

Celebrating
Hope & Recovery
for 13 Years



A Few Words from Santé Alumni

"It's unexplainable. Unimaginable. The transformation that takes place here is something that you just have to experience. I was given back my life, my spirituality and my partner. If you trust the people here and trust the process, it just happens. I am happy I came to Santé, but I am even happier that I stayed at Santé. From the bottom of my heart, THANK YOU ALL and thank you GOD!!!"

~Santé Alumni

"Santé saved my life. Coming here I had so immersed myself into my dual life and addiction that I was headed to a very dark place. While at Santé I was able to identify my issues, work with the community and my treatment team and embrace a path to recovery that has given me a second chance at life. I hope to be a whole, healthy person for the first time in my life."

~ Santé Alumni

"The power is in the group. The guidance is in the staff. The meaning is in the heart. The resistance is in the self."

~ Santé Alumni

"Coming to Santé was a life-changing decision that probably saved my marriage, career, maybe even my life. I came here broken, having done things in my sexual addiction I never dreamed possible, and with the help of Santé I have the tools to fix things; the rest is up to me. That treatment team was great and I got something out of every session. I balked at some of my own treatment directives, but in the end I understood the reasons behind them. All of the nurses and techs were very personable, helpful and did their jobs well. So, the journey to recovery continues. Thanks Santé, for the best care anywhere."

~ Santé Alumni

"Santé is by far the most effective and innovative treatment center I have ever been to. Santé has changed my life."

~ Santé Alumni

"Santé has been a wonderful experience for me and I have learned so much. You have taught me how to live and I will be forever grateful for that."

~ Santé Alumni

2010 Upcoming Events and Conferences

TIPSS Conference – June 12-17 in Dallas, TX

Hosting CSAT Course Module Two – June 23-17 in Denton, TX

Prescribing Controlled Substances Course – July 7-9 on the Santé campus

Texas Behavioral Institute Conference – July 19-22 in Austin, TX

Maintaining Proper Boundaries Course – August 11-13 on the Santé campus

Cape Cod Symposium – September 9-12, James 'Jes' Montgomery, MD speaking in Cape Cod, MA

SASH Conference – September 30– October 3 in Boston, MA

SWPRN Conference – October 1-3 in Branson, MO

NAMSS – October 2-6 in Reno, NV

NCPHP – October 8-10 in Asheboro, NC

Santé's 13th Annual Alumni Recovery Retreat – October 8-10 on the Santé campus

Prescribing Controlled Substances Course – October 13-15 on the Santé campus

Hosting CSAT Course Module Three – October 27-31 in Denton, TX

Maintaining Proper Boundaries Course – November 10-12 on the Santé campus

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2010 Summer Newsletter



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Behind the Scenes of Santé with Medical Director, Dr. James 'Jes' Montgomery

Along with treating chemical dependency and process disorders at Santé Center for Healing, we frequently treat physicians who have issues that might be described more as "compulsivity" than "addiction," though that may well be splitting very, very fine hairs. Our thinking is that some process subconsciously drives the individual to a point where rational thinking does not insert a boundary where one would think an obviously rational decision should be. For example, there was a physician who faced rather dire consequences and, yet still chose to engage in a behavior that was relatively simple to decline. He crossed very boldly defined boundaries that left him vulnerable to potentially career-ending consequences.

Our treatment approach is rooted in three main foci: embracing the lack of control, learning to function with transparency and developing a clear sense of empathy... specifically victim empathy not only for the recipients of professional misconduct, but also for all patients, peers, medicine as a whole and society in general.

We use the Twelve Step model primarily, though it is not an absolute requisite for completing treatment at Santé. We feel it offers a model for defining the loss of control in terms of internal powerlessness, rather than intellectual fault, blame or lack of capacity. By using the recovery model of "surrender," the patient at Santé learns to abandon the typical Narcissistic and somewhat Antisocial defenses so inherent in medical and other safety-sensitive training and begins to lay a new foundation of rational thought. Once this foundation is secure, the process of developing a transparent style of living begins within the "pressure cooker" of the treatment community. While working on the concept of transparency, the patient begins an extensive program of victim empathy work that is derived from the successful models developed in the Sex Offender Treatment Field. By embracing an understanding of the power differential between physician and patient as being similar to those between adult and child in the sex offense process, the physician (or other safety-sensitive professional) can begin to delineate measurable and observable behaviors that indicate both transparency and empathy, then test them in treatment community living. From this process, an understanding of many levels of cyclical or "ritualized" behavior that lead to breaches of boundaries can be outlined and a detailed relapse prevention plan can be formulated. Critical to this plan is the development

of measurable behaviors that can be monitored in the personal lives, the workplaces, and the therapeutic lives of patients returning to society.

This process often takes considerable time to develop, mainly because the process of deconstructing the sophisticated defenses necessary to fulfill the role of physician often takes up to several weeks. Once removed, these defenses must be assessed, understood and rebuilt in more adaptive, functional manners to allow for safe return to the high-pressure environment of medical practice or other safety-sensitive professions. Often, without the complicated web of intellectual and emotionally safe defenses, underlying psychopathology—such as depression, obsessive-compulsive traits and disorders, posttraumatic stress disorder, and many other mood disorders become much more obvious and clear, requiring intervention. While we usually structure the tasks of our program on a seventy-five to ninety-day routine, I find that physicians with multiple infractions tend to take a bit longer to let down their defenses and allow themselves to be known well enough to explore the deeper issues behind the defenses.

If you or someone you know would like more information about Santé's Professionals Health Program, please contact our Business Development Director, Gene Ross, or one of our Intake and Admissions counselors at 800.258.4250.

Santé's Prescribing Controlled Substances Course

July 7-9, 2010
October 13-15, 2010

This course is designed for healthcare professionals who have experienced difficulties with prescribing of controlled medications or who wish to increase their knowledge of medical and legal issues related to prescribing. Participants may also wish to enhance their skills in pharmacology, documentation and appropriate assessment and follow-up of pain patients. The goal of the course is to provide state-of-the-art information on proper and ethical prescribing practices of controlled medications, to help healthcare professionals identify high-risk patients, and to understand how their personalities and past experiences contribute to their risk in making prescribing errors.

For more information contact Donella Burton at
940.464.7222, ext. 271 or Donella@santecenter.com.

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Reformed, Redeemed, Renewed: Now sober, the ‘pot-smoking judge’ helps others with addictions.

by Susan Ager, Detroit Free Press Columnist

The following is an excerpt from an article titled “Reformed, Redeemed, Renewed: Now sober, the ‘pot-smoking judge’ helps others with addictions,” written by Susan Ager, which was published in the Detroit Free Press in June, 2008.

He remembers the beginning of the end, the long walk home from work that Halloween evening, the longest two blocks of his life. “Our neighborhood is a Norman Rockwell painting,” Tom Gilbert says. “We’ve got front porches and kids and dogs and sidewalks. It’s America, and everybody is getting ready for Halloween, and we’re going to have 500 kids at our door, and Marsha (my wife) loves Halloween and is dressed as a witch and there’s chili on the stove. But I told her I didn’t feel well and just went up to bed.”

The next day, she would cry at their small round kitchen table when he told her the news: Someone had seen him smoking dope at a Rolling Stones concert in Detroit 19 days earlier. Ford Field is 250 miles from the Traverse City courtroom where he served as a district court judge. It took more than two weeks for the couple who had watched him inhale to describe it to friends, who happened to be court employees, who felt compelled to tell their supervisors, who finally confronted him. That long walk home, the beginning of the end, would also become the beginning of the beginning.

Five and a half years after his 15 minutes of fame as the pot-smoking judge won him a couple of jokes from Jay Leno, Tom Gilbert is a recovering alcoholic: sober, chastened and no longer casting judgment on anyone. Instead, he embraces those ready to make the changes he did, changes he might never have made on his own.

No more does he walk to work. Often he flies to distant cities, where he trains families how to confront loved ones who drink too much. Almost 51, he still holds court with neighbors and friends on his front porch -- but instead of drinking beer or a three-shot martini, he sips Diet Coke with lime, or diet Vernors. And, to remind him of the biggest turning point in his life, he keeps the ticket from that fateful Stones concert, tucked in with a pirated CD whose tunes came free but for which, he says, “I paid a lot.” “For 19 days,” he likes to say, “that was the best concert of my life.”

A new mission

For Marsha, he had converted to Catholicism. Now he listened to a call from God. With help again from the bank of Dad, he returned to school, to Hazelden, where last year he collected a master’s degree in addiction counseling. On graduation day, his old pot-smoking Michigan Tech buddies showed up to help him celebrate -- this time, soberly. In January, he rented a tiny office over a restaurant in Traverse City and named his company TouchStone Professional Services (www.touchstonerecovery.net). He aims to create “a culture of recovery” in the area, encouraging those who need support to get it, and helping those in recovery with legal issues. “I’ll go anywhere to talk to anyone to say, ‘You want to know what an alcoholic looks like? I’m one. And I’ve got three messages I will go to the ends of the Earth to proclaim: Addiction is a disease, no worse than diabetes. Treatment works. And recovery is possible for absolutely everybody.’” He appealed his insurance company’s decision, to no avail, but he wishes all insurance plans covered treatment for addictions as it does treatment for other chronic diseases.

In the meantime, he does what he can. He has officiated at about a dozen interventions: gatherings at which he coaches families ahead of time on what to say to persuade an addicted loved one to go for help, that same day. “I drive them to treatment,” he says. “They’re usually very quiet.”

Locally, he is mentoring an attorney fighting to keep his license. He has met with priests, offering to help their parishioners. He intervened in the case of a 22-year-old alcoholic accused of several felonies, talking with the prosecutor and the defense attorney to work out a 90-day jail term instead of prison. “And,” he says, “I will be part of how he re-enters home life when he gets out of jail.” This summer, he will help train residents at Munson Medical Center in Traverse City to recognize addiction in their patients and take steps to help them toward recovery.

His debts to Dad are paid off. He and Marsha have largely abandoned the media, TV and newspapers. “We watch the Tigers and the weather,” he says. In the morning they sit together on the sofa to pray and read spiritual reflections aloud. He’s more thoughtful, his wife says, and less impulsive. His mother

says he treats his sisters better, initiating calls in a way he never did, remembering their kids’ birthdays. She still identifies herself to strangers as “the mother of that pot-smoking judge.” “They all know who I’m talking about,” Mary Lu Gilbert says. “I was embarrassed at first, but not anymore. “Now when I tell people, I also say that I want them to know he hasn’t had a thing to drink in five years, that he went back to school, that he’s doing good.”

In his basement, in a garment bag, hang his black robes. He can’t say why he keeps them, but they come in handy. He’ll wear a robe this fall when he officiates at the marriage in Paris of a friend he met in graduate school at Hazelden. And Marsha wore one for Halloween.

Full story and photos at:

<http://www.freep.com/apps/pbcs.dll/article?AID=/20080608/COL02/806080515/1025/FEATURES>

Judge Thomas S. Gilbert (ret.), J.D., M.A. is a former District Court Judge practicing in Traverse City, Michigan. He was awarded a masters degree in addiction counseling through the Hazelden Graduate School of Addiction Studies. He is the owner of TouchStone Professional Services specializing in chemical dependency interventions for professionals, counseling, legal and consulting work in the areas of addiction, treatment and recovery. Judge Gilbert will be delivering a presentation alongside Santé’s medical director, Dr. James ‘jes’ Montgomery, to the Indiana Lawyer’s Assistance Program (LAP) on October 6th in Indianapolis, IN.

Judge Gilbert is in long-term recovery, advocating for the elimination of stigma and discrimination associated with the disease of addiction throughout the country. He lives in Michigan with his wife Marsha and their lab Pal.

New Faces at Santé

Over the past few months, Santé has welcomed several new members to our clinical team. We are pleased to introduce the following clinicians as part of the Santé family!

Sylva Frock, PhD – Case manager and staff psychologist

Daniel A. Tomczyk, PhD – Case manager and staff psychologist

Chuck Jaecks, MS, LCDC – Intensive outpatient therapist

Kathryn Kalahan Arrington, MA, MS, LPC, MT-BC – Intensive outpatient therapist/ Family therapist

Brittany Merrick, MS, LPC, NCC – Family therapist/ Family therapist coordinator

Opioids, Pain, and Addiction: The Mental Health Professional’s Role

by Jennifer Schneider, MD, Ph.D.

day to day or hour to hour. Increased activity, bad weather, anxiety – all these can result in episodes of added pain. These “breakthrough pain” events may result from end-of-dose failure (when the sustained-release analgesic effect wears off before the next dose), but often have no obvious precipitating cause. To treat breakthrough pain, patients are often given a second prescription, for an immediate-release opioid. For patients who are in recovery from chemical dependence, it is often best to avoid the use of the immediate-release opioids, which may be more likely to cause euphoria and to be misused.

There is no upper limit of safety for opioid analgesics, and patients can differ greatly in the dose required to attain pain relief. Patients on stable (even high) doses of opioids can function well, including thinking and driving. Although some organizations and authors have arbitrarily recommended certain maximal chronic opioid doses such as 200 mg morphine-equivalents per day, these recommendations are not evidence-based. Do not assume that patients on high doses are drug abusers or addicts, or that their physicians are uninformed. Another common misperception is that tolerance to the pain-relieving effect of opioid analgesics is the rule. On the contrary, many patients continue to experience adequate pain relief for years on a stable opioid dose, whether it’s low or high. The opioid side-effects that are subject to tolerance (e.g. nausea, sedation) diminish within days, not after weeks or months of stability. One would similarly expect tolerance to analgesia, if it occurs, would happen within days. Increased pain after months of good analgesia is more likely due to disease progression or a new source of pain. Note, however, that when patients are first begun on opioids, they often do require upward titration. The most common reason, however, is not tolerance but rather that they have increased their activity level. This is a desired outcome, as improved function is one of the chief goals of treating chronic pain.

Too many professionals and patients assume that most patients on chronic opioids are addicted. This error comes from confusion between physical dependence and addiction. Most patients are physically dependent, meaning if they stop the medication abruptly they will experience a recognized combination of withdrawal symptoms. Patients need to be

counseled not to stop abruptly nor to leave town without their medications. When an opioid is no longer needed, withdrawal can be prevented simply by tapering the drug.

Addiction (which, to confuse matters, is termed by the DSM-IV *drug dependence*) has three elements, all of which express themselves as *behaviors*:

- Loss of control (i.e. compulsive use) in which the person uses more than intended, fails in efforts to cut down, etc.
- Continuation despite significant adverse consequences – such as disease or injury, arrest, job loss.
- Preoccupation or obsession with obtaining, using and recovering from the effects of the drug.

Addiction to some drugs (such as opioids and benzodiazepines) includes physical dependence on that drug, but most pain patients who are physically dependent are not addicted, and addiction to some drugs does not involve physical dependence (e.g. marijuana). In the medical setting, drug abuse and addiction may be manifested as obtaining prescriptions from multiple prescribers, requesting early refills and altering prescriptions. Many prescribers now ask their patients to sign an agreement which lays out the behaviors required of patients who wish to continue obtaining opioids for chronic pain. The agreement typically includes that the patient will obtain opioids from only the one prescriber; that if another prescriber is involved (e.g. from a dentist when dental surgery is performed, or an emergency room physician if the patient is seen for a broken arm), then the patient needs to inform the physician of this; that no early refills will be given; and that the patient will make no changes in opioid dosing without prior discussion with the prescriber.

A client admitted to an addiction treatment facility who also presents with a chronic pain diagnosis should be evaluated by a pain specialist. If the pain is determined to be legitimate (prior medical records can be a big help here), it is in the patient’s best interest if the staff can work with the pain specialist to assure that the client’s pain is treated, and that specialist is available to deal with the patient’s addiction problem.

Jennifer Schneider, MD, is certified by the American Board of Internal Medicine, American Society of Addiction Medicine, and is a Diplomate of the American Academy of Pain Management. She is the author of the book *Living with Chronic Pain* (Second edition, 2008). For additional information, visit her website, www.jenniferschneider.com, where you can find her several published articles (with references) on these topics. In July she will be a key presenter at the Prescribing Controlled Substances Course for professionals at Santé Center for Healing in Argyle, TX.