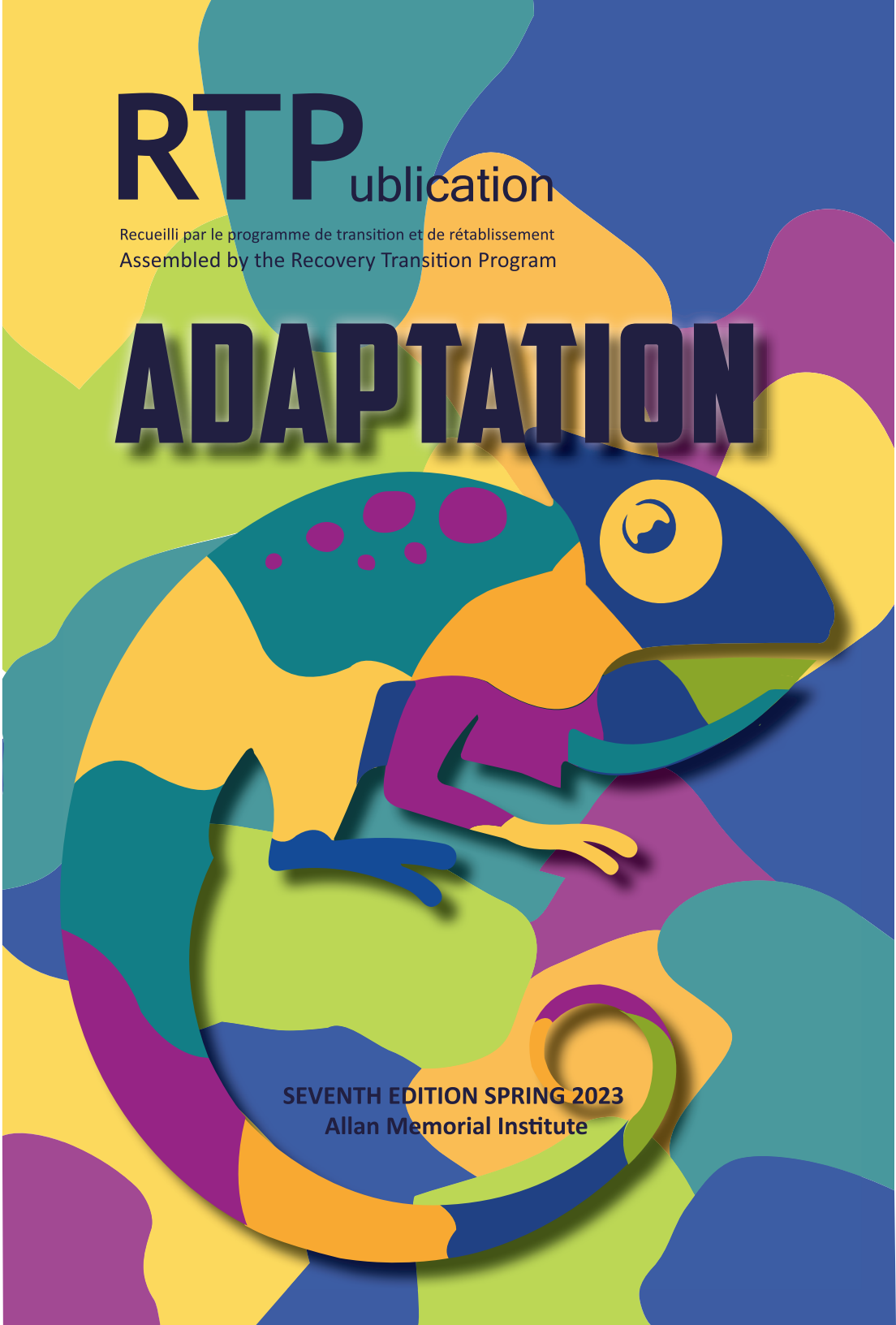


RTP ublication

Recueilli par le programme de transition et de rétablissement
Assembled by the Recovery Transition Program

ADAPTATION

SEVENTH EDITION SPRING 2023
Allan Memorial Institute



Many years ago, I asked my Philosophy professor,
“Sir, what is the definition of intelligence?”

He answered immediately with one word,
“Adaptation!”

—Benoit Bolduc



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Welcome to the Seventh Edition

The Zine Team and our collective of writers, artists, and poets would like to extend a huge WELCOME! For this edition, the theme ADAPTATION was our inspiration. Each of us has had to adapt over the last couple of years. Living in a Covid affected world spared no one. Restrictions and precautions escalated, then decreased, then some were resumed—let’s call it the Covid Shuffle. All of this affected how we interacted with each other. “To mask or not to mask, to hug or not to hug” these were the questions!

The RTP adapted very quickly, offering our services virtually. Gradually, we’ve been able to go from online to in person for mentoring sessions, and our Zine Team now meets at the Allan every second week. It’s been wonderful collaborating in person again, and it’s something we can never take for granted. Another thing that we shouldn’t take for granted is the peaceful country in which we live. Covid has forced us to see and think globally, and many of us were deeply affected by what is going on elsewhere on this planet—from vaccination disparities among countries to the war in the Ukraine. Let’s be grateful for what we have. This edition has been a labour of love from the dedicated members of our team and we hope you enjoy it.

The RTPublication Editors

If you are a present or former patient of the Allan Memorial Hospital or the Griffith Edwards Centre and would like to submit material to the RTPublication, please contact us by e-mail at rtpublicationzine@gmail.com

The RTPublication is also available on our website to read or to download and print recoverytransitionprogram.com/RTPublication

All submissions used by RTPublication will appear in our paper zine as well as in the electronic version on our website.

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Allan Memorial Institute on Pine Avenue



RTP office in the Allan Memorial Institute

About the Recovery Transition Program

The Recovery Transition Program (RTP) is a unique mental health initiative designed to improve the experiences of patients within the Mental Health Mission of the McGill University Health Centre. Our goal is to integrate a patient-based mentoring program into the system of care, in which peer mentors and health care providers collaborate to provide support to patients during their recovery.

The Peer Mentor–Peer Mentee Relationship

We believe that experiential knowledge is an invaluable asset which allows those who live with mental illness and addiction to give hope and encouragement to others. The dynamic is different from that of a doctor–patient relationship: There is no diagnosis made and no obligation to disclose any previous diagnoses. We listen, but we are not therapists. The meetings are an occasion for contact that benefits the mentee and the mentor.

The mentor and mentee work together as equals to determine how the relationship can be most useful. The sessions can provide emotional support from someone who can relate to your struggles and who has been where you are now. The sessions can also provide a space to solve problems, set goals, establish new routines, and find connections to outside communities.

How to Become a Peer Mentee

Anyone interested in accessing the services of the RTP must be referred by their health care provider. For more information about the RTP, the referral process, or how to get involved, please see our website: recoverytransitionprogram.com and/or contact the RTP Coordinator at: Patricia.Lucas@muhc.mcgill.ca.

RTP Group Activities

In addition to one-on-one mentoring (both in person and virtually), the RTP organizes group activities to help mentors and mentees alike connect with each other and the greater community. Activities have included:

- RTP Reads (a monthly book club)
- Group visits to outside resources such as the MMFA Art Hive
- The RTPublication workshop (the making of this zine)
- RTP monthly newsletter (subscribe at rtpublicationzine@gmail.com)
- The staff & volunteer Garden Parties
- RAP, DIALOG, and SMART workshops
- Rainbow Chat - LGBTQ+ Discussion Group
- Public awareness events (Pharmaprix Run, Montreal Walks, Mend Our Mind)
- Outreach & Dissemination (inviting other institutions to start their own RTP)
- RTPPerformance! (musical and spoken-word performances for the community) eg. recording music in the MGH music therapy studio.

See photos on our website <http://recoverytransitionprogram.com/events-page/> or visit www.facebook.com/RTProgram

How I see the RTP

“As a mentee finishing Phase 2, I wanted to meet with a real example of someone who succeeded in his long-term recovery (3+ years). As a mentor, I want to help out others in the same way while also strengthening my own recovery.”

“It represents hope for those in recovery, and it allows me to help listen to mentees and kindly guide them to accomplish their goals.”

“I can explore myself through others. It is based on hope and compassion.”

“RTP means possibilities.”

WAY OF THE WARRIOR

Bushido, the warrior code of the Samurai says that one must understand that there is more than one path to the top of the mountain. In this very moment all one has is all one needs and life is not about acquiring more in order to move forward, but rather becoming more. If you become more you shall find your own authentic path to the top of the mountain. Because the more one becomes the more one elevates oneself and once one's will is resolved, one's spirit shall be strengthened to forge one's own path up the mountain.

—Joe Tavares



IN THE FIELD

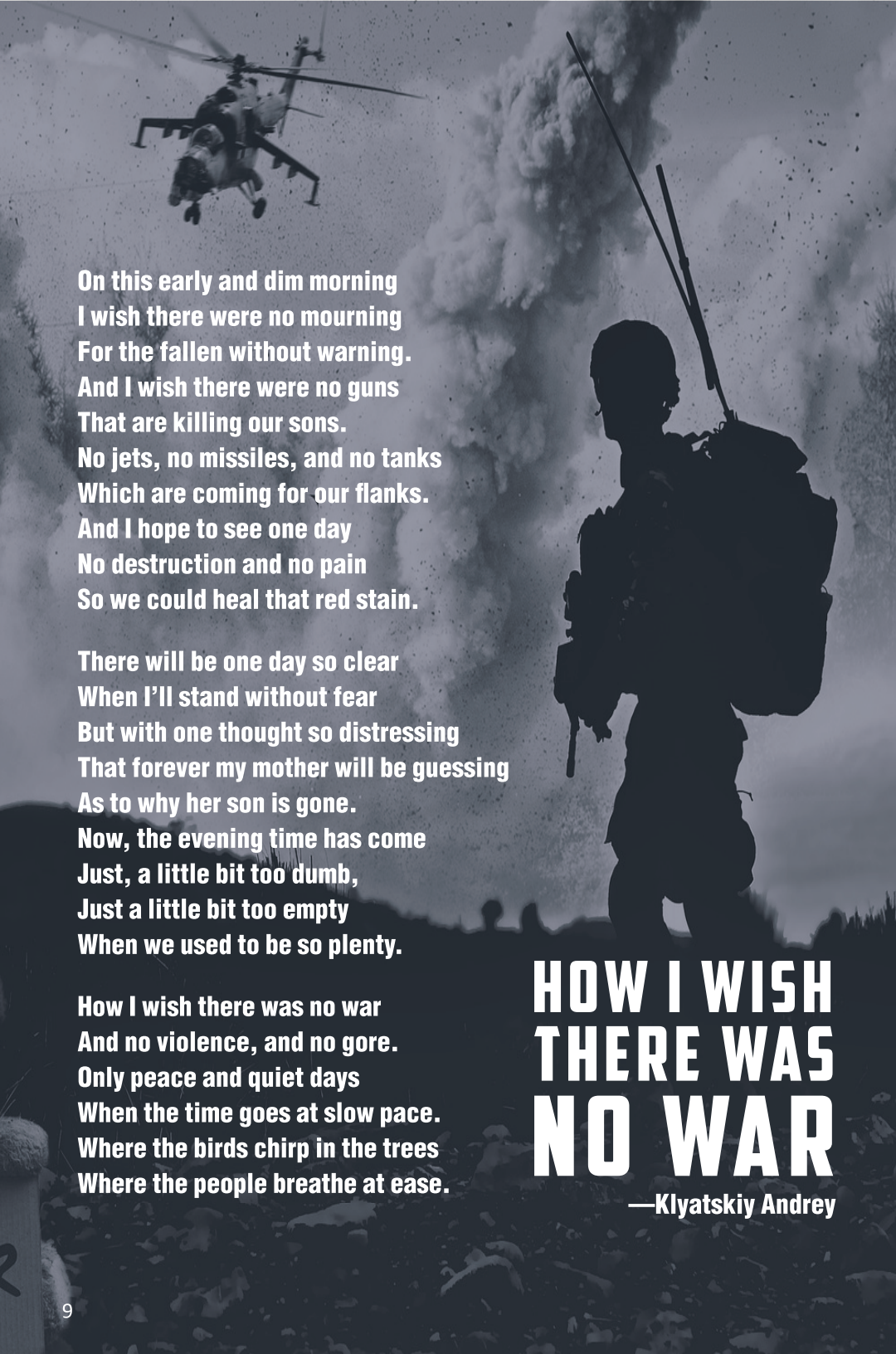
Inspired by the book
'All Quiet On The Western Front'

I sit with two friends so dear
In a blooming, golden, field
Where monarchs gently fly
And birds are passing in the sky.

On the horizon, puffs of smoke,
Rising high from whizz-bangs.
Each comes with a distant blow,
We see it as a show.
Occasionally one would say:
"It could be us... what if it were..."
And then we'd quiet and think of
Those who are waiting us at home.

We were just stupid boys when we
Left our warm cottages and homes,
Waved to our school and said adieu.
Now we are gruff and hollow men,
We have learned to obey orders
And accurately shoot our guns,
Keep our head cool and rage in check.
We even conquered our fear of death,
Yet we fear now what's there to be
Of us when war finally ends.
My fear is one of restlessness
And nightmares each time I'll face the mirror

—Klyatskiy Andrey



On this early and dim morning
I wish there were no mourning
For the fallen without warning.
And I wish there were no guns
That are killing our sons.
No jets, no missiles, and no tanks
Which are coming for our flanks.
And I hope to see one day
No destruction and no pain
So we could heal that red stain.

There will be one day so clear
When I'll stand without fear
But with one thought so distressing
That forever my mother will be guessing
As to why her son is gone.
Now, the evening time has come
Just, a little bit too dumb,
Just a little bit too empty
When we used to be so plenty.

How I wish there was no war
And no violence, and no gore.
Only peace and quiet days
When the time goes at slow pace.
Where the birds chirp in the trees
Where the people breathe at ease.

HOW I WISH THERE WAS NO WAR

—Klyatskiy Andrey



SONG FOR VICTORY

—Klyatskiy Andrey

I sing a song for victory
As I sit in this glum trench
A gun standing by me.
Closely I can smell blood's stench.
Another fight, another fallen friend
But we shall never bend
Nor break, give in, surrender
We shall seek out our offender
And show him: ruined cities,
Broken cars, crying children
Whose mother passed away.

And he shall weep but one tear
One, for all that is so dear
One, for which he brought to naught
One, for death that he has sown.

But all together we'll rebuild
Peace and justice in our land.
Love will soar, and from the park
A child's laughter we will hark
Instead of guns' rumbling rattle.

I sing this song for victory
Over death and infamy
Over violence and hate
But for now, we have to wait.

Choice and Choices

—Jennifer Maklary



Today I choose
This or that
Right or left
Up or down
In a line or zigzag
I determine
My own fate

Start by
Moving
Step by step
In one direction
You've got a plan
You've got a destination
You've got this journey
You are your own master

I am me
I am talented
I am gifted
I am beautiful
I am blooming
I am evolving
I have come a long way

Into something beautiful
Into something majestic
Into something greater than myself
Where union is all there is
Where resistance has disintegrated, vanished

This moment I accept
This is all I've got
This is it
I am content
I have never been more happy
Happiness is a choice

J'ai mal

—Benoit Bolduc

J'ai mal,
De voir le massacre se perpétuer
Que la guerre se déchaîne à nouveau
On avait cru que c'en était fait
de la misère meurtrière
Qu'il n'y aurait plus d'holocauste
Que tout cela était du passé.
Et voilà que l'arrogance de quelques-uns
Nous conduit droit vers la honte.
Mais ils ne détruiront pas la vie
Ils vont tuer beaucoup d'innocents
Mais ils ne tueront pas la vie.
Car la vie, belle,
Éternelle
Est plus forte que tout.
Ils peuvent bien anéantir des continents
Humiler des peuples entiers,
Ils ne réussiront pas à tuer la vie.
Celle qui peuple la terre, rempli le ciel
et vit dans la mer.
Celle qui habite nos corps d'hommes et
de femmes de bonne volonté
Ils ne toucheront pas à un cheveu à cette vie-là.
C'est elle qui aura raison après le massacre
Après que les coupables auront payé
le prix de leur arrogance
La vie rejaillira encore plus belle,
encore plus frêle
Encore plus puissante.



L'arbre-Cathédrale

—Benoît Bolduc

Fallait-il être aveugle pour passer outre, pendant plus de quinze ans, l'arbre-cathédrale situé à deux pâtés de maison de chez-moi. Il doit avoir au moins cent ans. Gigantesque! Ses racines, gonflées et ancrées profondément dans la terre, soulèvent le ciment du trottoir autour de lui sur une distance de plusieurs mètres. Il veut grossir encore, sa force s'éclate, elle sort d'elle-même. Quel spectacle!

Je vais bâtir une maison dans cet arbre pour accueillir tous les enfants de la rue. L'arbre-cathédrale sera pour eux le symbole de la puissance, de la grandeur d'âme, de la bonté et de la force du corps. La maison dans L'arbre-cathédrale sera leur foyer où ils iront rêver l'avenir.

J'avais allongé les bras pour saisir les étoiles, mais mes racines étaient superficielles, et à force de m'étirer, j'ai perdu pied. Mais maintenant je sais. Je travaille à assujettir ma vie, à m'ancrer solidement. J'enfonce mes racines dans le sol. Je jardine en profondeur pour que mon œuvre ne meurt pas; pour que comme l'arbre-cathédrale elles soit éternelle.

A world of feelings

—Sophie Fernier

Let it not be in vain that I feel what I feel.
Let there be meaning in the immense suffering
Which has captured my heart, and has made me a human being;

One who has learned to love beyond an ideal,
One who still must find how to walk on two feet
When the sum total of my life has left me defeated—

When I am otherwise an empty shell in lieu of a home,
Let my body be honored as that microcosm of flesh and bone.

Que sera, sera

—Sophie Fernier

“What will be, shall be” is a promise of always and forever,
as your hand in my hand is like fruit to vine
(fused together in a kinship of fingers), as an hour
with you in the whole of my days has blessed my life
and has turned my water into wine,

So I ask the runes and oracles if I shall find
that whatever fates will force upon me
(the sensuous sins of togetherness, or the sad surprise
of sudden love adulterating my mind)
will either pave the way into dreams of companionship,
or veer into untimely goodbyes?

[Outlines of my futures have always felt like a veneer
Upon a horizon of unknowns:
Whatever shall be, always unclear.]

L'amour comme en rêve

—Benoit Bolduc

**J'étais comme un aigle dans le firmament
Maraudant en quête de proie
Dominer le monde, telle était ma loi
Et ne jamais céder aux sentiments**

**J'étais un rocher loin dans l'océan
Battu par la vague et l'ouragan
Fort en apparence, mais faible en dedans
Seul emmuré dans le silence**

**Mais quand j't'ai ouvert mon coeur
Et laissé voir mes peurs
Quand j'ai mis mes blessures à nu
J'ai senti la vie m'envelopper de chaleur
Et l'amour comme en rêve m'est venu**

**J'avais déserté mon île solitaire
J'avais quitté sans regrets mon repère
J'avais besoin d'aimer
Et d'aller vers mes frères**

**J'étais un soldat au retour de la guerre
Racontant de sombres histoires
Aux confins de l'enfer j'avais perdu l'espoir
De vivre en paix sur la terre**

**Mais quand j't'ai ouvert mon coeur
Et laissé voir mes peurs
Quand j'ai mis mes blessures à nu
J'ai senti la vie m'envelopper de chaleur
Et l'amour comme en rêve m'est venu**

THE SHADOW PEOPLE

—Klyatskiy Andrey

Chill air pushes me into the subway as I enter the gates and head down to the escalator. There aren't many people, it's not a busy hour. The brick walls of the station slowly pass me by, I'm not in a hurry. I step off the escalator and proceed into the tunnel. The train will arrive in three minutes, I gaze left and then right on the platform. A homeless man is sleeping on a nearby bench. I head for the head of the train, this way I can be closer to the exit on my station.

Here comes the train, I enter and sit down, making sure it is not reserved for the elderly, pregnant, or crippled. Otherwise, I'll feel awkward throughout my trip. The train starts. I look around, for a moment the train is aligned so I can see from one end to the other. Something catches my eyes. Something black lurks at the back of the train. I saw but a glimpse of it, but I know now that it's there. I arrive at a connecting station where I have to switch trains. I cross the platform and wait. Four minutes. I stare left, there are some people. How many of them hide a monster underneath their benign appearance, I wonder? No need to panic, they don't know I'm here, for now I am hidden, I tell myself and look to the TV screen above me. In the news, more cases of the pandemic, a shooting, and our city lost yet another hockey game.

The train is here. I enter, but I don't want to sit. Instead, I look left and right. No monsters, I let out a small relieved sigh to myself. "Not yet" I hear a whisper. It is a voice far too familiar. Dread invades my heart and I look around frantically. Something's not right!

Down the left side of the train, I see them. Black figures standing. They have no face, no expression, even the eyes aren't there. Imagine a shadow, but instead of being stuck to a surface, it has volume and stands before you. Long horns rise from their heads. I know they know I'm here. It feels like they're staring at me with eyeless, sorrowful stares. I stare at them, as if it will prevent them from coming closer. As if looking away will give them an opportunity to jump on me. They just stand there.

Peel station, I come off the train, up the stairs, left, and down a tunnel leading to the exit. I can feel their gaze on my back, but this time I don't dare turn around and face them. Even though they might be running after me. Are they? "It is my disease" I tell myself, just like the doctor told me to. Despite that, I'm still afraid.

Upon exiting the subway, I am momentarily blinded by the bright afternoon sun. My ears filled with downtown noises of cars, pedestrians, and construction. I take in a lung-full of fresh air, different from the musty underground stench. But upon regaining my sight, I see them. The shadows, swarming the street, staring at me from the windows of buildings, some even floating in the air!

I feel rooted in place. My head pulsating, I want to turn around, run back into the confines of the subway, and then home. "This is your disease" I hear the words of the doctor resonate in my mind. It gives me the tidbit of confidence to make a first step towards the shadows. Then another step, and another. The rows of shades separate before me and soon I am walking at a fast pace towards the clinic atop the hill. Upon getting closer I see a great black and fleshy growth descend from the skies somewhere onto the mountain behind the building. When climbing high enough to see the city, I see more of them, like fingers of a great being that holds our world in its grasp. And indeed, it is so. Once at the top, I fail to see any shades, they all disappeared. I survived!

The clinic is an old building which used to be a psychiatric hospital. I heard rumors about the place, that it housed research related to

mind-control. MK-ultra they called it, I don't know much about it, and honestly don't care enough to know more. I only go there for my weekly blood-test, and to meet with the team that follows my case. I always feel a bit uneasy going to see the doctor, although he does everything he can to help. I always felt that way about doctors, a strong lack of trust at first, but after a couple of months I warm up and start to open up more. Then again, it depends on the doctor. I tell him about my last few weeks. Hallucinations, bad mood, suicidal thoughts, the great mix. In turn, he increases my medication, adds a new one, makes sure I go do my blood test and so on. My case-manager is being really nice and supportive, asking me about my daily activities and how they make me feel. I trust him and just know that he really does care. Anyway, the visit's over, time to go home.

I exit the building and feel somewhat lighter. Each visit feels like a weight off my shoulders. Usually, I call my girlfriend afterwards and we goof around over the phone while I go to the subway. This time though, I go alone.

Once home, I go about my routine, but an experience such as this never comes and goes without repercussions. Ruminations soon invade my mind. Will it happen again? Can I live with it everyday? Is there a way to end it? There is one I know of... I shouldn't really think about it though. Anyway, the worst comes later in the day.

My mom finally comes back from work at around four. We sit down to drink tea and she asks the dreaded question: "how did your appointment go?" I have to answer truthfully, they increased my meds, added new ones, other than that nothing new. For a momentary glimpse I can see a look of doom on her face. I pretend not to notice it but I do and it hurts deeply. I don't want to disappoint her; I don't want to disappoint anyone. But I do. Over and over again. Including myself.

Une amoureuse dans une chambre.

Je ne veux plus de ces rêves étranges
Où je me noie dans les yeux d'un ange
Comme dans les scènes d'amour,
Cent fois repassées, D'un film-fétiche où
j'aurais pu jouer
J'ai envie d'un grand coup de cœur
Juste là où l'on ressent le vide
Je veux baigner dans la chaleur
De mots intimes et de rires candides
Il y a pour moi dans cette ville
Une amoureuse dans une chambre
Dont les reins au matin se cambrent
Offrant au vide son corps fébriles
Après une nuit trop tranquille
Je vais te désirer si fort
Que je n'arriverai plus à savoir
Si c'est ton cœur ou si c'est
ton corps
Qui a sur moi tant de
pouvoir
Seule au milieu de la
foule
Pareille à un fleuve
humain qui coule
Une femme rêve de
touchers tendres
Elle m'appelle à elle,
Elle m'appelle à elle
Lasse d'attendre

—Benoit Bolduc

you can change
your spots



—Tara Youseff

Tara Youseff
Dec. 5, 2022

*How can there be beauty without
that which is beautiful*

*How can there be love without
that which is loved*



*The river that empties into the
streams, That is self-filling*

That cannot be depleted

—Eric Zimmermann

The Cross

The last match in my matchbox lies with me in the dark waiting to be lit.
Fear defies Faith in a game of risk
If with a twist of my hand I let live the spark
Would you light my fire or would you burn my heart?
Game over, fear wins! Too many odds were on it's side.
Dam it, I hate the dark
My eyes slowly adapt to my surroundings
I can feel the warmth of your hand on mine
I am in pain but I am not alone
Sleep. A new Dawn will rise again tomorrow Hope whispers in my tired ear.

—Caroline Malhame

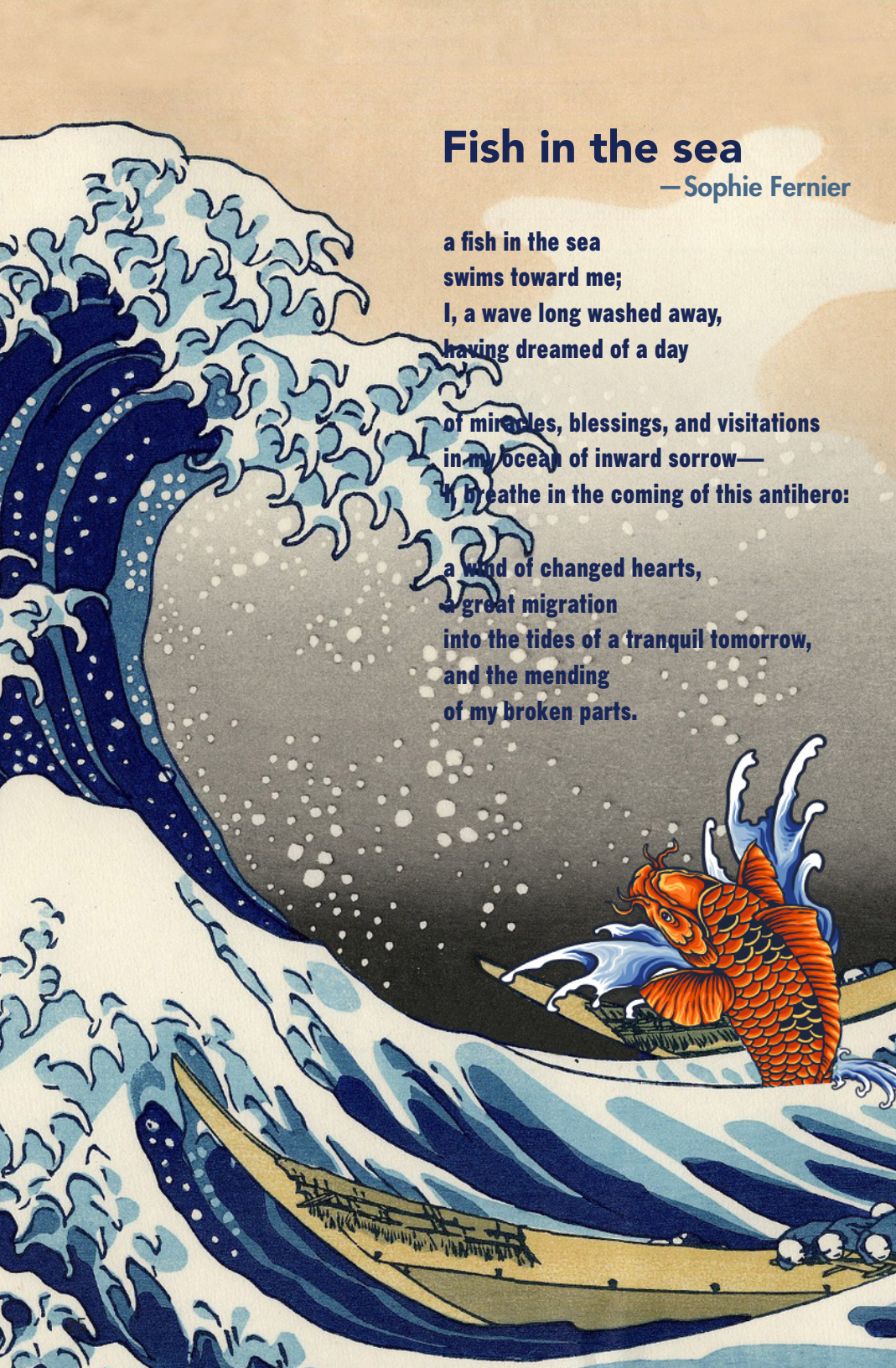


THE FACE OF STRESS...OR A CAT

—Barry

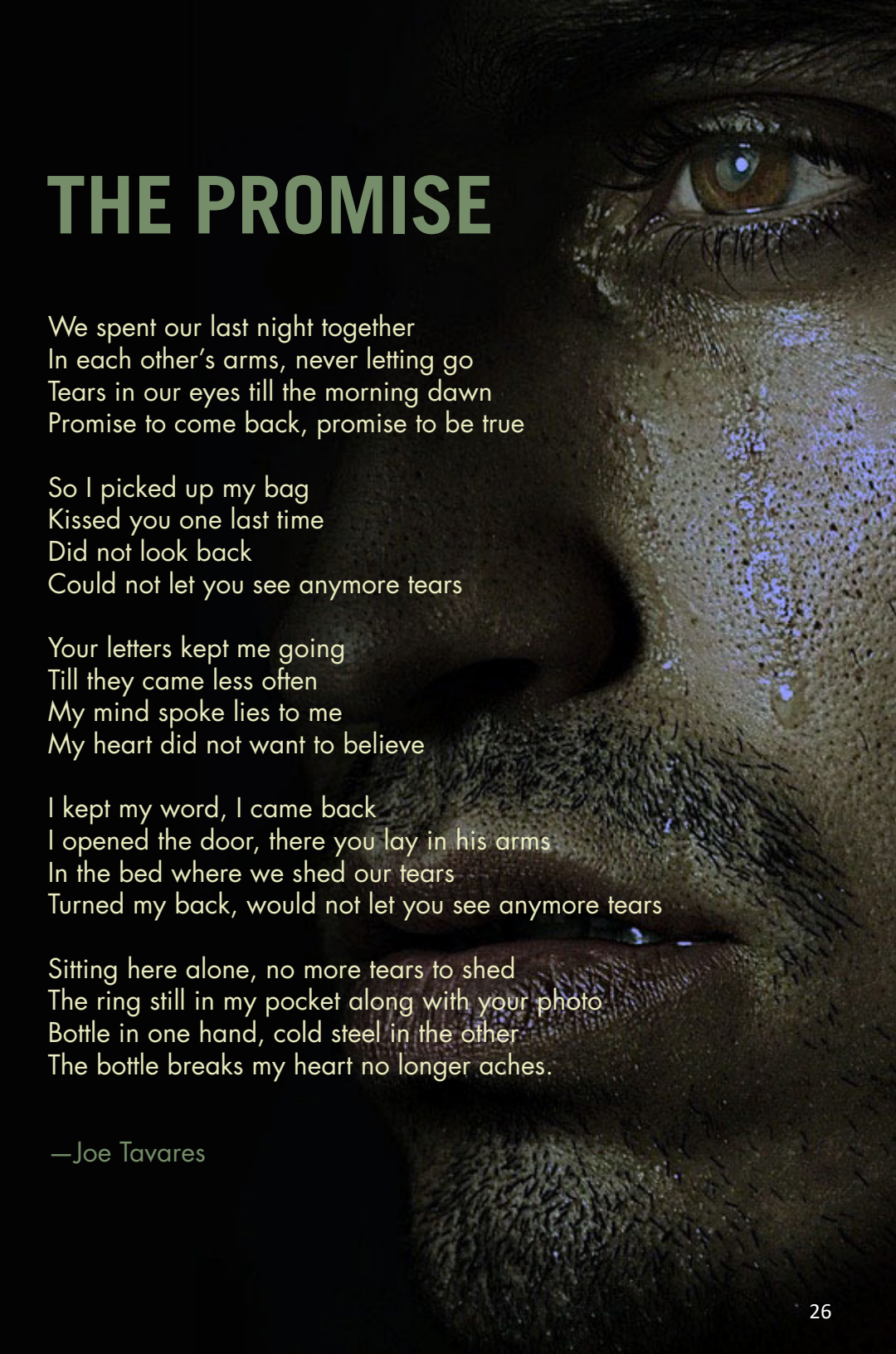
Fish in the sea

—Sophie Fernier



a fish in the sea
swims toward me;
I, a wave long washed away,
having dreamed of a day
of miracles, blessings, and visitations
in my ocean of inward sorrow—
I breathe in the coming of this antihero:
a wind of changed hearts,
a great migration
into the tides of a tranquil tomorrow,
and the mending
of my broken parts.

THE PROMISE



We spent our last night together
In each other's arms, never letting go
Tears in our eyes till the morning dawn
Promise to come back, promise to be true

So I picked up my bag
Kissed you one last time
Did not look back
Could not let you see anymore tears

Your letters kept me going
Till they came less often
My mind spoke lies to me
My heart did not want to believe

I kept my word, I came back
I opened the door, there you lay in his arms
In the bed where we shed our tears
Turned my back, would not let you see anymore tears

Sitting here alone, no more tears to shed
The ring still in my pocket along with your photo
Bottle in one hand, cold steel in the other
The bottle breaks my heart no longer aches.

—Joe Tavares

Il faut bien s'entraider un peu

—Benoit Bolduc

D'un pas détendu, je revenais de mon dîner d'anniversaire de la chorale qui comme à chaque année s'était tenu au restaurant Tres Amigos. Je me dirigeais sur la rue Ste-Catherine. J'étais près de l'intersection Guy, quand un jeune garçon me doubla et me bouscula. Juste devant moi, un vieillard, assis par terre, recueillait dans un mouchoir les aumônes des passants. Arrivé à la hauteur du mendiant, le jeune garçon donna un léger coup de pied sur le petit magot du pauvre homme.

"Hey, s'écria le vieux monsieur." Tout en s'excusant profusément, le jeune homme se pencha pour ramasser les pièces éparpillées, les mit dans ses poches et pris la poudre d'escampette. Pendant ce temps, le vieil homme ramassait les quelques pièces que le garçon n'avait pas eu le temps de récolter.

J'étais médusé, et je n'étais pas le seul. Un homme portant veston-cravate qui venait en sens contraire et qui, comme moi avait tout vu, s'approcha du mendiant qui pleurait et lui demanda gentiment:

"Combien y avait-il dans votre mouchoir, monsieur?"

"Je ne sais pas, répondit le vieil homme, à peu près 30\$."

L'homme sortit un portefeuille de sa poche arrière, en cueillit un billet de 50\$ et le donna au pauvre homme.

"Ne vous en faites plus et ne pensez plus à lui, c'est un pauvre type."

"Oh! Merci monsieur, merci, merci! Mille fois merci! S'écria le vieux mendiant."

Moi, j'étais resté là à observer la scène. J'étais à la fois ému et en colère. Je m'approchai de l'homme en habit et lui dit: "C'est bien ce que vous avez fait là monsieur." Il me répondit: "Allez donc, déjà que ce pauvre homme ne devait pas avoir une très haute opinion de la race humaine, ce coup-là l'aurait achevé. Et puis merde, il faut bien s'entraider un peu !"

THE POWER OF TEAMWORK

Goldman, Brian.

“The Power of Teamwork: How We Can All Work Better Together.”
Collins. 2022.

Reveiw by—Jean Enright

Adaptation is one of the requirements for good team work. In the RTP, team work is part of a number of activities : the Zine Team, the Dissemination Team, the Management team, and the team for Training and Supervision of peer mentors. We are always looking for ways to improve our teamwork, so although many of the examples stem from medical contexts, Brian Goldman’s new book *“The Power of Teamwork”* contains principles that apply to all teams.

According to Goldman, there are specific differences between working in a group, and working in a team. Drawing on his long experience both as an emergency physician, and the numerous and diverse contacts he has met as host of the CBC radio program *“ White Coat, Black Art”*, he discusses what defines a good team, and how to build one.

The event that motivated him to write the book, was the story of a young woman who died during routine surgery, partially because the group of highly competent staff were working in their silos, and although they were all doing their jobs, failed to label the problem in time. While everyone was focusing on the unexpected crisis, there was no leader who had the *“ situational awareness”* to switch plans. They were missing the three core ingredients of what defines a team. These are :

- 1. A common goal.**
- 2. Leadership.**
- 3. A safe atmosphere.**

A Common Goal

Staff in the operating room would agree that successful surgery is the goal. But is it enough to have each profession performing their particular task or specialty? If people are not used to looking at the bigger picture, sharing information, or feel their observation may be wrong or offend other’s, they may not speak up. In a hierarchical structure, a member who lacks standing may not be heard. Reaching the goal of the group requires the next two ingredients.

An Identified Leader

In the above situation, there was no leader who could step out of their professional role to oversee the whole picture. What makes a good team leader? As we move from hierarchical to cross-functional teams which focus on collaboration rather than competition, the person who is the best listener, who can assess and delegate as well as supporting others, will be the best choice. *“I think being a good listener is first and foremost. It’s about understanding others needs and priorities before imposing your own. Sometimes it’s about being able to articulate a vision that resonates with others needs first.”*

Goldman gives the example of geese that fly in formation, but switch places as the leader tires. A great leader has this awareness of others, and the flexibility to respond. On an efficient and cohesive team, the leader feels that they are not the only person standing between success and failure. Some days it might be the team picking up the leader.

Mutual Trust

At the core of teamwork is an atmosphere of trust. Each member must feel comfortable speaking up. Team players leverage the talents of individual members. They complement one another. They help each other realize their true potential and create an atmosphere that encourages everyone to do better. Goldman thinks of it as a form of collective consciousness. A team is more efficient than

solo performances, due to shared, as well as complementary ideas, values and skills. Whether it is making a diagnosis or coming up with a well-rounded idea, team involvement enriches the outcome.

teams and methods of observation. We meet a service manager, a car mechanic, a sports psychologist, a navy SEAL, a commercial artist, an airline pilot, and a journalist. Each one brings experiences and techniques from their former professions, which are used to enrich teamwork.

Goldman introduces us to physicians who in previous lives had been in other occupations, and brought in their experiences working in teams and methods of observation. We meet a service manager, a car mechanic, a sports psychologist, a navy SEAL, a commercial artist, an airline pilot, and a journalist. Each one brings experiences and techniques from their former professions, which are used to enrich teamwork.

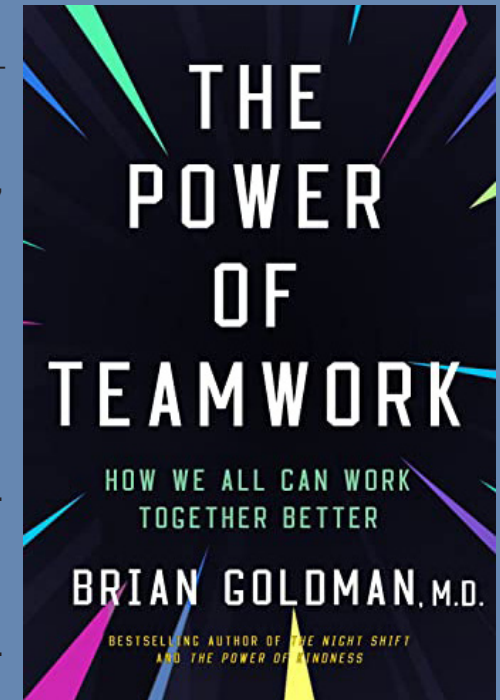
For example, theatre improv shows how to support a team member. Hearing their idea, one can agree, and enlarge their idea by say “yes, and..” instead of “yes, but..”. Various games discourage competition, such as “The Dig” or “Friday Night in the OR”. Another game called “Trapped As a Group, Escape As a Team” is similar to an exercise that was used at a symposium to integrate the MGH department of Psychiatry with the Allan in 2006.

He discusses teamwork using actual situations that have occurred:

- The Swiss Air III crash into Peggy’s Cove;
- Hospital deaths resulting from lack of teamwork;
- The recent use of black boxes in Operating rooms. These observe and record what is going on. They have shown how a lack of understanding between players’ roles can cause distractions which result in mistakes. For example talking in the room is critically distracting but at different times for each player.

Strong leadership, ability to delegate, and the trust and support of one’s team members is highlighted in one of the last chapters. At the 2017 Harvest folk music festival in Las Vegas Village, a sniper managed to shoot hundreds of people, and kill 58. Goldman describes how the emergency team at Sunrise Hospital managed the 199 people brought into their emergency. Only sixteen died.

How much of our lives are shaped by adapting to relationships? When we find ourselves in a group, some of us automatically “fit in”, while others may jockey for positions and to have their voice heard. Some prefer to listen, others to talk. In a group, we usually find our comfort zone or default position. Being part of a team requires a different mind set. Producing a shared goal in the company of members who enhance our growth, makes for a meaningful experience. In the RTP we aspire to create teams which follow the guidelines outlined in this book.



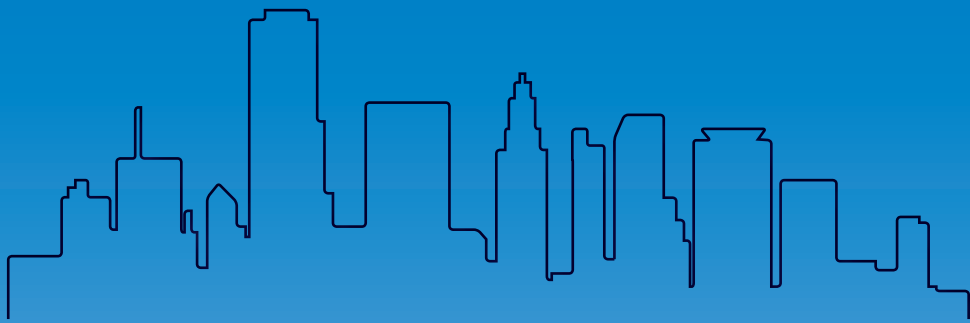


Photographs by

- Bess
- Cecelia Vanier
- François Collins
- Jean Enright

*Photo essay
collaboration
'Adaptation'*





A New Beginning

—François Collins



Sitting outside my balcony on St. Denis on a cool Saturday morning, I reminisced about my move from the sweltering summer heat in Houston, Texas to the mild temperatures of Montreal, Quebec. Four and half years ago, my parents and I relocated from Texas to here in Montreal. We were all excited about the change from one major metropolis to another, hell, even to a new country.

While Montreal wasn't completely new—I had family here and would often spend summers visiting—now we had moved here permanently. I often miss Houston, especially during the winter months, but the adaptation of moving here and having resources such as the Recovery Transition Program and the team of doctors at the MUHC has been amazing.

In 2017, before we decided to move here, my mother and I spent that summer visiting neighborhoods and talking with healthcare professionals; we learned the whos, whats, wheres and whens of the provincial health care system, especially for mental health. Houston, to put it mildly, wasn't always the best fit for someone with a mental illness and on a fixed income. In fact, mental health care was pretty lousy in terms of services offered. Texas had always ranked last among the 50 states for mental health care. So moving here to Montreal was a saving grace. Since both my parents had retired and with the 2016 Presidential election and its outcome behind us, it was our best bet to strike while the iron was still hot and head north.



The move to a new country, let alone finding a home, was hard. We couldn't just load a truck and leave. For four months, my mother and I painstakingly took pictures and documented everything we were bringing up here (I still have the thick binder full). For each picture and accompanying document we made three copies: one for us, one for the movers and one for the customs official at the border. We were still excited about the move, yet how one adapts is the hard part, and where would I find a doctor?

Through the summer of 2017, while we were exploring neighborhoods, we talked with someone at the CLSC who guided us in our medical search. The nurses and a doctor who specializes in mental illness at the CLSC gave us the options of how quickly I could be in the system at the MUHC or could be waiting for help at Notre Dame. We chose the wiser and picked the MUHC. While it took a few months once we got settled in our new city, I received a call from a doctor who informed me that I could be seen at the Allan Memorial. The family and I were thrilled, finally the last leg of our journey was underway.

It was at the Allan Memorial where I met the psychiatrist who I still have, and told him the ups and downs of the move. I was still on a "manic" high in that I couldn't believe we were here, but also I was getting a bit homesick for Houston. I had friends there, okay not really friends but people I was close to and my best friend, who had begun renting out my old place. Despite having what I had been looking for when we moved, reliable mass transit and family, I was lonely. I was becoming bitter and angry towards people in general. My new doctor suggested I try the Transitional Day Program or TDP at Montreal General. Since we were new and I was lonely, I tried it. After five weeks of TDP, I was discharged and was told I would advance to the Day Hospital at the Allan Memorial. While I was in the Day Hospital, I got involved in countless programs they had offered and two of the programs

have proven to be miracles in my outlook—the Zine and the Peer Mentorship program.

The Zine appealed to me because I have always been creative and I like to write. When I joined the Zine team, I felt accepted because there were other creative types and the focus was on helping others. The adaptation of going from Houston and the lack of aid in mental health to here where I had resources and things to do and people to be with, had always been what I needed. I met a Peer Mentor (never heard of it before but learned it was a person who also lived with a mental illness and knew the tricks in coping) and it was often better than talking with a doctor. My mentor was able to guide me through pathways that helped me manage my recovery. As I got involved with the programs, I asked myself “how can I reciprocate in helping others?” I wanted to thank those who had helped me by paying it forward.

I applied for the Mentorship program and when I became eligible I took the training similar to what my mentor had taken. After the training, I became a Peer Mentor and using the skills I had learned in the training as well as relying on my own personal experience, I helped guide newer people on their path of recovery. After a year of being a mentor, I was recruited to become the newest Resource Manager. I’m doing what I love to do—searching for things and helping others.

Adapting from having zero prospects in terms of aid to now flourishing in programs that foster better mental health was hard, but it was well worth the time and trouble. I have developed a network of actual friends and though I still find winters difficult, I find my outlook much for the better.

GRAD

— Klyatskiy Andrey

As I lay in my bed, I see my mom,
Her withered face tells many stories.
I am tired, here tale makes me feel calm,
An abyss embraces me, so silent.

And I see so many birds in the sky,
A clear blue one, where they fly so high.
I’m in a green field with my mother
But there, far away, there is another
Dad! You have been gone for many years now
You never came back from your trip somehow.
But I am glad you’re here...

“Wake up! Give me your hand and run!”
My mom, she shouts but once, her teared-up face...
Out of the door I see just fire,
And earth, upturned and screaming
I hope to God I am still dreaming.

In the murky basement we are huddled
There are other kids, their faces muddled,
Old uncle Kostya in a corner grumble,
He calls it Grad, he calls it hell, why us?

"If You Cared, You Gave Money (We Need More)"

—Paula Ann Stewart

Every November
When my Birthday occurs
People remember
The dead
They give money
In memory
Of a loved one
A soldier who is dead

A long time ago
Or recently
"Give money", is the plea
If you cared, you would give money
Is the chant
Is the plea
As a nurse
If you've seen what I've seen
You would give money
Is the plea
Our youth are Depressed
Can't you see?
We don't need your prayers
Money is the remedy

Run, jump, cycle
Knit, crochet
Open your home
Golf today
Tomorrow you might be next
Where does the money go?
Where's Legault??

Why are we emptying our pockets
Poor people feeling guilty and sad
Giving money they once had
In savings accounts and RRSPs
Giving dollars and trying to feel glad about it

The poverty industry
The corruption of my city
The poor on their knees
Praying for salvation
Praying for the keys
To a new location
Off the streets
And alleyways

Public Defecation
And
Self-Destruction
Drugs and medication
Confusion
Lack of instruction.
If you cared
You wouldn't give money.
You would care
On days other than
Sunday.

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RTP'S RAINBOW CHAT

—Bess

This summer the RTP launched an innovative pilot project called Rainbow Chat. It is geared towards patients from the Allan Memorial Institute and Griffith Edwards who are members of the LGBTQIA2 community. The brainchild behind this much-needed project is RTP's own Senior Peer Mentor Rhiana and is co-facilitated by Clinical Liaison and Occupational Therapist Matthew McPherson who works at the Day Hospital at the Allan. Rainbow Chat sessions will resume this winter. Group facilitators will provide more details. In the meantime, they are still accepting referrals.



I sat down with Rhiana and Matthew to learn more about their goals and desires for this program:

What motivated you to create Rainbow Chat?

Rhiana: What motivated me to start this program was my experience with sobriety and feeling like I had a lack of community amongst being queer and my sobriety. My friend group is very supportive, and they've been amazing but they don't identify the same way (queer), and they don't deal with sobriety. From the conversations I've had with other folks it just seemed like it would be a great addition to the RTP where it's about building community, helping each other grow and working on our skills and the tools that we gained in the process of our achievement. In creating this group, it doesn't mean that queer people struggle more but there are

particular nuances and niches within mental health and sobriety and the queer community.

Why now?

Rhiana: Definitely a big part is that I have already been mentoring for about two years, and RTP Coordinator Patricia Lucas has been speaking with me about my next steps with the RTP. I knew that I wanted to stay involved, and the first thing I thought of was how to navigate the healthcare system. For a short amount of time I attended these super informal meetings at Radical Sobriety (Rad Sob).

What is Rad Sob?

Rhiana: It's like AA (Alcoholics Anonymous) with queer, leftist, radical people, a sharing group with a theme. So this is where the idea for Rainbow Chat comes from. Ironically, I didn't continue attending because I felt shy and nervous...like I didn't fit in. I found that the meetings were very beneficial and I thought that patients would really appreciate having this within the Allan and Griffith Edwards.

Matthew: I have also heard others question the effectiveness of AA, with good reasons. This sounds like a different idea.

Rhiana: That's the idea. I think some of them attended AA and they found that it didn't really work for them and that's how Rad Sob created this group. I took from their experiences, and then I took from my own and thought it would be a really neat project for the RTP. It's kind of how I saw it.

Matthew, how did you get involved with Rainbow Chat?

Matthew: Patricia actually approached me when I started working at the Allan. We knew each other prior to working at the MUHC, so she was aware that I am a member of the LGBT community. At the same time, she and Rhiana were discussing starting this group. Patricia wanted a Clinical Liaison to supervise. Someone who was an employee at the Allan with a professional background. As soon as I heard about it I thought it was really interesting and something which had never been done before. I have had

personal experiences navigating through the healthcare system where I felt my sexuality wasn't necessarily addressed or dealt with in a way that I might have liked it to be (or wasn't at all). So, as soon as Patricia approached me I thought it would be a great opportunity and a way to make my mark, in a sense, on the Allan because I was just starting out as a new OT.

Why is it important that people from the queer community disclose their sexuality to their healthcare providers?

Rhiana: Well, I guess it's funny because speaking to Montreal, Canada and the West there is an overall acceptance of trans-inclusiveness specifically within the LGBT community. I think that there is acceptance but there isn't a lot of knowledge, and I think that's the big thing for me. An important part of this group is to take what we discuss in this group and bring it forward to health practitioners.

Matthew, is there something positive that could come out of your healthcare providers knowing about your sexuality?

Doctors take an oath when they graduate from medical school which is to do no harm. Being queer does influence not only the diagnostic procedures but also the kinds of conditions we might come into contact with. From an OT perspective, LGBT identity influences the spaces we're in and the activities we do on a daily basis. If a doctor is following a hetero-normative framework or mindset, they might miss certain important key questions which might actually end up doing more harm. They must take sexuality into consideration as they are using their clinical judgment. I also think it's important because historically there has been a lot of stigmatizing/'othering' from the medical community (not to lump all doctors and all people into one group) but we can't erase the fact that there's been a lot with sterilization, the AIDS epidemic, etc.

Did you expect any medical organization to accept and help nurture a project like Rainbow Chat? The RTP is doing it! What's so special about the RTP?

Rhiana: I think what the RTP does is very empowering. It's patient-led so it's like having a piece of control in your treatment within a system that

tends to be very tapped down. When I came up with this project I didn't think that it was that radical or novel an idea. I truly didn't. So to be told by Nurse Practitioner Sabrina Stea from the McGill University Sexual Identity Centre (MUSIC) that it is, I think that's great. That's wild to me! I also wanted to mention that a big part of my interest in the RTP and Rainbow Chat is that I really want to enter the social work field and I think this will be very helpful for me to have this on-the-ground experience.

Matthew: I think it makes sense that Rainbow Chat is under the RTP project.

Why is that?

Matthew: One of the main principles of RTP is that people who have lived experience with mental health conditions and addictions have knowledge about their strengths and what works for them (and what doesn't). I feel that Rhiana starting this group compliments that idea well. By being a member of the LGBT community, you have lived a life and experienced healthcare, medical care, social experiences through that lens. I think this group really aligns with the RTP's origins and missions. Even in my own personal life I feel very lucky that I was approached. By the way, Griffith Edwards is planning to move to the Allan soon and I think that it will make it easier because mental health and addiction often exist within each other.

During the pilot project did you take away anything that you would like to cover moving forward?

Matthew: Something that struck me was how experiences have changed from one generation to the next. Rhiana and I are close in age (Millennials), while our participants were mostly a generation above (GenXers). It was interesting to hear the differences but also to see how we could come together and have an understanding

Rhiana: Even within the queer community there could be friction in understanding and getting used to new terms (i.e. 'they' pronoun). Ideology changes over time. There are so many valuable things to learn from GenXers and Baby Boomers, that it's really important to remember that I'm lucky today to be in a more open society.

Do you have any plans to take this new project to other hospitals in the future? I know it's too soon for me to be asking this however is that one of your hopes?

Rhiana: I think it could be kind of similar to the way that the RTP is expanding. I think that there is always that opportunity. This could also be a neat template for other marginalized groups within the MUHC. Right now, for example, at the Griffith there is a woman's-only group that is specific to sobriety but there's also the potential for people of color, indigenous people, and people dealing with disability issues. There are so many opportunities for possible offshoots of this and maybe other people could pick that up. It could inspire other groups from other perspectives and identities.

Matthew: Breaking the ground to show that these kinds of issues and concerns can be discussed in a clinical setting can be really validating and affirming for patients and for the providers as well. I think that the most important thing is that we're trying to build trust. We're trying to rebuild trust where it might have been non-existent or lost in the past.

Any final thoughts?

Matthew: This is just the beginning. There are many more topics that Rhiana has under their belt and we welcome any patient from the Allan and Griffith Edwards to please join us, participate, ask your healthcare provider about Rainbow Chat. We would love to have you.

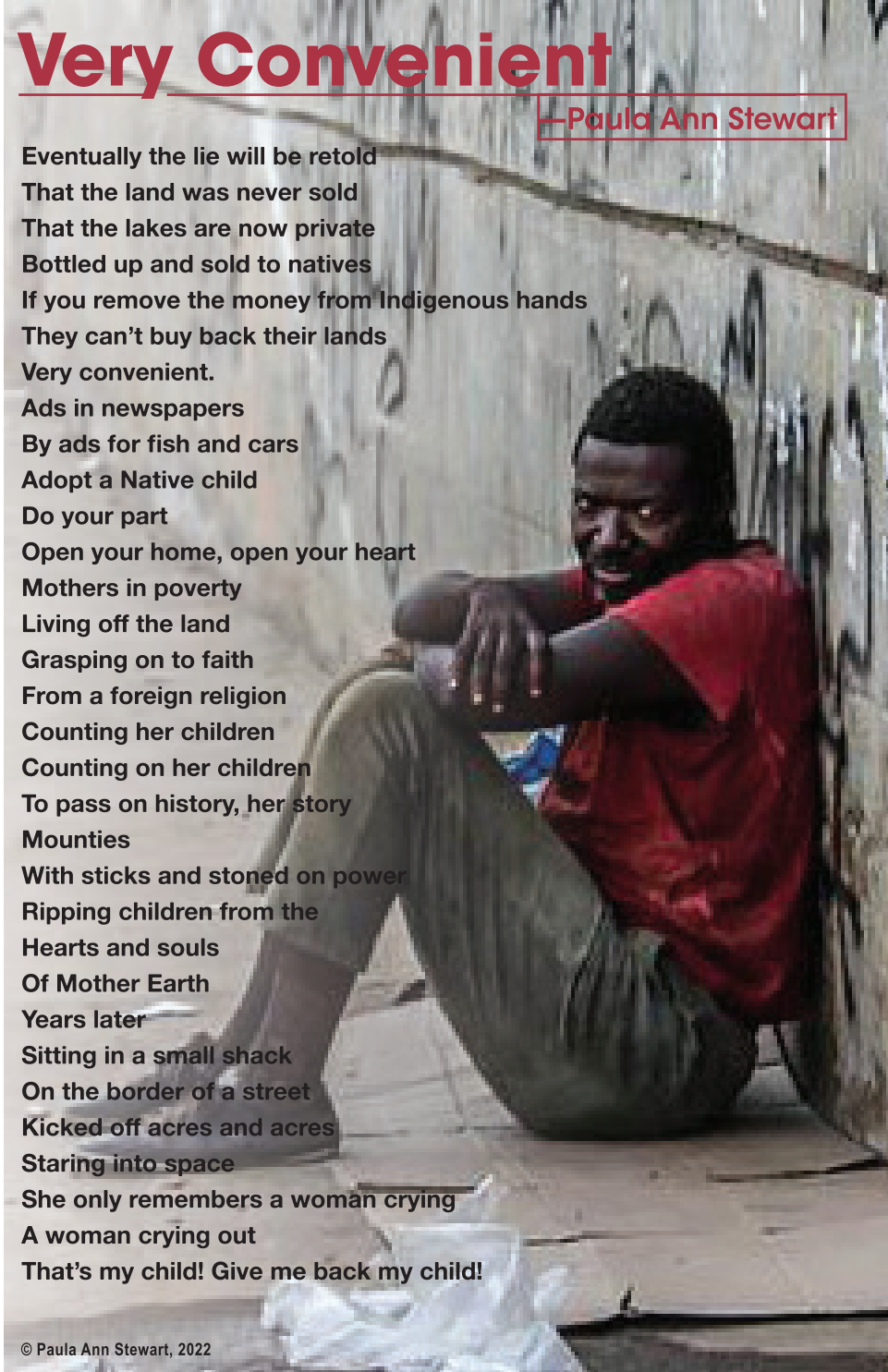
Rhiana: Like I've mentioned before the RTP is about empowering you in the process of your recovery. One thing that was important to me when I think about this group was participant feedback like discussion topics. Ideas are definitely something that I am receptive to because the whole thing is 'for us by us'. That's why this program is so important to me. Why the RTP is so important for me. I don't want to co-opt that phrase but it is 'for us by us'.

For more information contact Patricia: patricia.lucas@muhc.mcgill.ca

Rainbow Chat looks forward to seeing you soon!

Very Convenient

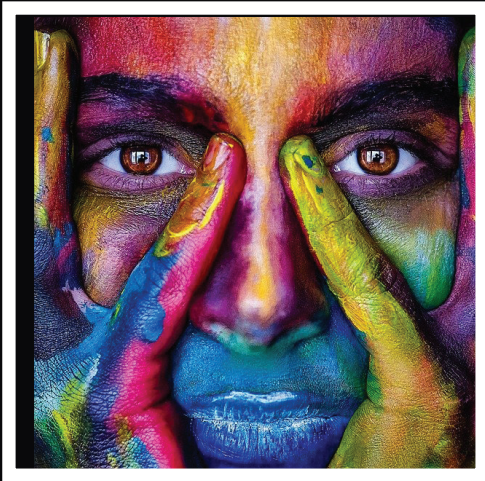
—Paula Ann Stewart



Eventually the lie will be retold
That the land was never sold
That the lakes are now private
Bottled up and sold to natives
If you remove the money from Indigenous hands
They can't buy back their lands
Very convenient.
Ads in newspapers
By ads for fish and cars
Adopt a Native child
Do your part
Open your home, open your heart
Mothers in poverty
Living off the land
Grasping on to faith
From a foreign religion
Counting her children
Counting on her children
To pass on history, her story
Mounties
With sticks and stoned on power
Ripping children from the
Hearts and souls
Of Mother Earth
Years later
Sitting in a small shack
On the border of a street
Kicked off acres and acres
Staring into space
She only remembers a woman crying
A woman crying out
That's my child! Give me back my child!

Sea Creatures

By Paula Ann Stewart



Cause he has fantasies
About owning things
Dreaming
About owning me
I dream about
Saying goodbye
And heading for the sea

No my bicycle won't do
I can't get far enough from
You
Like a lifesaver
Around my neck
You keep bringing me
Back on deck

I try to run
I run with my eyes closed
At the end of the day
I end up staying
Who am I to think I can
Survive
Without you in my life.

From Dad to Dad
To husband
'Till death do we part
I live with a broken
Heart
And they say
Never turn your back to the ocean
My only salvation is the sea

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APPEASEMENT

A^{rise}
It's the after
and it's the better
it's where you and I persist

Unlikely though the outcome
It's strife resolved
and life avowed
we were sometimes so
uncertain
but from now on you will
see

It's the after and then
the better
where you and I still exist

A^{rise}
happy with the fulness
of a Ulysses

A^{rise}
mighty redeemer of
prairies and trees
you are poise, intention, words
and dreams

Fix your eyes forward
etch your thoughts onwards
live hands outstretched
here our tomorrows and our
coming of age
here is today

A^{rise}
it's the full circle
forge on
what we dream already exists
and a place for it

A^{rise} though flailing
gestures
now the appeasement
the very knowing that
tomorrows can exist
and the happy consequences
thereof

—Danielle Ndeze



Yummy comfort food is always in style. I really enjoy eating and preparing this traditional Ukrainian dish because it is simple to prepare, and the basic ingredients are very satisfying to eat. Very often it makes a harmonious and complementary side dish. And, it is also very delicious on its own. For busy or lazy days, this dish may be prepared in advance and popped into the oven when needed.



Prep

45 mins



Cook

45 mins



Portion

6 servings



Health

400 cal/ser

Linyvi Holubtsi (Lazy Cabbage Rolls)

Ingredients:

1 cup rice
2 cups boiling water
1 teaspoon salt
1 tablespoon butter
1 medium onion, chopped

3 tablespoons butter
3 cups shredded cabbage
1 ½ cups tomato juice
Salt and pepper

Directions

Wash the rice well in a sieve until the water comes off clear. Add the rice to the boiling water along with the salt and butter. Bring it to a brisk boil, stir, and let it cook for 1 minute. Lower the heat to simmer, cover the rice tightly, and let it cook for 30 minutes without removing the cover or stirring it.

Cook the onion in the butter until tender. Add the cabbage and continue cooking just enough to wilt it. Mix in ½ cup of the tomato juice and reserve the rest for later use. Season to taste with salt and pepper. Arrange the rice and cabbage in alternate layers in a buttered baking dish. Pour in the remaining tomato juice. Cover and bake the holubtsi at 350°F for 45 minutes.

Variation of Linyvi Holubtsi

Replace the cabbage with chopped tender beet leaves. Some sour cream may be used as part of the liquid. Chopped mushrooms will give an interesting variation as well.

—Tara Youseff

Un jeudi de couvertures, 2 avril 2022

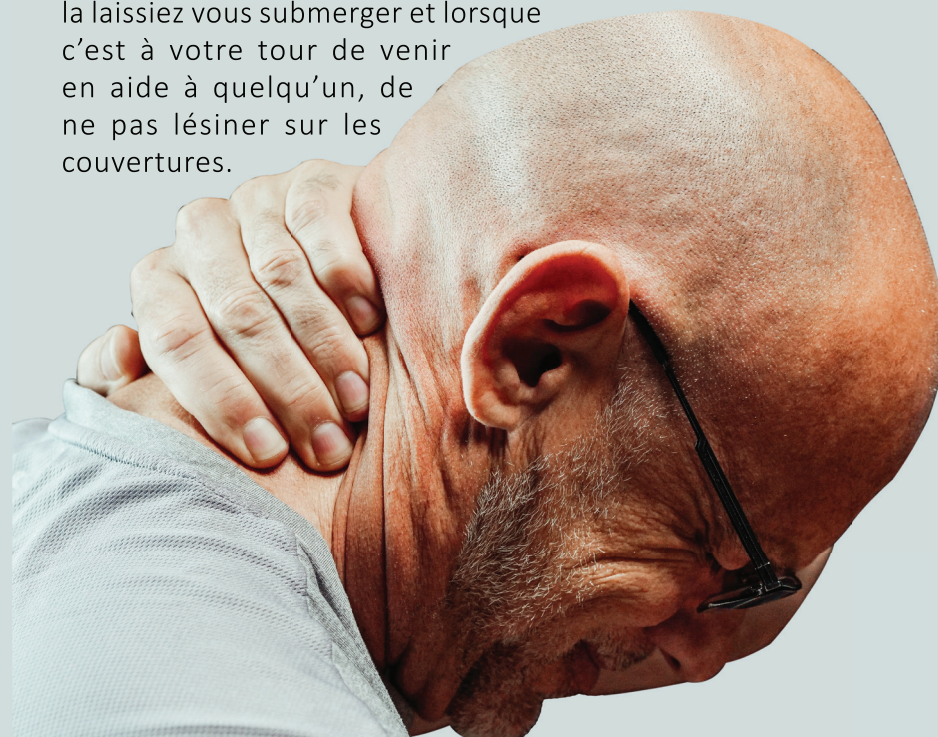
—Benoit Bolduc

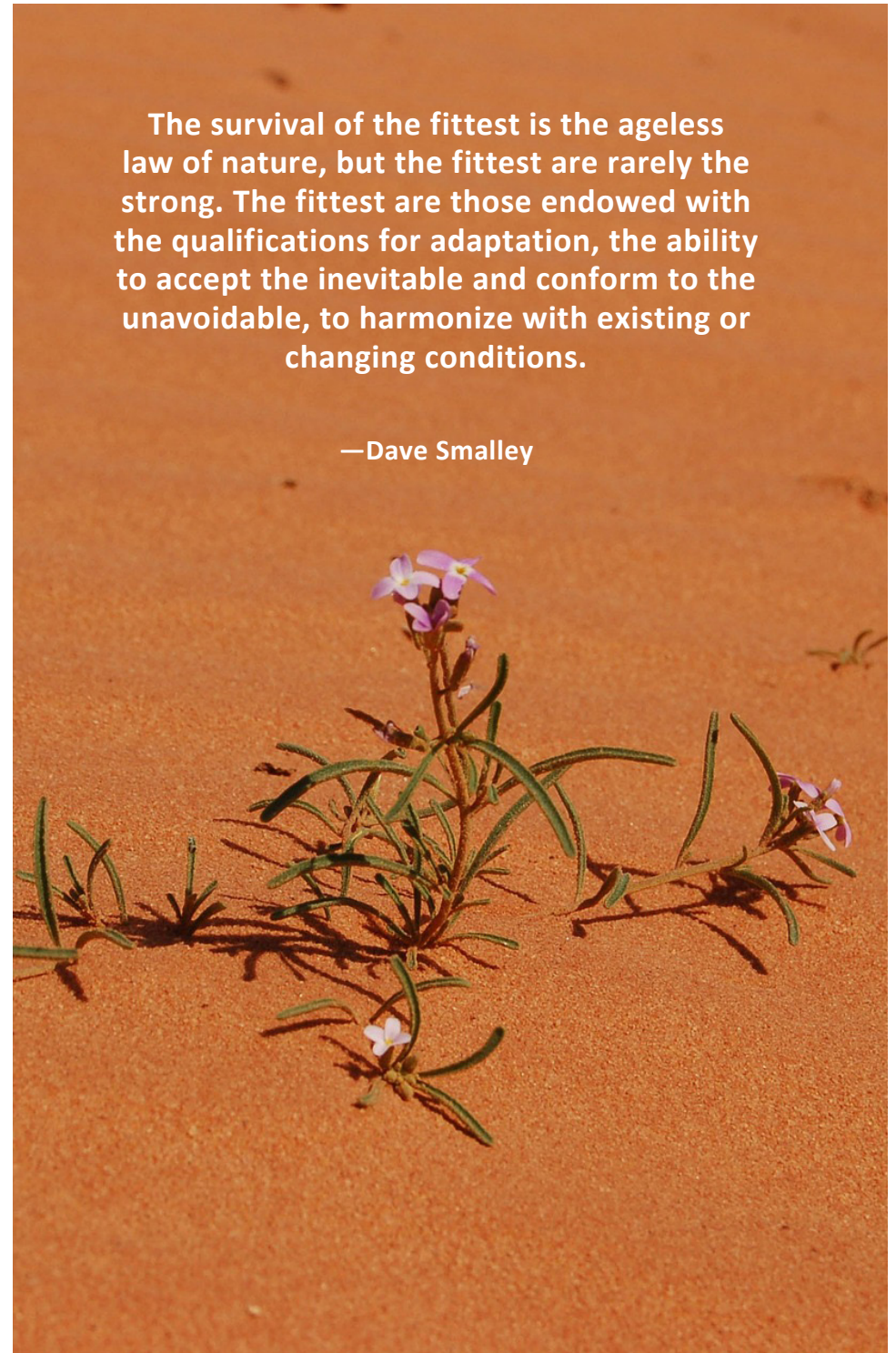
On était jeudi matin, au réveil, je ne me sentais vraiment pas bien, j'avais de la fièvre, mal à la tête et au ventre et j'étais sans énergie. Mon réflexe fut rapide : Covid. Tout de suite j'appelle au Centre de dépistage de la petite patrie et prend rendez-vous pour deux heures. Il fait un temps de chien et j'espère ne pas avoir à chercher trop longtemps le Centre car je ne me sens vraiment pas bien.

À deux heures quinze le test est fait et je m'achemine vers la maison. Je me hâte car j'ai envie d'être chez-moi au plus vite. Au sortir du métro, il pleut, j'accélère donc le pas le plus que je le peux mais mes jambes me semblent lourdes comme du plomb. Mais qu'à cela ne tienne, j'ai juste envie d'être au chaud chez moi, avec un bon café. Et en tournant le coin Jean-Talon-De Bordeaux, je me mets à courir, et de la façon la plus bizarre qui soit, je ne sens plus mes jambes qui se mettent à accélérer comme si elles étaient commandées par quelqu'un d'autre que moi. Et je cours et cours, tellement que je perds pieds et m'affale tête première contre le trottoir mouillé, n'ayant plus la force de faire le moindre mouvement. Mes bras et mes jambes sont comme de la guénille et je saigne du visage. Et plus j'essaie de me relever moins je n'y parviens. Je suis là, couché sur le ventre, sous la pluie, à trois portes de chez moi, le visage tuméfié. Puis j'entends la voix d'un homme : « Qu'est-ce qui vous arrive monsieur ? » Mais je l'entends à peine et puis une autre voix, celle d'une jeune femme cette fois que j'entends elle aussi à peine, qui s'adresse à l'homme. « Vous avez vu ce qui s'est passé? - Si répond l'homme, je l'ai vu qui courait à perdre haleine, dit l'homme, et s'affaisser comme une vieille mécanique déglinguée. - J'appelle le 911 fait la jeune femme, et munit de son cellulaire, compose le numéro. Et moi j'essaie toujours de me relever mais sans succès. Je suis là, tout à fait impuissant, le visage ensanglanté, les lunettes cassées, et le corps mouillé jusqu'aux os. « N'essayez plus de vous

relever, monsieur, vous allez vous épuiser complètement. » Et tout à coup, j'ai senti comme une bouffée de chaleur fondre sur moi. « Voilà monsieur, vous allez vous sentir un peu mieux comme ça. » C'était une couverture qu'on venait de déposer sur moi. « J'habite en face et je me suis dit que c'est le mieux que je pouvais faire. » Et malgré l'état de défaillance où je me trouve, ça me fait chaud au cœur. Et puis une autre femme traverse la rue avec elle aussi une couverture pour me couvrir. Et puis une autre et encore une autre couverture.

J'ai alors cessé d'essayer de me relever, et m'en remis aux divinités protectrices de la vie. Le pire était passé et au bout d'une heure environ, les ambulanciers sont arrivés, m'ont soulevé, déposé sur une civière et transporté vers l'urgence de l'hôpital Notre-Dame. Je m'étais souvent demandé s'il y avait plus de bonté que de méchanceté chez les gens. Ma question prenait parfois une autre tournure, comme par exemple, y a-t-il plus de mauvaises personnes sur cette terre que de bonnes personnes. Je n'ai jamais pu répondre à ces questions. Mais peu importe. Ce qui compte, c'est d'être assez ouvert pour que, lorsque vous êtes récipiendaire de la bonté, vous la laissiez vous submerger et lorsque c'est à votre tour de venir en aide à quelqu'un, de ne pas lésiner sur les couvertures.





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