



THE BRIDGE

The Center for Integrated Treatment of Co-Occurring Disorders

Volume 14, Issue 1

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. ■

Managing pain using non-opioid interventions

By Troy Pulas, MD

Pain management can be complicated, especially for people with co-occurring disorders. Research shows that those with co-occurring disorders are more sensitive to pain, but opioid pain medications can destabilize recovery and are often unnecessary with appropriate planning. WestBridge is not a pain management program, but we can play a role in planning for pain, since it can have a dramatic impact on addiction and mental health.

Acute pain affects the body physiologically and also causes a change in our thoughts and emotions. Pain, or even worry about future pain, can cause fear, anxiety and more worry. An individual's expectations about pain—including thought patterns such as catastrophizing, black and white thinking and

others—may worsen pain. This can be a stressful time where addictive behaviors may resurface, with the person rationalizing that opioids or other substances are necessary. These emotional and cognitive responses may heighten the perception of pain and

turn thoughts into a self-fulfilling prophecy, causing the person to experience more pain. A careful plan can mitigate these effects.

Collaborating with participants, WestBridge develops individualized plans to address pain, integrating plans with the Wellness Recovery Action Plan (WRAP) and focusing on non-opioid interventions. We educate participants on ways to manage pain and help them practice these methods. These include the BioSound Therapy bed, TENS (transcutaneous electrical nerve stimulation) units, ice, acupuncture, mindfulness, meditation, physical therapy, exercise and non-opioid medications.

By being proactive, we can set expectations and create a platform to discuss and plan for pain management. ■

Collaborating with participants, WestBridge develops individualized plans to address pain.

WESTBRIDGE

WestBridge values	1
Managing pain using non-opioid interventions	1
Participant perspective	2
Health benefits of vitamin D	2
Family perspective	3
Treating chronic pain	3
Tackling pain with TENS	4
Wellness	4
Creative corner	4



inside

Participant perspective

Pain: a word with negative associations. I can't think of a single being I have met that told me they were looking forward to their next discomfort.

During my stay at WestBridge, I have experienced all sorts of pain:

- **Physical:** I was in bad shape, body wise. Pancreatic problems, a heart bypass that just wasn't healing right, and a horrible set of kidneys that would not stop spitting stones.
- **Mental:** I was in bad shape here, too. Recent suicide attempts, the thought that I was useless and a hindrance to my family set the stage for repeated attempts.
- **Emotional:** My emotional pain was at an all-time high, for so many reasons. I hated myself and who I was. I was just surviving, and just barely.

The things that WestBridge had me do were mostly painful, or awkward, too.

It took forever, for me anyway, to see how pain was turned to growth. Even my physical pain has, through repeated hospital visits, mostly gone away.

With the help I received, I was able to make something great out of my pain. I learned to turn it into growth and surprised myself at the same time! ■

Along with nutrients like protein, carbohydrates and fats, vitamins and minerals are essential to our overall health and wellness. Vitamin D helps in the absorption of calcium to build strong bones, strengthens the immune system, affects mood, and is essential to the body's and brain's daily functions.

Health benefits of vitamin D

By Melissa Sarasin, Wellness and Nutrition Counselor

The body obtains vitamin D orally through food and/or supplements and metabolically from sunlight. In the summer, getting 15 minutes of sunlight a day is enough to make the appropriate level of this essential vitamin, 600 IU daily. In the fall and winter, our ability to make and store this vitamin decreases with reduced sunlight. Research is finding increasing evidence that vitamin D can reduce

symptoms of depression, including the "winter blues." Ask your doctor if a vitamin D supplement can alleviate these symptoms.

When calcium and vitamin D combine within the body, each becomes easier to metabolize. This is why many food producers add supplemental vitamin D to products already rich in calcium. A deficiency in this vitamin has many consequences, including osteoporosis and depression.

Vitamin D is crucial to our immune system health. It is a fat soluble vitamin, so the body stores it in body tissue, which is helpful during times we cannot consume or make the vitamin. While not in use, vitamin D can collect in body tissue and increase to toxic levels, so care must be taken when taking this vitamin in supplemental form.

Vitamin D is found naturally in fatty fish such as salmon, tuna and mackerel, as well as in mushrooms, eggs and vitamin D fortified milk. Eat salmon twice weekly to get enough vitamin D during the winter, along with other macronutrients like protein and omega 3 fatty acids.

For good health, get daily exposure to sunlight, the most effective way to obtain appropriate levels of vitamin D, eat vitamin D-rich foods or take a vitamin D supplement if recommended. ■





Treating chronic pain

By Delia Cimpean, MD

At WestBridge, we are aware of the complex interactions between chronic pain, mental health conditions and substance use disorders. People with chronic pain are at significant risk of becoming addicted to opioids prescribed for pain control, and this risk is very high if people also have a history of substance use disorders.

Those with substance use disorders and chronic pain should avoid opioid treatments as much as possible. Feedback from our participants supports our view. Even in early stages of recovery, they have voiced their preference to not be prescribed opioids, but were worried that when confronted with pain and the possibility of obtaining an opioid prescription, their judgment might be clouded.

We encourage participants to discuss pain control preferences early on and write them down in their Wellness Recovery Action Plan (WRAP) that they share with their family and treatment team. While this would not eliminate the possibility of opioid treatment, it would allow for more discussion of pain treatment alternatives.

Our psychiatrists support non-opioid medication choices for pain control. Such medications may include tricyclic antidepressants (amitriptyline), gabapentin, pregabalin, clonidine, some muscle relaxants, acetaminophen, NSAIDs (ibuprofen, naproxen), topical creams and patches, pain-blocking injections, and complementary approaches (SAME, glucosamine and MSM).

A number of effective pain treatments are also effective for depression, anxiety and substance use disorders. Exercise may be the best solution for neuropathic pain management. We provide transcutaneous electrical nerve stimulation (TENS) units if indicated, and our bio-bed can help with mindfulness and relaxation exercises.

If a medical specialist, in conjunction with our team, determines that the risks and benefits for an individual are in favor of short-term opioid treatment, we provide support, increased monitoring and addiction treatment. Our team may offer in-patient stay for the duration of the treatment, or encourage a family member to stay with the participant and help control and dispense the medication.

We are dedicated to an approach that addresses chronic pain with multispecialty treatment, advocacy, a combination of exercise and psychoeducation designed to enhance communication, control, problem solving and coping. Such an approach can lead to significant improvement in pain, function, and concurrent mental health and substance use disorders. ■

Family perspective

"I've got a headache." I heard those words from my grandmother, father, sister and brother and uttered them myself starting in my teens.

I have assembled an arsenal to help with migraines. I avoid my food triggers: bacon, chocolate, MSG, alcohol and caffeine. Regular sleep is important, and one migraine that lasts all night can disrupt my sleep cycle. I take daily preventive meds, including magnesium, vitamin B12 and B6. If I feel a migraine starting, or have visual changes called an aura, I take a triptan. Since I can use triptan only twice weekly, I save it for special plans, work or travel. Barometric pressure and temperature changes can cause a migraine, as can stress, hormone fluctuations, holidays, oversleeping, vacations and colds.

I use ice bags and soft lighting and loathe fluorescent lights. I avoid strong smells, especially cleaning solutions. I even avoid potlucks because of food triggers. These strategies have reduced the number of migraines I suffer. Yet, "I've got a headache" is still in my vocabulary. I have days where even blinking is miserable. In a quiet, dark room I hope for sleep to escape the pounding.

I'm grateful WestBridge supports healthy choices. Chronic diseases need a multifaceted plan, and I know choosing wisely every day can be hard. Support and understanding from my husband and family help me manage my migraines and enjoy pain-free days without guilt about the days I'm not well. Learning to enjoy every day, in spite of a chronic illness, is an attainable goal. ■

Tackling pain with TENS

By Donna Felkins-Dohm, ARNP

Both WestBridge campuses have added a transcutaneous electrical nerve stimulation (TENS) unit to help participants deal with pain.

Pain begins with a coded message that travels from the injured area along small nerves to the spinal cord. The message is switched to different nerves that travel up the spinal cord to the brain. The pain is then interpreted, referred back to the area and then felt.

A TENS unit works by sending tiny electrical impulses through the skin to the nerves, modifying the perception of pain. This pain reduction or relief is temporary but can last up to three to four times longer than the period of stimulation.

Electrodes are connected to the unit and then placed on the skin at the affected area. With the flow of current, the individual experiences tingling at the site of the electrodes and can adjust the amount of current by turning dials on the unit. Recommended use is 20-30 minutes and may be repeated during the day. Because pain relief tends to be temporary, other interventions from the new Pain Protocol should be utilized as well. ■

wellness

Sunday Slow Cooker: Butternut Squash Soup

Ingredients:

- 1 onion, chopped
- 3 carrots, peeled and chopped
- 3 garlic cloves, minced
- 1 butternut squash, peeled, seeded and chopped
- 4 cups vegetable or chicken broth

Directions:

1. Add everything to the slow cooker. Cook on low for 6-8 hours until squash is completely tender.
2. Use immersion blender to blend to a smooth consistency. You could also use a regular blender and blend in batches. Taste and season with salt and pepper.
3. Make it creamy! Add 1/2 cup of half and half, nonfat evaporated milk or 4 oz. reduced fat cream cheese.

Serves 6

Source: SlenderKitchen.com

creative corner

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: Pam Michaud

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



Untitled, NH Participant