

## INNOVATIVE ROLES

### **Editor—Joan Kub, PhD, MA, PHCNS-BC**

*Johns Hopkins University, School of Nursing, Baltimore, Maryland, USA*

## **An Interview with Mary Ryan Woods, RNC, LADAC, MSHS**

Mary Ryan Woods is licensed as a Drug and Alcoholism Counselor in New Hampshire, a Licensed Clinical Supervisor for Substance Abuse Counseling in New Hampshire, and a Certified Psychiatric and Mental Health Nurse by ANCC. She is the Chief Executive Officer of WestBridge, a nonprofit organization that provides community based treatment for individuals and families with co-occurring psychotic and/or affective illness and substance abuse disorders. The organization is committed to using evidenced based practices that have been researched and proven to work with its participants. The nursing leadership and expertise of Mary Ryan Woods in helping to build and administer an organization focused on co-occurring illnesses using evidence based practices is an example for all of us working in addictions nursing. Her path to becoming CEO of a treatment center is exemplary.

### **YOU HAVE MORE THAN 30 YEARS' EXPERIENCE IN MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING. CAN YOU DESCRIBE YOUR CAREER PATH?**

After graduating from St. Joseph's Hospital in Elmira New York, I started my nursing career in the OR. Four years later, I started on my path of working in the specialty of addictions nursing. I responded to a call at Kenmore Square Treatment Facility; a non-profit state funded 30 bed facility, to work in their Detox center. From there I went to work in an alcohol detox unit at Catholic Medical Center in Manchester New Hampshire and eventually to Farnum Center in Manchester where I worked as an alcohol counselor, an intake worker, and an outpatient counselor. These multiple roles and experiences resulted in my recognition of the need for more education, which in my case was a BS in Psychology/Sociology from New England College in Henniker, NH, and eventually a Masters of Science in Human Services Administration from Springfield College, Manchester. My path after that led to clinical roles in New Hampshire state agencies, and eventually to administrative roles at the Mental Health Center of Greater Manchester and West Central Behavioral Health, Lebanon.

### **YOUR EXPERIENCES ARE SO RICH AND VARIED. I WOULD LIKE TO ASK YOU ABOUT SOME OF THESE EXPERIENCES IN MORE DETAIL. I NOTICED FOR EXAMPLE THAT YOU WERE INVOLVED IN THE DEVELOPMENT OF A HALFWAY HOUSE FOR WOMEN IN THE 1980s. CAN YOU TELL ME ABOUT THAT EXPERIENCE?**

In the 1980s there were many resources for men but not many for women. Policymakers did not understand that the models guiding care for men were not right for women. Individuals who were court ordered to treatment were expected to go to work as a part of their recovery and this was to happen within 3 to 6 months into their recovery. Women were at a disadvantage, especially if they had children. When I was at the Farnum Center, I helped to develop the Woman's Halfway House, a 30–60 day program, whose purpose was to bridge the gap between residential and independent living in Manchester. Women need to be in treatment with other women. This was the premise of developing the Halfway House. Women need specialized care and that care can and should include the children. Historically, a woman had to go before courts with addictions problems and was declared unfit to be a mother. Women with substance abuse problems need treatment and parenting skills to be effective mothers.

### **I KNOW THAT YOUR WORK IN THE NEW HAMPSHIRE AGENCIES WAS FOCUSED ON THE INCARCERATED AS WELL. CAN YOU TALK ABOUT THESE EXPERIENCES?**

From 1993–1995, I worked for the New Hampshire Office of Alcohol and Drug Abuse Prevention and from 1997–1999, I worked for the Bureau of Substance Abuse Services. My roles in these positions included the provision of substance abuse education and assessments for inmates at Laconia State Prison as well as working with a First Steps Program which focused on providing education, assessments, and individual after care plans for those who were in this alternative sentencing program.

### **YOU HAVE BEEN AT WESTBRIDGE AS THE CEO SINCE 2001. CAN YOU TELL US ABOUT WESTBRIDGE?**

WestBridge was the brainstorm of a family, Al and Lorraine West, who wanted to create a treatment program for

individuals and families dealing with dual disorders. The West family recognized that major mental illness and substance use often go “hand in hand” and because of their own experience in their family wanted to help other families.

WestBridge is focused on individuals suffering from:

- Severe thought disorders (i.e., schizophrenia and schizoaffective disorder) and co-occurring substance use disorders
- Mood disorders and co-occurring substance use disorders
- Major depression and co-occurring substance use disorders
- Anxiety disorders and co-occurring substance use disorders

It was created to help families and individuals learn to live a life of recovery and to help practitioners and policy makers better understand and treat and manage care for those suffering with dual disorders.

WestBridge consists now of a residential program for men 18 years of age and older. In addition, we have two outpatient programs, one in Manchester NH and one in Medford MA, where we treat men and women 18 years and older. WestBridge utilizes research-based treatment modalities that have been developed by the Dartmouth Center for Evidence-Based Practices. We employ the following evidence based treatment approaches: integrated dual disorders treatment, family education and support, assertive community treatment, illness management, and recovery supported employment.

### **CAN YOU TELL US MORE ABOUT THOSE APPROACHES?**

These evidence based practices have proven to help people with co-occurring severe and persistent mental illness and substance use disorders engage in treatment and recovery. Integrated dual disorders treatment means that both mental illness and substance use disorders are considered to be primary brain diseases and are treated by the same team of people similar to how a primary care provider will treat both hypertension and diabetes. For information on the other EBPs, I would encourage people to go to our Web site ([www.westbridge.org](http://www.westbridge.org)).

### **CAN YOU GIVE US AN IDEA OF WHO YOU SERVE AT WESTBRIDGE?**

As you know the practice is focused on individuals with co-occurring psychotic and/or affective illness and substance abuse disorders. We currently have approximately 50 participants. The largest group is in the 19–26 age range. It is a private pay facility and in some cases insurance covers the cost. The substances used include marijuana, alcohol, and prescription drug misuse. Oxycontin, Percocet, and Vicodin are some of the prescription drugs of choice, leading to an opiate dependence. For some people, the misuse of these prescription medications allows the

person to feel normal for the first time. We sometimes will prescribe an opiate replacement such as suboxone or work with methadone clinics for certain individuals.

### **PRESCRIPTION DRUG ABUSE IS A BIG PROBLEM TODAY. WHAT ARE YOUR THOUGHTS ON HOW TO DEAL WITH THIS ISSUE AND WHAT STRATEGIES CAN BE USED TO ADDRESS IT?**

It is a big problem. Many people will go to their primary doctor and then go to other doctors seeking these drugs. We have seen some cases where seniors have gone to as many as twelve different providers. One possible mechanism for prevention is some type of regulation and to do better monitoring of prescription orders. Another problem is that individuals will often give false names. I believe the best strategy is to enact stricter laws for prescribers and intensive monitoring of the use of addictive medications.

### **HOW DID YOU GET INVOLVED IN THE DEVELOPMENT OF WESTBRIDGE?**

The West family recognized the value of nurses because of the recognition that nurses are multiskilled, well rounded and able to do multiple things. I met Mrs. West when she first visited the Mental Health Center of Greater Manchester. I became involved with this project when I was working at West Central Services Mental Health Center in Lebanon, NH. Mr. West recruited me for this position

### **WHEN YOU THINK BACK TO YOUR EXPOSURE TO SUBSTANCE ABUSE IN NURSING SCHOOL, WHAT DO YOU REMEMBER ABOUT YOUR EXPERIENCES?**

I have memories of alcoholic patients in withdrawal experiencing DTs in the hospital and staff who did not want to take care of these patients. Consequently, nursing students were often given the responsibility of monitoring these patients for seizures. With time, attitudes have changed partially related to new regulations. Senator Harold Hughes was instrumental in passing the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, (P.L. 91-616), which came to be known as “The Hughes Act.” That legislation resulted in the development of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as well as money for state planning for detox centers and incentives for hospitals to admit alcoholics.

### **YOU MENTIONED THE FACT THAT ATTITUDES SEEMED TO PLAY AN IMPORTANT ROLE IN QUALITY CARE. WHAT IN YOUR OPINION CAN WE DO TODAY TO IMPROVE ATTITUDES AMONG HEALTH CARE PROVIDERS, INCLUDING NURSING STUDENTS?**

Stigma is still an issue. Addictive disorders are brain disorders. There is a parallel between chronic illness such as diabetes and alcohol problems. With diabetes, no one says come back when you stop eating sweets. With alcoholism, it is common to

hear, come back when you are sober. Some of the issues revolve around the fact that providers do not think we have been able to develop effective treatment strategies. Some providers cannot tolerate being around patients with alcohol or drug problems and that is easily conveyed to those patients.

We need to emphasize several points with health care providers today.

1. First we need to raise consciousness about the fact that addictive disorders are brain disorders. Addiction must be seen as a disease and not just a self help issue. It is also important to realize that not everyone experiences addiction is the same way.
2. It is important to realize that our attitudes as providers are conveyed to patients even subconsciously. When individuals suffering from addiction end up in the emergency rooms, they are often treated terribly.
3. It is important to understand the role of pharmacotherapy in treatment today. A lot can be done. It is also critical to understand how change occurs. Motivational interviewing within the context of stages of change is important in order to help a person improve or progress.
4. It is important to work with the families.

Not caring for individuals and families with these perspectives is detrimental to quality care. It is morally wrong to provide anything but good quality care and it is our moral responsibility to rethink how we view mental illness and substance use disorders.

**YOU HAVE HAD THE OPPORTUNITY TO BE IN MANY LEADERSHIP POSITIONS TO INFLUENCE CHANGE, SOMETIMES AT A POLICY LEVEL. CAN YOU TALK ABOUT A FEW OF THESE AND HOW YOU HAVE BEEN ABLE TO SHAPE HOW WE DO THINK ABOUT MENTAL ILLNESS AND SUBSTANCE USE DISORDERS?**

I have been involved in leadership positions with several groups including The Association for Addiction Professionals

(NAADAC)(President 2004–2006); New Hampshire Association for Alcohol and Drug Counselors (President 1994–1998; Board of Directors 1992–present) a charter member of the New Hampshire Board of Licensing for Alcoholism & Drug Abuse Professionals; and National Steering Council member SAMSHA’s COCE (Co-Occurring Center of Excellence). These experiences were great opportunities and allowed me to be an advocate all the way to Capitol Hill. NAADAC annually sponsors an Advocacy Conference in which people from all over the country take one day to canvas our Congressmen and Senators. I was also part of a coalition to sponsor two Town Hall Meetings on Addiction during the presidential elections in 1996 and 1992.

**I HAVE ONE FINAL QUESTION. WHAT CAN WE DO IN NURSING TO IMPROVE HEALTH OUTCOMES OVERALL FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS?**

Addiction needs to be in the nursing curriculum and we need to reframe how to think about addictive diseases. It is important to assess everyone for alcohol/drug problems. We need to look beyond symptoms and go to root causes. A more holistic approach overall is needed and this applies to systems as well (i.e., policies in hospitals). We need to convey that treatment is effective and use evidenced based approaches in our practice. Training of providers is important and motivational interviewing should be added to curriculums so nurses can be a bridge to recovery. Being aware of resources is important. At WestBridge for example we have an Internet Radio Show on the Voice America Channel each Monday to help educate everyone on issues related to recovery from mental illness and substance use disorders and wellness.

**DECLARATION OF INTEREST**

The author reports no conflict of interest. The author alone is responsible for the content and the writing of the paper.