MPHP Connection

Volume 10
November, 2014

Highlights:

Q: What sound does a turkey's phone make?

A: Wing! Wing!

Mission:

The Medical Professionals Health Program, a program of the Maine Medical Association, assists medical professionals of Maine by providing confidential and compassionate assistance and advocacy. Our staff and committee members help participants with diagnosed substance use disorders. Although we do not provide evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.

Maine Medical Association
Medical Professionals Health Program

Wishing this
Thanksgiving
finds you with many reasons to give thanks

"Acknowledging the good that you already have in your life is the foundation for all abundance."

Eckhart Tolle, *A New Earth: Awakening to Your Life's Purpose*

What are we thankful for?

As 2014 winds down, we want to say "Thank you" to the dear colleagues and friends we have met during the course or MPHP participation.

1. To the inspirational professionals who have the courage to genuinely pursue recovery with both strength and vulnerability.
2. To the employers who understand the ILLNESS of addiction and provide employment opportunities that are supportive of professionals in recovery.
3. To the providers, who are helping recovering professionals to become well and enjoy a sober life.

We are inspired by your commitment, courage and wisdom. Your efforts not only change your own lives, but have helped to build community awareness, increase the supportiveness in workplaces and develop more resilient professionals and health care systems.

Happy Holidays!

Chanukah * Christmas * Kwanza * Ramadan * Winter Solstice

Depression and Alcohol Use:
Coincidence or Connection

Everyone has bad days… those days when all you want to do is go home, change into your pajamas, and have an extra cheesy pizza and a glass of wine… or more maybe. Is this "normal"? To some extent yes, when it happens infrequently. When it happens every day, it is not "normal" and can be indicative of a bigger problem.

Depression and substance use are disorders that often occur together. In fact empirical studies show the following:

- One third of those with depression have a co-existing substance use disorder at some point in their lives.
- Eighty percent of those with addiction complain of having experienced depressive symptoms at some point.

Further empirical studies demonstrate that males with an alcohol addiction have depression rates that are three times more than that of the general public, and females are four times higher. Even worse, a full forty eight percent had an opiate addiction.

This begs the question, which came first, the addiction or the depression? Doctors found that ten to twenty percent of those with an alcohol addiction began drinking to medicate their feelings of depression. Yet another study found that the addiction clearly came first. Is this reminiscent of the chicken and the egg debate? Is there an easy answer?

Depression is not a sign of weakness

It may mean you have been strong for way too long

Many professionals hold the belief that those who suffer from depression attempt to self-medicate through use of alcohol or drugs. Why? There are many answers, but the most popular is that people can hide in plain sight (not making their "abnormality" known), and treatment for depression will be faster because they won't have to find a provider and wait for effective treatment.

Whatever the real answer, it is important to know that self-medication is never the answer. The potential effects that untreated addiction can have will never allow for the stabilization of any co-morbid disorders such as depression. It may take longer to feel better in the quest to get proper treatment, but the lifetime effects will make it worth it.

Resources:

http://www.mentalhealthamerica.net/policy-advocacy
http://health.howstuffworks.com/mental-health/depression-addiction2.htm#herrick
http://health.howstuffworks.com/mental-health/depression-addiction2.htm#schmeck

http://www.dualdiagnosis.org/resource/depression/

http://apt.rcpsych.org/content/7/5/357.full

Congratulations for Ongoing Service:
Honors and Awards

At the Maine Medical Association's Annual Session in September 2014, our own, Dr. Lani Graham, M.D., M.P.H. was presented the President's Award for Distinguished Service by Dr. Guy Raymond, 2014 Maine Medical Association President. This award is the highest recognition paid by MMA for service to the Association and its mission to support Maine physicians, improve the quality of medicine in the state, and protect the health of the public.

CONGRATULATIONS DR. GRAHAM!

Dr. Guy Raymond and Dr. Lani Graham September 2014

Thinking of Relocating:
Things to consider and prepare for

If you're thinking of moving out of state, there are some important things to consider before taking the leap. Whether participating with the MPHP voluntarily or mandated by the licensing board, it's important to investigate how your contracts and requirements transfer to other states and to explore the resources available to you.

- Board Licensing Requirements and Consent Agreements - Each state has unique thresholds for disciplinary action and consent agreement terms. What might be handled confidentially and voluntarily here, could require mandatory disciplinary action in another state.
- MPHP Agreements - We are required by our protocols with the licensing boards to ensure that participants, whether voluntary or mandated, are followed until the end of their contract. When someone in the program moves to another state, MPHP must ensure that they are connected with our counterpart in another state and participating fully. MPHP receives monitoring reports from that program so long as they maintain a valid Maine license until the completion of the monitoring program.
- Treatment and Care Providers - most important is to ensure that participants are connected to the providers they need to maintain health. Therapists, psychiatrists, addictionologists, primary care providers, substance abuse counsellors.

The MPHP has contacts with many out of state programs and is certainly able to help with transfer and transition to another state. The important thing we've learned over the years, however, is that state licensing requirements and cultures vary greatly as do the requirements of our counterparts' programs. Transitions out of state can take some time, so let us know if you are making plans to move so get the transfer process started and help make the necessary arrangements.

"Happiness cannot be traveled to, owned, earned, or worn. It is the spiritual experience of living every minute with love, grace & gratitude."

- Denis Waitley

MPHP 2015 Conference:
Health, Wellness and Sobriety - April 17, 2015

APRIL 17, 2015

! SAVE THE DATE !

MPHP is once again planning a conference focused on recovery and wellness. Stay tuned for more information and registration materials. If you would like to help out on our program committee, please contact the MPHP to volunteer.

mphp@mainemed.com or (207) 623-9266 ext. 3

Telling a Recovery Story:
How to share your experiences

Sharing your recovery story is an important recovery experience and there are many incentives for doing so. The key is to ensure that what you share empowers you in your efforts to be sober and offers hope and information to those who may be struggling with addiction.

Expect to feel vulnerable.

Your sobriety and recovery journey is a deeply personal, unique process that has changed your attitudes, values, feelings, goals, skills, and/or roles. Recounting your experiences with mental illness and/or substance abuse can create a climate of mutuality in peer support relationships. Speaking about something so deeply personal, whether to a group or one on one, is not easy for anyone and telling your story can leave you feeling exposed and vulnerable so be prepared with a plan for dealing with these emotions.

Know what you are and are not willing to share.

Deciding if you want to share your story is a very important decision, deserving of careful reflection and thought. It may be personally rewarding to be honest and open, but full disclosure could expose you to personal, professional and legal consequences that should be considered. Just because you've taken this step to share your story does not mean you have to disclose every aspect of your experience. Keep a commitment to yourself not to disclose more than you are comfortable with. Being armed with phrases such as "That is more than I am willing to share." will help protect you should questions arise that you are not comfortable answering.

Be prepared for assumptions/questions

Remember that the knowledge about substance abuse and recovery will vary widely within any audience. Be prepared to address common myths and keep in mind that this may be a valuable opportunity to address the stigma, shame and all-too-prevalent misunderstandings about substance use disorders and recovery. Keep a list of resources handy.

Remember your reason for speaking.

While it may be personally rewarding to be honest and open about your experience, remember that you have an important obligation to your audience members. Make sure you leave your audience with the message that there is hope, that recovery is possible.

Tell a Recovery story instead of an illness story:

It is also important to remember that there are two kinds of stories – an illness story and a recovery story. Illness stories tend to be more negative, focusing on graphic images or details, anger, feelings of hopelessness, etcetera. If you decide to try to tell or write your story and it has more negative elements than positive ones that's okay. Sometimes people find they have to tell or write an illness story first, before being able to move on to the recovery story.

Recovery stories are meant to offer hope and inspiration to others who are experiencing similar issues while at the same time celebrating how far you have come.

Suggestions for refining your recovery story.

- Write and Leave Alone: Write your story down and leave it alone for a day or two. When you are ready read it over, is it an illness or a recovery story? If it is an illness story try recounting your experiences again.
- Understand Why In telling your story you can offer insight and hope to others struggling to understand what is happening in ways that no other person can. But keep in mind what you can't do - you can't recover for someone else or tell them how to do it.
- Review the questions and worksheets available on the MPHP website.

Your experiences put you in a unique position to offer hope, understanding and information to others struggling in ways that no other person can. Remember that you are a success if you reach just one person.

Resilliance Building:

What is the key to Becomming your Strongest

As we head into the holiday season, it seems like we rely greatly on our reserves and resources to counter the emotional stresses and pressures. According to the American Psychological Association (APA),

> **"Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. ... It means "bouncing back" from difficult experiences."**

This can include relationship issues, board and professional challenges or serious health problems.

What reserves and resources do participants in recovery accumulate that help build resilience? The APA believes having and maintaining caring and supportive relationships within and outside the family are primary factors in resilience. Good relationships with close family members, friends or others are that are accepting, helpful and supportive strengthens resilience.

Ten tips the APA offers for building resilience, supporting well-being and protecting against risk. *

- Make connections.
- Avoid seeing crises as insurmountable problems
- Accept that change is a part of living.
- Move toward your goals.
- Take decisive actions.
- Look for opportunities for self-discovery.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful outlook.
- Take care of yourself.

Knowing where to turn for help when you need it is crucial in building your resilience. Here are some resources recommended on the APA website,

- **Self-help and support groups** can help professionals who are struggling find comfort.
- **Books and publications** by people who have successfully managed similar adverse situations such.
- **Online resources.** There is so much information available on the web. All websites are not created equal so be wary of the quality of the information .
- **A licensed mental health professional** (psychiatrist, addictionologist, psychologist, etc.) It is important to get a professional's help if you feel like you are having difficulty performing basic activities.

Different people need and are comfortable with different styles of interaction. For more information, log onto the American Psychological Association's website.

* http://www.apa.org/helpcenter/road-resilience.aspx

"My scars remind me that I did indeed survive my deepest wounds. That in itself is an accomplishment. And they bring to mind something else, too. They remind me that the damage life has inflicted on me has, in many places, left me stronger and more resilient. What hurt me in the past has actually made me better equipped to face the present."

— Steve Goodier

Re-sil-ience (rəˈzilyəns)

1. the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress
2. an ability to recover from or adjust easily to misfortune or change

"Resilience." *Merriam-Webster.com.* Merriam-Webster, n.d. Web. 5 Nov. 2014. <http://www.merriam-webster.com/dictionary/resilience>.

Gender Issues in Recovery:
How the experiences of Women are Different

"Clinicians and program administrators are increasingly becoming aware of the important differences that exist between men and women with regard to the physical effects of substance use and the specific issues related to substance use disorders. They are also recognizing that these differences have an impact on treatment—that gender does make a difference. When women's specific needs are addressed from the outset, improved treatment engagement, retention, and outcomes are the result." (Substance Abuse and Mental Health Services Administration, 2014)

- Addiction experiences are both universal and unique. Research indicates that the experiences of addiction and recovery are different for men and women. It is suggested that a woman's physical and emotional qualities and propensity for being relationship centered can both make women more vulnerable to addiction and provide better basis for engaging in recovery. Though addiction is similar, the pathways and experiences into and out of addictive use patterns can be quite different for women and men.

- Early Use Patterns are Different. In many cases, the factors affecting early use are different. According to a 2002 study, women are more likely to begin using in the context of relationships in order to improve their feeling of belonging to a group or to avoid hurting another's feelings. Men are more likely to begin use recreationally and to continue use because they like the feelings and effects of the drug. (*Straussner and Brown, 2002).*

According to Brenda Iliff, in "A Woman's Guide to Recovery," women are often introduced to alcohol and drugs in the context of a significant relationship. They progress to injecting faster, and have earlier patterns of use dependence.

- Trauma is often a factor for women diagnosed with substance use disorder(s). Many women diagnosed with substance use disorders have experienced some form of trauma and/or experience PTSD. "Clinical studies have documented that up to 75 percent of women in substance abuse treatment have a history of physical and/or sexual abuse (Ouimette et al. 2000; Teusch 1997). Earlier studies have shown that women who abuse substances are estimated to have a 30- to 59-percent rate of current PTSD (Najavits et al. 1998), which is higher than the rate in men who abuse substances (CSAT 2005*a*)."

- Women are challenged by different barriers. Common barriers to treatment and recovery for women are related to the more traditional roles of women as caregivers – lack access to childcare, lower income or available funds for treatment, pivotal role in family system, reduced visibility in the workplace, concern for being labelled, not ready/don't want treatment.

!

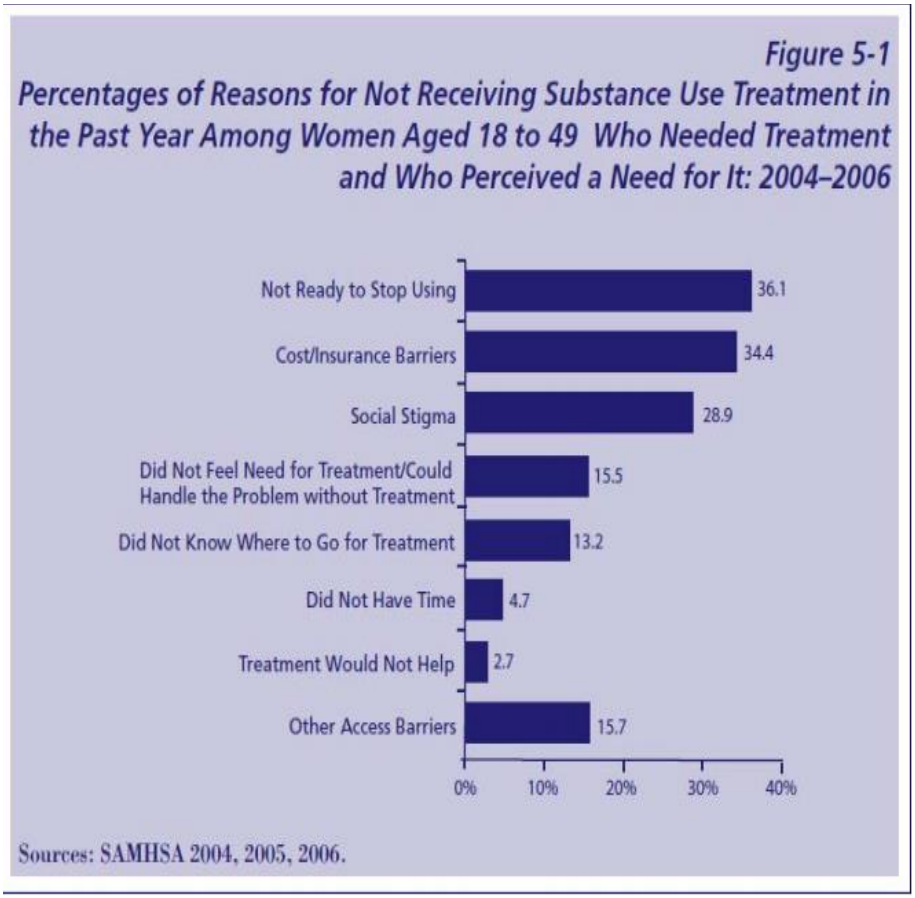
It is important to note that though these gender statistics speak to unique gender experiences, the experiences of any individual can fall anywhere on a continuum. Whether you identify as a man or woman, we hope you will find this information interesting and helpful.

Relapse Risk

Risk is a highly individual experience regardless of gender. Some factors that could contribute to relapse include:

- Cravings
- Beginning or ending romantic relationships
- Physical pain
- Feeling isolated
- Hormonal changes
- High stress or after periods of stress
- Milestones in recovery
- Complacency
- Boredom

Gender Issues in Recovery:
How the experiences of women are Different



The National Center on Addiction and Substance Abuse at Columbia University noted that issues related to self-image and relationships are common relapse concerns for women, particularly food issues and body image, stress, mental health, intimacy, and self-esteem. (The National Center on Addiction and Substance Abuse at Columbia University (CASA), 2006)

It stands to reason then, that women in recovery need to be aware as they participate in treatment, that earlier life experiences play a significant role in their disease, its progression, their recovery and potential for relapse. Relationships that are central to a woman's life, are sources of identity and self-esteem for women, and impact recovery and decision making. Key issues for women to work on through the recovery process are related to restoring appropriate balances in the following areas:

- Self-reliance and empowerment vs. letting go of control
- Learning to trust self and others
- Caring and respecting self and caring and respecting others

It is important to stress that traumatic and poorly functioning relationships are often the factors that contribute to a women's addiction.

Resources and Websites:

Women For Sobriety
http://www.womenforsobriety.org/beta2/

TIP 51: Addressing the specific Needs of Women, http://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA14-4426

Top 5 Issues Women Face in Addiction and Recovery, https://www.caron.org/sites/caron.org/files/women_and_addiction_webinar_final.pdf

Substance Abuse and Mental Health Services Administration (2014). TIP 51: Addressing the specific Needs of Women. US Department of Health and Human Services, (SMA) 14-4426

The Handbook of Addiction Treatment for Women: Theory and Practice (2002). *Shulamith Lala Ashenberg Straussner and Patricia Rose Attia.* 978-0-7879-5355-3

Iliff, Brenda MA, LADC, CAC. *Equal but Different: Top 5 Issues Women Face in Addiction and Recovery*, 2014.

The National Center on Addiction and Substance Abuse at Columbia University (CASA). Women under the Influence, John Hopkins University Press. 2006

Iliff, Brenda. A Woman's Guide to Recovery. Center City: Hazelden, 2009. Print

Ouimette PC, Kimerling R, Shaw J, Moos RH. Physical and sexual abuse among women and men with substance use disorders. Alcoholism Treatment Quarterly. 2000;18(3):7–17.

Teusch R. Substance-abusing women and sexual abuse. In: Straussner SLA, Zelvin E, editors. Gender and Addictions: Men and Women in Treatment. Northvale, NJ: Jason Aronson; 1997. pp. 97–122.

Center for Substance Abuse Treatment. Medication-Assisted Treatment For Opioid Addiction In Opioid Treatment Programs. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005a.

Healthy Work-Life Environment:
How you can help

It cannot be stated adamantly enough how important it is in the medical and social service professions for all staff to be in a healthy work environment. The fact is that full time employees spend no less than 40 hours- and in some cases, 80 hours- per week in the work place. As employees in this field understand, life happens, tragedies happen, so it can be very difficult to achieve a good work/life balance. However, creating a healthy work environment cannot be fully placed on management. Each and every individual is responsible for doing their own part. Below are 5 suggestions that each person can apply:

Allow for **open and honest communication**. A work place is only as healthy as the staff it employs, and staff who have bottled up anger, resentment, or frustration will be bound to "explode" at some point, which is when staff burnout becomes an issue. Everyone can work together to reduce the likelihood of this by demonstrating every day that they are open to hearing everyone's thoughts and opinions- and this would allow each employee to feel more fulfilled with their job.

Develop an **environment of trust.** Show through your actions that you trust the people you work with, and this will allow them to develop trust in you. A big part of this is to work toward creating an environment that is free from gossiping and bullying. Show that you are not willing to engage in gossiping. When presented with it, kindly pull yourself out of the conversation. When you do this, you will be demonstrating strength of character from which others can learn.

Be mindful of the image you portray in the work place - and **be authentic**. This does require some personal reflection and possible willingness for change. Do you appear "grumpy" often at work? Do you tend to be abrupt with others? Changing attitudes and professional demeanor is the responsibility of each and every individual. Everyone has a "bad day", but don't allow it to become your every day attitude and presentation!

Develop an **attitude of cooperation** amongst all. A manager, senior staff, etc. are not going to be the only ones at work with good ideas or feedback that should be heard. Listen to any and all ideas that anyone may present- from reception staff or volunteers all the way up through administration. Aside from allowing for "fresh eyes" on the situation, it also allows staff to feel that their thoughts matter *when reasonable.*

Encourage people to **have fun.** When devoting such a big chunk of our week to work, it becomes far too easy to get caught up in the "grind". You can make the work place more "fun", thereby improving your attitude, lowering the risk of burnout, and preventing carry-over into the familial and/or social environments.

Yes, work will be stressful and you have to do things you do not enjoy or find tedious. Find a way to have fun with it! Try to find humor in what you are doing and laugh.

Laughter releases endorphins into the body, which invigorates cells and has a healthful impact in humans.

A quick story… a hospital based ER physician had a lull in admissions one day and, with a few co-workers, created a fake labor video to "push it." The video added some cheer to their day and that of others. No patients were in danger at any time, and it caused some mood lightening and laughter for the team.

What We Are Reading
Books and Articles we have enjoyed Reading

Eiffel's Tower, Jill Jonnes
The Queen's Gambit, Walter Tevis
The Shoemaker's Wife, Adriana Trigiani
The Suspicions of Mr. Wincher, Kate Summerscale
This is Where I Leave You, Jonathan Tropper
Waking Up: A Guide to Spirituality Without Religion, Sam Harris

Diversion Protection:
Precautionary Measures for Offices

By its nature, diversion is a clandestine activity, and the precautions in many small office settings aren't secure enough to deter diversion completely. Drug supplies and remains are vulnerable to diversion. All offices need to be proactive in combating diversion with a three-part strategy consisting of prevention, detection, and deterrence. In light of the significant public health risks, it is imperative that office staffs be vigilant in protecting pharmaceutical products and the key to prevention is due diligence.

To start, identify who is potentially at risk of diverting prescription drugs. That list will include health care workers, patients, families, and visitors. A practice should have well defined policies and procedures that controls access and ensures accountability. Such measures can be a deterrent, but also are piece of mind for employees concerned about being wrongly implicated in instances of discrepancies or suspected diversion. Here are some tips to ensure that your office is handling supplies of controlled substances safely and responsibly.

- Establish a no-tolerance culture and empower staff to speak up appropriately if diversion is suspected. Involve your staff in the establishment of diversion prevention practices and response plans if diversion is suspected.
- Store controlled substances and other high risk items in a secure locked location at all times. Access should be secured with an electronic lock, cipher lock or key. Access to the storage area(s) should be limited to authorized staff and locks should be immediately updated when an employee is terminated or responsibilities are changed.
- Install camera surveillance in the primary storage area where controlled substances are accessed and in other areas deemed high risk.
- Identify the person(s) authorized to order controlled substances and the person who receives the shipment. **These should not be the same person.** All invoices received should be dated.
- Establish preparation and dispensing practices that minimize the risk of diversion. (see below)
- Establish clear waste handling practices and maintain a chain of custody to minimize the risk for diversion. Controlled substances should be immediately wasted and witnessed by another healthcare professional.
- Establish compliance procedures for auditing contact points with controlled substances - purchasing, receiving, storage, use and disposal. Ensure that chain of custody and access restrictions are being followed.
- Identify resources and establish procedures for resolving discrepancies when issues cannot be resolved internally.

All offices need to be proactive in combating diversion with a three-part strategy consisting of:

- prevention,
- detection,
- deterrence.

'Safer' Preparation and Dispensing

◊ Utilize controlled substances that are dispensed in single-unit-dose packaging and ensure that tamper-evident packaging is utilized whenever possible.

◊ Controlled substances are administered only by a health care provider who is operating within the scope of their practice

◊ Clearly document retrieval of controlled substances from storage areas and time of administration.

◊ Remove controlled substances for one patient at a time from locked storage areas.

◊ Clearly defines exceptions (e.g, emergencies) and have a policy in place to assure chain of custody for controlled substances

◊ Have a 'witness' for all handling of controlled substances whenever possible.

Medical Professionals Health Program

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Medical Professionals Health Program

Helping:
- Dentist (and all licensed allied professions)
- Nurses
- Pharmacists
- Physicians
- Physician Assistants
- Veterinarians

Supported by:
- Maine Professional Licensing Boards
- Maine Hospitals and Medical Staffs
- Medical Malpractice Carriers of Maine
- Individual contributions

CDC Article on Acohol Use:
Drinking Patterns and Dependency

In a survey from 2009-2011 from the National Survey on Drug Use and Health, data were analyzed from the 138,100 adults regarding alcohol consumption. Drinking patterns (ie, past-year drinking, excessive drinking, and binge drinking) were assessed by sociodemographic characteristics and alcohol dependence (DSM-4) This study found that about

- 9 of 10 adult excessive drinkers did not meet the diagnostic criteria for alcohol dependence.
- About 90% of the adults who drank excessively reported binge drinking, and the prevalence of alcohol dependence was similar among excessive drinkers and binge drinkers across most sociodemographic groups.
- The prevalence of alcohol dependence also increased with the frequency of binge drinking. However, even among those who reported binge drinking 10 or more times in the past month, more than two-thirds did not meet diagnostic criteria for alcohol dependence according to their responses to the survey.
- Reduced workplace productivity is the single largest contributor to alcohol-attributable economic costs in the United States.

Access the complete article on the Center for Disease Control website:

http://www.cdc.gov/pcd/issues/2014/pdf/14_0329.pdf

Related Resources:

Available Online:

MASAP listing of all recovery meetings - http://www.masap.org/site/maar-support.asp
Lunder-Dineen Health Education Alliance of Maine - http://www.mainehealtheducation.org/
Alcoholics Anonymous - www.alcoholics-anonymous.org
Alateen - www.al-anon.alateen.org
Narcotics Anonymous - www.na.org
National Council on Alcoholism and Drug Dependence - http://ncadd.org
American Council for Drug Education - www.acde.orgwww.drugabuse.gov
Substance Abuse and Mental Health Services Administration - www.samhsa.gov

Monitor and Self Reports: due end of the month - no later than the 10th of the month.

Caduceus Groups:

Monday ~
Bangor: 7:00pm, Acadia Hospital
Portsmouth, NH, Portsmouth Ball Room, 7:30 PM

Tuesday ~
Lewiston: 7:00pm, St. Mary's Hospital
Farmington: 5:00pm, Education Ctr. UMF (rm. 322)

Wednesday ~
Portland: 7:00pm, Mercy Hosp.

Thursday ~
Presque Isle: 7:30, 175 Academy St.
Calais: 7:15 pm, 15 Palmer St.