada. (2013). Risk Factor Atlas. Accessible at: <https://www.canada.ca/en/public-health/services/chronic-diseases/risk-factor-atlas.html>.
5. Mann, J. (2018). Patient education: High blood pressure treatment in adults (Beyond the Basics). Accessible at: <https://www.uptodate.com/contents/high-blood-pressure-treatment-in-adults-beyond-the-basics>.
6. McDowell, C.P., MacDonncha, C., Herring, M.P. (2017). Brief report: associations of physical activity with anxiety and depression symptoms and status among adolescents. *J Adolesc*, 55: 1-4.



## THE TADDLER

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#### DISCLAIMER

*The information presented in The Taddler is for educational purposes only and should not be used as a substitute for the professional advice, treatment or diagnosis from your health care provider. Contact your physician, nurse practitioner or other qualified health care professional if you have any questions or concerns about your health.*

#### **The purpose of the TC FHT Newsletter, "The Taddler" is to provide:**

Education on varied health-related topics  
Regular communication about what is happening at TC FHT  
Information on issues that impact TC FHT and its patients  
A means for patients to get acquainted with TC FHT team members  
An avenue for patient contribution  
*We hope you enjoy reading it!*

*\*The Taddler is not for private marketing purposes*

**Taddle Creek Family Health Team**  
**Jul 2018 – Dec 2018 – Groups/Workshops/Drop-In Offerings**  
**Groups/Clinics are open to TC FHT patients**  
For additional information, go to <http://www.taddlecreekfht.ca/events-calendar>  
**Dates are subject to change**

Event	Date(s)	Time	Learn About/Assistance With
<b>CBT for Anxiety Group (CAMH)</b> 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Sep 10 to Nov 26 (Mon for 12 wks)	5:00-7:00pm	<ul style="list-style-type: none"> <li>• To understand the physiology of anxiety</li> <li>• To learn cognitive behavioural therapy (CBT) strategies and skills</li> <li>• To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives</li> <li>• To be able to identify, evaluate and balance distress-related thoughts</li> <li>• To learn techniques for relapse prevention</li> </ul>
	Sep 12 to Nov 28 (Wed for 12 wks)	5:00-7:00pm	
<b>CBT for Depression Group (CAMH)</b> 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Sep 11 to Nov 27 (Mon for 12 wks)	5:00-7:00pm	<ul style="list-style-type: none"> <li>• To learn cognitive behavioural therapy (CBT) strategies and skills</li> <li>• To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives</li> <li>• To be able to identify, evaluate and balance distress-related thoughts</li> <li>• To learn techniques for relapse prevention</li> </ul>
	Sep 13 to Nov 29 (Wed for 12 wks)	2:30-4:30pm	
<b>CBT for Insomnia Workshop</b> 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Jul 6 (Fri)	9:30am-4:00pm	<ul style="list-style-type: none"> <li>• To learn about how cognitive behavioural therapy (CBT) is used when treating insomnia</li> <li>• Learn techniques to help you get quality sleep that will promote good physical and mental health</li> <li>• Understand how our minds and thoughts contribute to insomnia</li> <li>• Practice mindfulness to reduce stress and help you get to sleep</li> </ul>
	Nov 9 (Fri)	9:30am-4:00pm	
<b>Single Session Drop-In (Mental Health Support)</b>  790 Bay, Suite 306  726 Bloor, Suite 207	Fridays	9:00am-12:00pm	<ul style="list-style-type: none"> <li>• Feeling sad or anxious</li> <li>• Relationship issues</li> <li>• Parenting issues</li> <li>• Violence or safety issues</li> <li>• Adjusting to new diagnosis</li> <li>• Bereavement</li> <li>• Managing stress</li> <li>• Workplace or school issues</li> <li>• Assistance with accessing government services</li> <li>• Major life changes or transitions</li> </ul> <p>Note #1: No appointment is necessary  Note #2: You will be seen on a first come/first serve basis</p>
	Tuesdays	1:15-3:15pm	
<b>Assertiveness Workshop</b> 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Aug 24 (Fri)	9:30am-4:30pm	<ul style="list-style-type: none"> <li>• This is a workshop for people who are passive, aggressive or passive-aggressive, or who bounce back and forth between these options, and who want to gain a practical understanding of what it means to be assertive, as well as some assertiveness skills. This is not a group for people who struggle with being violent or abusive.</li> </ul>

Event	Date(s)	Time	Learn About/Assistance With
<b>Quit Happens</b> 790 Bay, Suite 306 Call 416-260-1315	Every Wednesday	4:00-5:00pm	<ul style="list-style-type: none"> <li>• Accessing free nicotine replacement therapy</li> <li>• Benefits of quitting smoking</li> <li>• How to make a quit or reduction plan</li> <li>• About medications for quitting smoking</li> </ul>
<b>Lifestyle Balance Group</b> 790 Bay, Suite 508 Call 416-260-1315 Note: MD referral needed	Sep 17 to Nov 26 (Mon for 10 wks)	5:00-7:00pm	<ul style="list-style-type: none"> <li>• Reach and maintain a healthy balance between eating, physical activity and emotional eating</li> <li>• Learn essentials of nutrition and exercise</li> <li>• Recognize and manage emotional eating</li> </ul>
<b>DIABETES GROUPS ARE FOR PEOPLE REGISTERED WITH THE DIABETES PROGRAM &amp; LIVING WITH DIABETES</b>			
<b>Diabetes Do It Yourself Group</b> 790 Bay, Suite 508 Call 416-204-1256	Jul 5 (Thu) Jul 11 (Wed) Aug 2 (Thu) Aug 22 (Wed) Sep 6 (Thu) Sep 19 (Wed) Oct 4 (Thu) Oct 17 (Wed) Nov 1 (Thu) Nov 14 (Wed) Dec 6 (Thu) Dec 19 (Wed)	5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am	<ul style="list-style-type: none"> <li>• The basics of diabetes self-management</li> <li>• Healthy eating, getting active and setting achievable goals</li> <li>• Maintaining healthy changes</li> </ul>
<b>Let's Talk Diabetes Group</b> 790 Bay, Suite 508 Call 416-204-1256	Jul 26 (Thu) Aug 30 (Thu) Sep 27 (Thu) Oct 25 (Thu) Nov 29 (Thu)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Diabetes self-management skills by engaging in open, meaningful discussions about living with diabetes from others living with diabetes</li> <li>• Common myths about diabetes</li> </ul>
<b>Let's Get Moving – Diabetes Exercise Workshop</b> 790 Bay, Suite 508 Call 416-204-1256	Jul 5 (Thu) Oct. 5 (Mon)	9:00-11:00am 1:30- 3:30pm	<ul style="list-style-type: none"> <li>• Discuss the benefits and barriers to being more active</li> <li>• Attend 4 FREE exercise classes with a fitness specialist at the Miles Nadal JCC</li> <li>• Measure your blood sugar, blood pressure and cholesterol at the beginning and at the end of the group series to monitor your progress</li> </ul>
<b>Supermarket Safari – Diabetes Group</b> 790 Bay, Suite 508 Call 416-204-1256	Aug 16 (Thu) Oct 18 (Thu) Dec 13 (Thu)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Reading food labels and packaging</li> <li>• Best food choices for diabetes management</li> <li>• 60 min grocery store tour</li> </ul>
<b>Your Path to Prevention Workshop</b> 790 Bay, Suite 508 Call 416-204-1256	Jul 17 & 24 (Tue) Aug 21 & 28 (Tue) Oct 2 & 9 (Tue) Nov 27 (Tue) Dec 4 (Tue)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Prevent/delay diabetes by making healthy lifestyle changes</li> <li>• Meal planning and grocery store tour</li> <li>• Stress management/physical activity techniques</li> <li>• Weekly email follow-up for 3 mths to maintain motivation</li> </ul>
<b>Happy Feet – Diabetes Group</b> 790 Bay, Suite 508 Call 416-204-1256	Jul 12 (Thu) Sep 13 (Thu) Nov 21 (Wed)	5:00-7:00pm 5:00-7:00pm 9:00-11:00am	<ul style="list-style-type: none"> <li>• Tips and techniques for daily self-foot care</li> <li>• Preventing foot complications</li> <li>• Choosing the right shoes</li> <li>• Identifying problems/concerns with my feet</li> </ul>
<b>Intuitive Eating Group</b> 790 Bay, Suite 508 Call 416-214-1256	Sep 12 to Oct 24 (Wed for 7 wks)	5:00-7:30pm	<ul style="list-style-type: none"> <li>• Creating a healthy relationship with food, mind and body</li> <li>• Getting in touch with your body's signals of hunger, fullness and satisfaction</li> <li>• Mindful meditation and relaxation exercises</li> <li>• Strategies to cope with anxiety, depression, stress, fear and guilt around managing diabetes</li> </ul>