



HOMEWOOD ARTICLES

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RCDSO in partnership with Homewood Health Centre launches New Addiction Treatment Program Tailor-made for Dentists

No one chooses to have an addiction – but anyone can choose to address an addiction.

The path to coping with addiction has been streamlined and simplified for dental professionals in Ontario thanks to an agreement between the Royal College of Dental Surgeons of Ontario (RCDSO) and Homewood Health Centre.

All a dentist needs to do is call a number for help.

The College, in partnership with Homewood Health Centre, is launching an addiction treatment program tailor-made for dental professionals that will ensure those who are addicted have quick access to effective treatment. This comes at a time when addiction and its devastating effects was a topic at the CDRAF/CDA Wellness Conference, held last October in Toronto.

“The American Dental Association estimates that 10 to 15 per cent of dental professionals practising in the US have an alcohol or drug problem and we expect a comparable situation in Canada,” said Dr. Peter Trainor, president of the College. “Dentists who have a substance abuse problem pose a danger not only to themselves, but also to the patients who depend on their care and good judgment. It’s vital that they have quick access to quality treatment that is specifically designed to meet the needs of health care professionals.”

Established in 1883, Homewood Health Centre is a cornerstone of mental health and addiction treatment in Canada. With 130 years of experience in the field of addiction medicine, Homewood is renowned for quality treatment, medical integrity, and the breadth and depth of its interdisciplinary team.

Homewood offers a specialized 35-day track for health care professionals within its in-patient addiction program.

“Our agreement with Homewood provides a streamlined admission process for dental professionals that will ensure access to addiction treatment within 72 hours of Homewood receiving the referral,” explains Dr. Trainor. “Members in crisis will be accommodated immediately for admission. Homewood will assess the patient and develop an individualized care plan suited to the patient’s needs.”

Homewood’s addiction program offers a continuum of care for addicted individuals and their families, spanning prevention and health promotion, harm reduction, abstinence-based in-patient and outpatient treatment and follow-up.

The 35-day program, which is based on two basic principles – abstinence and lifestyle change – consists of three phases: assessment, treatment and aftercare.

Phase 1 – Assessment, Detoxification and Stabilization

This phase, which usually lasts five-to-seven days, provides an opportunity for clinicians to assess the extent of the patient’s addiction and related problems. All aspects are considered, including the patient’s physical, psychological, family, social and spiritual well-being. Components include: medical management of withdrawal and detoxification; medical stabilization; psychiatric stabilization and education and preparation for the treatment phase.

Phase 2 – Recovery Program

This phase, lasting 28-to-30 days, involves intensive group work focusing on skill development, educational groups, and relapse-prevention tools specifically designed for health care professionals. Other features of the program include ongoing assessment, psychological referral and testing, psychiatric consultation and ongoing medical supervision, as clinically indicated. Depending on the needs of the individual, transfer to another Homewood program may be recommended.

Discharge planning, the final stage of this phase of treatment, is specifically tailored to health professionals.

Phase 3 – Aftercare

“One of the strengths of Homewood’s Addiction Program is its 36-week follow-up aftercare program,” said Dr. Harry Vedelago, addiction specialist and the physician who is director of the addiction program. “Patients are discharged to the care of their personal physician for follow-up. Homewood supplements this with weekly group sessions, focused on relapse prevention, which are held at the Homewood facility in Guelph, in addition to six sessions of one-on-one counselling offering recovery and social supports. The counselling sessions are available to health professionals wherever they practise in Ontario.”

Addiction affects everyone, with family members and close friends feeling the impact. Homewood’s addiction program invites family members to participate in a two-day family program and evening family information sessions. Family counselling is also available, depending on the individual family needs.

The cost of the 35-day Dental Professional Addiction Program for an RCDSO member is \$33,000, which includes all services. To reserve accommodation at Homewood, a non-refundable deposit of \$7,000 will be required once an admission date is confirmed, with the balance to be paid at the end of the first week following admission.

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Help is just a phone call away for any RCDSO member.

If you have an addiction and need treatment, call the number below and a Homewood representative will assist you.

Realizing you have an addiction and need help is the first step; making that call to Homewood can put you on track to coping with an addiction.

The number to call is: **1.866.478.4230**

New Wellness Section On RCDSO.ORG

Over the past several years, the College has published numerous articles on the topic of wellness in Dispatch. In an effort to help members find this information, we have created a new section on our website that has all of the articles published in Dispatch.

The College is committed to continuing its emphasis on the values of remediation, rehabilitation and support for those dentists who struggle to cope with addiction.

WHERE TO GET MORE INFORMATION

Check out the special Wellness section in the Member Resource Centre on the College website at rcdso.org.

Addiction is a Family Disease

The College, in partnership with Homewood Health Centre, is now offering an addiction treatment program tailor-made for dental professionals that ensures those who are addicted have quick access to effective treatment. This article, written by staff at the Homewood Health Centre, supports this program.

When a health professional with an addiction enters Homewood Health Centre's Addiction Program for treatment, the rest of the family may breathe a collective sigh of relief – problem solved. But treating the addicted individual is only the beginning.

Addiction is a family disease. Whether or not they realize it, every member of the family has been affected by the disease and needs to begin the recovery process.

One of the strengths of Homewood's Addiction Program is its recognition of the toll the addiction has taken on every member of the family and the need for spouse and children to begin their own healing journey.

"Every family member has the opportunity to participate in their own recovery," says Kent Clements, a social worker in Homewood's Addiction Program, who educates and counsels family members through the family program, which is an intrinsic part of Homewood's continuum of care. "The disease of addiction affects a family member's judgment and decision-making in the same way that it affects the patient. For years, their lives have focused on helping the addicted person to get well; but their efforts are often counterproductive and the family member gets sicker and sicker, along with the patient."

If both spouses are health professionals, the feelings of frustration and failure are magnified. They see themselves as effective in helping other people, but their efforts to support their own spouse fail miserably.

At Homewood, when patients are admitted to the Addiction Program, family members can begin their own parallel recovery program. They are invited to attend two evening family information sessions, plus a two-day family program. At the information sessions, participants learn about the disease of addiction and the impact that addiction has had on every member of the family. Participants during the two-day family program explore the process of recovery for themselves in addition to receiving more in depth education and support around the recovery process for the whole family.

Although they may think they are okay now that the addicted individual is in treatment, the sessions help spouses recognize how much anger, resentment and confusion they may be feeling as a result of the effect the disease of addiction has had on them.

“The substance abuser is seeking treatment, but that leaves the spouse often feeling alone with sole responsibility for child-rearing, paying bills, and all household chores,” explains Kent. “If the addicted individual is a health care professional, the family’s source of income may have been suddenly adversely affected throughout the treatment process.”

Societal attitudes towards addiction, particularly among health care providers, could also prevent family members of an addicted health professional from seeking help or support from others in their community, leaving them feeling lonely and isolated.

Although the addiction has caused major disruption in families, the recovery period may be equally difficult. Family members have to learn to cope and adjust to a change in family dynamics as the addicted individual starts to recover and wants to take a more active role in family life.

“The spouse has become used to his or her partner being sick, but the early stages of recovery can be disruptive, too. They aren’t used to recovery,” Kent explains. “They are used to shouldering all the responsibility for the family themselves and sometimes have difficulty surrendering control. It’s just easier to do everything themselves.”

The sessions, led by social workers in Homewood’s Addiction Program, also educate family members about coping behaviours that are typical in families with an addicted individual and teach them healthier attitudes and behaviours that support everyone’s recovery.

Many family members don’t realize that they have become enabling of the disease their loved one has in an effort to make them well. Enabling and adapting to the disease of addiction is shielding the addicted individual from experiencing the negative consequences of their addiction, by protecting, covering up and making excuses for them, or lying and denying there is a problem.

Family members also learn about co-dependent behaviour, and may recognize these traits both in their relationships with family members and in other aspects of their life. Co-dependency is a disease which leads to self-destructive behaviours. People who are co-dependent believe their needs, wishes, opinions and feelings are less important than their spouse, other family members and other people in their lives. They are willing to do anything for love or approval of others even if it is contrary to their personal values. They have difficulty initiating, participating in or maintaining healthy relationships and their tendency to focus on the needs and wants of others leads to self-neglect.

Kent explains that the sessions teach them a healthier alternative – detachment.

“They learn to accept that the addicted family member is in good hands and receiving treatment for the addiction,” he says, “and that each person in the family needs to focus on, and participate in, their own recovery.”

The two-day family program offers family members a more in-depth experience that focuses on their recovery and learning to make healthy choices, through lectures, videos, presentations and group discussion.

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When the patient has completed the inpatient addiction program, Homewood offers a nine-month weekly aftercare program. Recovery continues after inpatient treatment. If patients are not able to return to Homewood weekly, the treatment team works with the patient to access aftercare resources in their own community.

Family members who are also able to return to Homewood can participate in their own parallel nine-month aftercare program, attending weekly sessions held at the same time as the individual in recovery. Family members are strongly encouraged to attend 12-step Al Anon, Nar Anon or Gam Anon meetings where they have an opportunity to search for their own sponsor, just as with AA or other 12-step recovery programs. The meetings provide opportunities to connect with other people who have had similar experiences and understand what it is like to live with a family member who has an addiction and how they as family members have incorporated recovery into their lives. Kent believes that the family program is a critical component of the addiction program at Homewood, helping to ensure a successful long-term recovery for not only the patient, but also all family members.

Help is just a phone call away for any RCDSO member.

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Addiction in Health Care Professionals

The College, in partnership with Homewood Health Centre, is now offering an addiction treatment program tailor-made for dental professionals that ensures those who are addicted have quick access to effective treatment. This article, written by staff at the Homewood Health Centre, supports this program.

When it comes to addiction in health care professionals – including dentists – it is often the very skills they have acquired that get in the way of recovery.

“They (health care professionals) are successful people, so when they are faced with an uncontrollable disease like addiction, it baffles them,” says Dr. Harry Vedelago, director of the addiction division at Homewood Health Centre.

Homewood, a mental health and addiction facility in Guelph, Ontario, treats approximately 100 health care workers each year, and has done so for the past 20 years. Having treated addicted health professionals for years, including a number of dentists, Dr. Vedelago is recognized for his expertise in this field, and has presented at an international conference on the topic.

According to Dr. Vedelago, health professionals believe that their success should have prepared them to avoid the risk of addiction, and prevented them from becoming mired in this insidious disease.

Add to this the fact that most health care professionals, while experts in their chosen disciplines, often lack an understanding of the disease because they receive little training in addiction.

This results in a punishing cycle of repeated attempts to control the addiction, followed by repeated failure to do so.

Paradoxically, health care professionals believe that if they work harder, put in longer hours, they can manage the disease. But this only serves to exacerbate the situation. They spiral into a circuitous process of overwork, relapse, and renewed effort to control their substance use.

When an addicted health care professional finally comes to treatment, these barriers must be addressed in order to achieve a successful recovery.

Dr. Vedelago says that health care professionals arrive at treatment feeling that they should have known better. They are immersed in shame, and they struggle with the concept that their addiction is indeed a disease.

They use the same approach to treatment that served them so well in their career. They are task-oriented, intellectual, and they see treatment as a continuing education course.

“They think that by learning a few rules they can get better,” says Dr. Vedelago. “But they miss an important step in the recovery process, and that is to shed the health professional persona and understand that they are human beings like everybody else.

“When the health professional finally acknowledges and accepts their addiction as a disease, and that it strikes democratically – that is, it can affect anyone – then the health professional does well in recovery.”

In addition, the addicted health worker can begin to deal with the overwhelming sense of shame, which is a doubly significant issue to confront for these individuals.

“Their sense of shame is compounded because they believe that they have violated a public trust by succumbing to an addiction and putting their patients at risk,” says Dr. Vedelago. “They experience their addiction as a moral dilemma.”

Once they recognize the addiction as a disease, then they can address the shame, according to Dr. Vedelago. The patient begins to work through the process, recognizing that they are not personally defective, and that this violation of public trust was not done on purpose.

Still, this does not absolve the health care professional of personal responsibility for seeking help in the first place. The addicted person must seek the appropriate care and treatment.

“Once they recognize this, they start getting better,” says Dr. Vedelago.

Their sense of shame is compounded because they believe that they have violated a public trust by succumbing to an addiction and putting their patients at risk.

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Warning Signs for Addiction in Health Care Professionals

How do you know when someone is struggling with an addiction?

The answer is not an easy one. Often symptoms are subtle and can be difficult to discern, particularly for health care professionals who are trained to maintain control over their emotions and behaviours.

An addicted health professional, such as a dentist, is most likely to reveal symptoms at home before any characteristics are indicated at work. By the time warning signs are evident at work, the addiction may be well advanced.

Dr. Harry Vedelago, Chief of Addiction Medicine at Homewood Health Centre, has extensive experience in treating addicted health professionals. He points out that there can be a conspiracy of silence at home and at work, in which otherwise well-meaning individuals maintain silence about possible addictive behaviour, even in the face of substantial evidence.

“These people actually aid and abet the disease,” says Dr. Vedelago, “covering up and making excuses for the addicted individual.”

According to Dr. Vedelago, warning signs can include all or some of the following, in which the individual:

- disengages from co-workers, family and the professional community: he or she may not associate with professional colleagues, refrain from attending conferences or meetings and becomes more reclusive;
- misses appointments with patients or co-workers;
- calls in sick more frequently, especially on Mondays;
- exhibits inappropriate behaviour with staff;
- shows an uncharacteristic change in mood;
- makes inappropriate prescriptions that are out of character;
- changes the way that he or she works, for example, increases the number of hours or spends more time alone in the office;
- exhibits more conflict with colleagues.

**DENTAL PROFESSIONAL ADDICTION PROGRAM
HOMWOOD HEALTH CENTRE**

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Find out more on our website at www.cdraf.org.