



THE BRIDGE

Family-centered recovery for co-occurring mental illness & substance use disorders

Winter 2008

WestBridge values

WestBridge strives to be collaborative, person-centered and recovery-oriented. We have developed the following set of values that we want to be reflective of our relationships with our participants, families, co-workers and colleagues.

- Hope, respect, teamwork and direct communication are the core elements of our culture.
- We want everyone we interact with to experience our compassion, thoughtfulness, integrity and responsiveness.
- Everything we do is driven by a desire to develop authentic relationships.

We encourage you to let us know when we are living up to these values and when we are falling short. By working together, we can make treatment a positive, hopeful experience. ■

WestBridge has ‘experienced, well-functioning team’

“WestBridge is refreshingly different from what I see in the public mental health system across the country,” notes Robert Drake, MD, PhD, director of the Psychiatric Research Center at Dartmouth Medical School who also consults at WestBridge twice a month.

“They are an experienced, cohesive and well-functioning team with excellent clinicians whose decisions are driven by what is best for people. They pay attention to what research shows is effective with people with co-occurring disorders, and learn from their experience

with participants and families to do what is helpful.”

Dr. Drake has been involved with WestBridge since its inception, when the West family asked him to help them create a treatment model for

co-occurring disorders that would be consistent with research on effective practices. During his twice-monthly visits to WestBridge, he meets with clinicians, teams, families and participants, observes groups and assists with intakes.

“I’ve really been impressed with how experienced, competent and respectful the clinicians are in interacting with participants and families,” he explains. “They’re masterful at dealing with drug-induced crises.”

He adds that the clinicians are adept at including families in a way that empowers them, without infringing on their family member’s autonomy. Families want to be involved and participants want and need to have a good relationship with their family, yet many other mental health programs don’t create this opportunity.

Once a month, Dr. Drake is available at WestBridge for families to call in to discuss co-occurring disorders. The next family call-in dates are January 23 and February 27 at 12 p.m.

Please call 800.889.7871 to speak with Dr. Drake. ■

“The more a man knows, the more he forgives.”

Catherine the Great

WESTBRIDGE

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Robert Drake, MD, PhD

Parent's perspective

My son Carl* was in law school when his universe fell apart. Following a meltdown, he was diagnosed with bipolar disorder, made worse by academic stress and longtime drug and alcohol abuse. During a stay at a well-known hospital, with a new diagnosis of schizoaffective disorder, he became increasingly violent and was dismissed. By the time someone recommended The Commons, we were desperate for help.

In the last year, WestBridge has been a godsend to Carl and us. From the moment he walked through The Commons, he felt it was a safe haven. He has made a connection with the staff that he has not made during years of treatment at a number of hospitals and facilities. He likes the patient, caring people who have helped him understand that he needs to be healthy and sober to pursue his goal of being independent. He likes having input into his program and being part of the team. His deep anger has been less apparent as he tries to keep it under control by talking it out.

After steady progress, Carl moved a few months ago to a small apartment near The Commons. Supervised by WestBridge staff, he participates in daily activities and attends a local community college where he is studying computers. He is also looking for a job. We are glad to have an open line of communication with him again.

Carl is a work-in-progress, but without the safe haven that WestBridge provides, he would be in trouble. WestBridge has given us and Carl a sense of hope and guidance on what to do and where to go from here. ■

**not his real name*

Sustained recovery requires people to find new ways to access pleasure and to manage pain, as alcohol and/or other drugs have been the main vehicle for these experiences. At WestBridge, we help people find new coping skills and activities.

Motivational enhancers influence behavior

Treatment for addiction often focuses on negative consequences for unhealthy choices and substance use. This has mixed results and is not as effective as expected. Often the consequences “punish” and alienate rather than inform and help people change. Using motivational enhancers is not new, but it is gaining more credence as research proves its efficacy. Basically, we reinforce positive behaviors or choices rather than punish negative ones. Enhancers vary in magnitude and are targeted to specific behaviors. Enhancers can be prizes, cash, positive affirmations, gift certificates or other things that people identify as important. Some may recognize this as a “token economy” or operant conditioning.



The seven principles of motivational incentives include:

1. Target behavior
2. Choose target population
3. Choose the reinforcer
4. Determine incentive magnitude
5. Set frequency of incentive distribution
6. Identify time of the incentive
7. Determine duration of the intervention

Please visit westbridge.org for more information on these seven principles. ■

did you know?

To provide exemplary service to our participants, families and other “customers,” WestBridge has improved our customer satisfaction surveys. We will now ask participants and families to take 5 to 10 minutes to share their thoughts. We value both positive feedback and constructive criticism, which are vital to our growth and exceeding expectations during treatment.

To download a survey, please log on to westbridge.org and search under “Admissions” to find “Forms.” You may fax a completed survey to Kevin or Melissa at **603.606.7826** or e-mail it to kkeefe@westbridge.org or mwesterman@westbridge.org.

We will also interview participants and call families to complete the surveys. If you are a provider/referent or are otherwise willing to share your feedback, we welcome all comments. ■

WestBridge hosts 'Voice of America' radio program

WestBridge is pleased to be hosting an Internet radio show that focuses on issues related to the recovery and treatment of substance use disorders and mental illness. We have hosted 10 shows on VoiceAmerica, which are available at westbridge.org or Health.VoiceAmerica.com.

Each show focuses on a different topic and features an expert in this field. Our guests and their topics include:

- Mark McGovern, PhD Addiction, Substance Abuse & Misuse
- Mark Green, MD Opiate Addiction, Treatment Myths & Misconceptions
- John McAndrew, Jon Cohan, Shauna Guidici Creative People & Recovery
- Kevin Keefe, MSW ARISE Interventions
- Moe Armstrong Peer Educators & Dual Disorders
- David Powell, PhD Addiction & Treatment in the Pacific Rim: Men's Issues in Midlife
- William Cope Moyers "Broken," his autobiography
- Rokelle Lerner Women & Relationship Boundaries
- Beverly Watts Davis SAMHSA's Initiative with National Guard
- Carlo DiClemente, PhD Stages of Change

Mary Woods, WestBridge CEO, hosts the live "One Hour at a Time" talk show on Mondays at 3 p.m. EST.

Call in at **1.866.472.5792** and listen at **voiceamerica.com**. ■



Sibling's perspective

When my brother Sam* first arrived at The Commons over a month ago, he was anxious, but now he seems more comfortable. He is an independent person who prefers doing things by himself, but he has enjoyed interacting with WestBridge staff and the other nine men living at The Commons. Living in a new place is difficult, but he sees himself benefiting from this place.

A talented athlete who had gotten away from exercise, Sam especially enjoys the group trips to the local YMCA to work out. He also likes going to the movies and looks forward to winter outings such as skiing, ice skating and hockey games. He even seems more receptive to attending AA meetings and is getting more from them.

Sam, who has schizophrenia, has lived in a number of residential communities and often did well until transitioning to living independently. Then he would isolate himself, his symptoms would flare up and he would be back in the hospital. What drew us to WestBridge is their long-term follow through that occurs when people transition to living independently. When Sam is ready, we are hopeful that this program will work well for him. ■

**not his real name*

Clinicians from proAros in Sweden visit WestBridge.



in the news

- WestBridge CEO Mary Woods, RNC, LADC, MSHS, led a delegation of addiction professionals to Vietnam and Cambodia in the fall. The exchange included discussions on medication in addiction treatment, therapeutic communities, addiction treatment training, the impact of addiction on families and addiction in a primary care setting.
- Mary Woods, Rob Tatman and Jim Gamache presented "Bridging the Gap Between 12-Step Recovery and Dual Disorders" on Sept. 5 at the National Association of Alcohol and Drug Addiction Counselors in Florida.
- On Oct. 11-12, 12 clinicians from proAros in Vasteras, Sweden, visited WestBridge to learn about our dual disorders model of care.
- WestBridge participated in the 5th annual Walk for Recovery from Mental Illness on Oct. 7, raising \$1,175 in pledges. The walk raised more than \$60,000! ■



Dr. Mark

Dr. Mark Green, MD

How is suboxone used?

When opiate-dependent people are in withdrawal, they feel miserable and anxious; this can drag on for months. Short-term detoxification can eliminate withdrawal but doesn't reduce relapse rates, which exceed 85 percent.

Suboxone is used to treat opiate dependency, similar to methadone. It eliminates withdrawal, blocks cravings and any effects of opiates. Unlike methadone, suboxone can be prescribed from a doctor's office and, while overdoses can occur with sedatives or alcohol, it is considered safer.

Psychiatric symptoms are almost impossible to control without suboxone or methadone to counteract the stress and preoccupation that accompanies opiate dependency. Once a stable dose of suboxone is reached, people can maintain that dose indefinitely. Relapse rates are then less than 15 percent and side effects very few. Some may risk tapering off suboxone when they have developed strong supports and relapse-prevention skills. Unfortunately, stigma pushes many to stop prematurely. ■

Creative corner

We invite our readers to share their artwork, essays, photos and poems.

Mary Woods, WestBridge CEO, took this photo at Mith Smalanh and Friends in Phnom Penh during her trip to Cambodia and Viet Nam with other addiction professionals. The organization runs 12 interlinked programs for street children in three provinces and provides outreach throughout Cambodia.



wellness

Nonviolent crisis intervention

When we experience a crisis, if supportive, understanding people are involved, there may be a more positive outcome. Nonviolent crisis intervention can play a role. At WestBridge, a certified instructor provides training to employees on nonviolent crisis intervention techniques.

Nonviolent crisis intervention provides the best care, welfare, safety and security for all involved in a crisis. Through the training program, employees are taught appropriate ways to respond to crisis situations. Employees learn verbal and physical techniques that allow all individuals involved in the crisis to be heard, feel safe and continue to build positive relationships. The training program allows employees to bond as a team, discuss past crises and future plans, and gain the confidence to respond to a crisis in a safe, secure manner. ■

comments

We welcome your comments about this issue of *The Bridge* and invite you to submit ideas for future stories.

To contact us and for more information on our services, visit

WESTBRIDGE.ORG

or call us at

800.889.7871

Editor: Aileesh Mulligan


WESTBRIDGE
COMMUNITY SERVICES
1361 ELM STREET SUITE 207
MANCHESTER, NH 03101

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