



The Path of Treatment in Addiction Recovery A Road Map for Healthcare Professionals

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Most healthcare professionals (HCP) are faced with a changing profession in which they are expected to know more, do more in less time, lead others and accept liability in an atmosphere that seems less respectful and often differs from their expectations during training. This situation, combined with the personality traits that it takes to get through the rigorous educational and training process can put these professionals at high risk for substance use disorder, behavioral addiction, or disruptive behaviors. Such behavior usually results in an intervention by some authority figure that can end with the professional being told he or she must seek treatment.

When a healthcare professional is referred or seeks treatment for a substance use disorder, behavioral addiction or disruptive behaviors, the professional is often feeling anger, shame and fear of losing everything that is important to him/her. At the same time he/she fears the loss of what started as an oasis from a complicated and stressed life. This is often how the professional enters the intake process with Santé Center for Healing or any other treatment program that specializes in treating healthcare professionals. (Occasionally a HCP recognizes there is a problem and seeks help on their own, but those cases are rare.)

The path to recovery starts with the intake process to determine if the HCP is appropriate for the level of care offered. After the HCP is admitted and completes detox if needed, the HCP is expected to successfully complete treatment. At Santé this includes three distinct phases of the program, sometimes transitional living for a time, and after discharge, maintaining contact with Santé for a period of no less than two years and often as long as their monitoring contract lasts.

During the intake process, the intake counselor takes into consideration what has been shared by the referral source while empathizing with the HCP who is feeling anger, shame and fear. Determining the HCP's motivation to change is a part of this process. It is a delicate balancing act to inform, inquire, encourage, and be empathetic while reminding the professional that compliance with the wishes of the authority figure will result in a better outcome than defiance. Intake is the first place a modicum of trust begins, so the focus is both on what the professional wants to change and how that is connected to what the referent wants the HCP to accomplish. If the professional feels heard, he or she is likely to take the first step towards recovery and make a commitment to their recovery.

During Phase I, the HCP is expected to be a part of the treatment community, attend community meetings and do their share of the community chores. Program assignments include completing a life story and detailed using history, the first three steps of the traditional 12-Step Program or something comparable, and begin identifying what will be needed for a personal relapse prevention plan. A special focus is given to spirituality during the work on Steps 2 and 3, so that the HCP may continue to utilize the lessons learned from that work during treatment and beyond.

Everyone is expected to learn more about and practice stress management and emotional self-regulation. HCPs are expected to complete and present daily assignments, attend regular in-house or community 12 step meetings. HCP also must attend special groups to discuss the impact of their behavior and addiction on their practice, partners, and patients and must attend Caduceus meetings each week. HCP must also attend a three day CME course held at Sante's campus on Maintaining Proper Boundaries.

An important part of Phase I is completion of a family intensive. The HCP and usually a spouse/significant other, work in private sessions for two full days with marriage and family therapists on issues specific to their personal relationship. Often disclosure and accountability are a part of this process and require much preparation before the intensive is arranged. After working through the disclosure, couples then determine what their personal and couple goals are for the future and work on skill development to help them reach those goals.

It is common through the process of treatment to discover or confirm that the HCP has a co-occurring condition that has contributed to the addictive behaviors. Appropriate medications are prescribed and goals adjusted to reflect the treatment needs of particular disorders. If a HCP has a history of trauma, he/she has an opportunity to have specialized trauma resolution therapy when his/her coping skills are mastered that will enable them to manage the difficult emotions that arise during the treatment for post traumatic stress symptoms. All the therapists at Santé have been trained in the use of EMDR, recognized by the APA as one of the most efficacious means for treating PTSD.

During Phases II & III, HCPs complete the remainder of the 12 steps and an extensive relapse prevention plan and then practice, practice, practice. As part of resolving past issues or practice demonstrating new skills, each HCP is involved in a psychodrama staged to emphasize their specific need. They participate in team and individual challenges in ROPES experiential therapy. HCPs complete additional family therapy sessions and usually complete at least one therapeutic leave in which they make a trip home with a peer. During these visits, the HCP meets with their physician health program monitor, attorney, hospital administrator or others who need to see the progress made thus far. Families get an opportunity to practice the skills learned in treatment and identify other issues that need to be addressed in the future. If the HCP will be continuing in therapy, an appointment with therapist can be arranged to discuss goals for continuing care.

Discharge planning begins when someone enters treatment, but the particulars get put into place a couple of weeks before discharge. Identifying 12 step meetings and other sources of support and arranging for appointments is completed prior to discharge.

HCP are held to a higher standard and often stay longer than other patients because they desire to return to the public's trust. Yet, it takes a long time for the brain to heal from addictive behaviors and the healing must occur for long term recovery to have a chance. Those who have made that commitment celebrate a life of recovery and a new chance to be the kind of person they want to be.

Santé Center for Healing is an adult treatment center located in the Dallas / Fort Worth, Texas metroplex and specializes in the treatment of dual-diagnosis and addictions. For additional information about Dr Corley, Santé Center for Healing or treatment for healthcare professionals, please call an Intake and Admissions Counselor: 800.258.4250 or visit www.santecenter.com.