



# Wellness and Recovery Workbook FOR NURSES



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## **PREFACE**

The Florida Intervention Project for Nurses (IPN) *Wellness and Recovery Workbook for Nurses* evolved from years of working with nurses individually and in support groups as they recovered from substance use disorders and mental health challenges (SUD/MH) as well as with nursing employers and treatment providers in the State of Florida. During this process, IPN recognized there was little material available specifically to support nurses dealing with SUD/MH.

Accessing quality treatment and a lack of didactic information on the many aspects of recovery—particularly relapse prevention (in the case of substance use disorders) and exacerbation (which can occur in mental health disorders)—has been a challenge for many nurses dealing with substance use disorders and mental illness. This workbook addresses this challenge by offering practical and actionable steps for relapse prevention. The recovery maintenance principles described in this revised and expanded edition of the workbook address both mental health challenges and substance use disorders. They are easily transferable to other recovering health care professionals and are based on the premise that daily action/maintenance is at the heart of a solid recovery commitment.

## **ACKNOWLEDGMENTS**

This manual is dedicated to all nurses who have suffered as a result of substance use and mental health disorders.

With deep gratitude to our families, friends, and colleagues whose unending support, encouragement, and love have made completing this workbook possible, including the Intervention Project for Nurses staff, nurse support group facilitators and participants, the Florida Nurses Association, the National Organization of Alternative Programs, the Florida Board of Nursing, and the International Nurses Society of Addictions.

## INTRODUCTION

Nurses recovering from a substance use disorder (SUD) quickly learn this illness can be unrelenting and that achieving and maintaining a successful recovery requires a lasting commitment to making lasting changes in all aspects of life. This is equally true for many chronic mental health disorders.

What's more, contrary to conventional wisdom, nurses do not enjoy special immunity to substance use disorders or mental illness. Statistics bear this out: The best estimate of the American Nurses Association (ANA) is that 15% of nurses struggle with dependency on and/or addiction to alcohol or other drugs. Similarly, mental illness is as common among nurses as it is among the general population: According to the National Institute of Mental (NIMH), nearly one in five adults in the United States lives with a mental illness.

In many ways, the similarities end there. Although the onset and progression of an SUD or mental illness is likely to be the same for nurses as for non-medical professionals, and although nurses tend to have the same internalized attitudes about these challenges, for many of them the path to recovery can be considerably more treacherous, scattered with roadblocks that are particular to their profession:

- **Perceived stigma:** For nurses, the commonly felt guilt and shame of having a dependency on alcohol, for example, or being clinically depressed may be magnified simply because they work in a medical field.
- **Reluctance to accept help:** A nurse accustomed to providing care for others may find it difficult to be on the receiving end of such help.
- **The nature of the profession and the workplace:** Both create unique risks to recovery, such as access to medication for those recovering from a substance use disorder or the emotional wear-and-tear inherent in exposure to sickness and loss for those working to overcome depression.

### Recovery Maintenance as a Lifetime Challenge

Much has been written about the importance of early identification, intervention, and intensive treatment of substance dependency and mental illness. Less attention has been paid to what comes after—the challenge of maintaining successful recovery once it has been achieved, which is the focus of this workbook. Nurses need specialized help to restore their health and resume their practice safely. Often, such support is hard to find. Instead, nurses may face disciplinary action from their professional licensure boards and ostracism from their colleagues. Long-term



programs such as Florida's Intervention Project for Nurses (IPN) are designed to help nurses anticipate these challenges and maintain a long-term commitment to recovery.

Learning to manage medical emergencies or chronic pain without jeopardizing recovery and to handle various emotions and related crises are critical. The challenges of recovery can shift, sometimes on a daily basis. For some nurses, maintaining commitment and effort becomes harder as time goes by and friends and loved ones aren't able to understand the need for continued vigilance. Yet, it is often the professional role and the workplace that create the greatest risks.

Returning to a previous job or reentering practice in a new setting can be a frightening prospect for any nurse new to recovery. Often, the workplace was the primary source for the behaviors or experiences that led to an addiction or triggered a mental health challenge. The returning professional must recognize triggers, challenges, and demands that infuse the workplace and rarely change over time. More important, they must learn how to protect themselves and others from them.

### **History of Peer Assistance**

Traditionally, health care professionals have been ambivalent about substance use disorders and mental health challenges, often regarding them as self-imposed or as moral lapses. As a result, nurses have been slow to accept these illnesses affect the profession.

In the 1970s, volunteer peer advocacy and support programs began to emerge, providing colleagues with information, support, and friendship. The primary emphasis was, and continues to be, on helping nurses find resources for recovery, offering encouragement, and supporting nurses in their return to practice when they're ready to do so. A peer-assistance program is an advocacy support group—not a treatment program.

By the early 1980s, more formal programs appeared. Health care professional associations at state and national levels developed policies, committees, and task forces and in many cases supported full peer assistance programs. Today, Boards of Nursing in approximately 47 states have established programs through formal legislative action (changes to state Nurse Practice Acts) that endorse and fund alternatives to disciplinary action, also known as diversion programs, for nurses whose practice has been impaired by drug or alcohol problems. Board of Nursing-approved support and monitoring programs often protect against or help mitigate disciplinary action.

Learning about addiction, mental illness, and recovery, as well as the special problems of work reentry, is necessary for both the affected professional and their colleagues. Together, they can change patterns that enable, promote, or hide problematic behaviors. Together, they can diminish stigma and negative attitudes while promoting an enlightened approach to preventing and handling the problem of impaired practice.

### **How to Use This Workbook**

The *Wellness and Recovery Workbook for Nurses* is organized by stages of recovery and according to related issues and challenges:

**Part I: Early Recovery and Stability.** The modules in this section focus on the beginning stage of recovery: identifying high-risk situations and relapse warning signs, managing post-acute withdrawal symptoms if they arise, establishing support systems, and managing changing relationships.

**Part II: Workplace Survival Skills.** The modules comprising this section address the difficult challenges of successful reentry into nursing practice, including those identified in the research literature and by recovering nurses themselves.

**Part III: Building a Healthier You.** These modules offer guidance for examining complex issues likely to require lasting changes that can make the difference between a long-term successful recovery and one clouded by fears and alienation. They emphasize the concept that recovery is a lifetime commitment.

**Part IV: Putting It All Together.** These modules look at the consequences of addiction, the role spirituality can play in recovery, and the importance of maintaining a strong commitment change.

### **A Resource for Individuals**

For nurses facing recovering alone, this workbook can be a helpful guide to tackling problems one at a time until an overall recovery maintenance pattern emerges. Recovering individuals often believe their problems or fears are unique. By understanding them as common challenges, shame decreases and confidence increases. The workbook can be used as a sequential guide or as independent modules of study.

### **Text for a Structured Recovery Support Group**

Therapists and counselors working with nurses or other health care professionals in recovery can gain understanding of the complex challenges they face—especially in the workplace. Initially, the *Wellness and Recovery Workbook for Nurses* can be introduced in acute treatment settings, laying the foundation for continuing recovery work. Its most intensive use, however, will be in the context of support groups and other long-term recovery programs. Written and group exercises are excellent tools for facilitating the recovery/healing process and identifying individual needs not otherwise apparent. Space is allotted at the end of each module for a “Recovery Journal” in which to keep notes, record experiences, and track progress.

Recovery Maintenance Facilitator Companion Guide is now available for group leaders using this workbook as part of a structured recovery support group.

### **Reference Source**

The workbook is designed to be used by nursing students and health care clinicians as a reference. As more content on substance use disorders and mental illness in the nursing profession is

incorporated into basic professional curricula, students need to recognize the potential for addiction and develop positive skills for helping colleagues. For greater depth or background on a particular problem, specific appendices, published materials, and Internet resources are included.

### **Continuing Education (CE)**

All health care professions are required to obtain continuing education. Frequently, personal growth and professional learning coincide. Completion of the modules in this workbook may be approved for use toward CE credits when they are part of a structured recovery support group with a trained facilitator.

In addition, the *Wellness and Recovery Workbook for Nurses* can provide guidance to anyone who chooses to use it. Each time readers return to a particular module or exercise, they can build on their previous learning and take another step forward.

## PART 1

### EARLY RECOVERY AND STABILITY

#### MODULE 1: SUBSTANCE USE/MENTAL HEALTH DISORDERS IN NURSING AND ALTERNATIVE TO DISCIPLINE PROGRAMS

##### OBJECTIVES

- **Underscore the scope of substance use disorders and mental health issues (SUD/MH) in the nursing profession.**
- **Define the purpose of Alternative to Discipline (ATD) programs.**
- **Become familiar with the IPN, NCSBN, and ANA websites as valuable resources.**



Nurses become addicted to or dependent on medication or other controlled substances at the same rate as the general population. The same holds true of psychiatric disorders.

The American Nurses Association (ANA) reports 15% of nurses are affected by substance use disorders, often to the extent their performance is affected. An estimated one in five adults has a diagnosable mental disorder, according to the National Institute of Mental Health (NIMH). Nurses are affected by mental disorders such as major depression, bipolar disorder, anxiety, psychotic disorders, and PTSD-related trauma just as frequently.

Since the early 1980s, Boards have been concerned about the impact of SUD/MH on safety to practice. Cases that came before the Boards often resulted in disciplinary action and removal of the nurse from practice by way of suspension and/or revocation of licensure.

In 1982, the ANA formally called out to state nursing associations and Boards of Nursing to initiate legislation to develop alternatives to the discipline-only approach to dealing with SUD/MH among nurses, advocating for care, treatment, safety monitoring, and re-entry for nurses.

Florida was the first state to respond to this call. The Florida Nurses Association lobbied the legislature to pass a new law in 1983 requiring the development of an Alternative to Discipline (ATD) program for nurses.

The result, the Intervention Project for Nurses, was the first of its kind in the country. Today, more than 46 states have similar programs for providing assistance, monitoring, and re-entry opportunities for nurses with mental health disorders and substance use disorders. IPN's program addresses both substance use and mental health conditions.

IPN receives its authority and is accountable to the Florida Department of Health (DOH). It is required to follow standard policies and procedures approved by DOH and recommended by the National Council of State Boards of Nursing (NCSBN).

## MODULE 2: DEFINING SUBSTANCE USE AND MENTAL HEALTH DISORDERS

### OBJECTIVES

- **Recognize substance use disorders and mental illness are common in the general population.**
- **Acknowledge nurses do not have special protection from SUD/MH.**
- **Identify similarities between *relapse* as seen in substance use disorders and *exacerbation*.**

The American Society of Addiction Medicine (ASAM) defines addiction as a “primary, chronic disease of brain reward, motivation, memory and related circuitry...dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations.”

Mental illness is defined by the National Institute of Mental Health as “mental, behavioral or emotional disorder...with impairment ranging from mild, moderate to severe...with severe chronic mental illness there is substantial functional impairment in one or more major life activities. Recognized as chronic illnesses these diseases require on-going treatment and management. Left untreated these conditions often progress and get worse”.

Both are common, recurrent, and often serious. What’s more, it’s not uncommon for a nurse to experience a substance use disorder and mental disorder as co-occurring conditions. In either case, both are treatable. And although a recovery program for addictive disease will differ from one for a specific mental condition such as major depression or bipolar disorder, both will stress the importance of follow-up with specialized providers, securing peer support, attending support groups, and taking daily actions to support recovery, with a primary goal of improving overall health and well-being.

Nursing care is performed in safety-sensitive environments. Because of the sensitivity of these environments these conditions, left untreated, can impact the nurse’s ability to practice safely. Also at risk are the nurse’s license, livelihood, and even their lives and their patients’ lives.

The primary purpose of Alternative to Discipline programs is to protect patient safety while assisting nurses with appropriate resources, support, and monitoring. Ongoing follow-up, support from individuals, family members, and peers along with monitoring, can improve long-term outcomes. ATD programs advocate for nurses by documenting progress in recovery and safety to practice upon re-entry.

## MODULE 3: IDENTIFYING WARNING SIGNS OF RELAPSE AND SETBACKS IN RECOVERY

### OBJECTIVES:

- Understand the similarities between relapse as it pertains to addiction and exacerbation as it pertains to mental illness.
- Distinguish between abstinence and recovery in substance use disorders.
- Identify three or four personal warning signs in order to develop strategies for preventing relapse or exacerbation.



Neither substance use disorders nor mental illness result from personal failure or inherent character flaws. Both are chronic health conditions, no different from heart disease or asthma in that they can become progressively worse and sometimes even life-threatening if not treated appropriately when diagnosed or monitored and maintained after recovery.

Only the terminology used to describe setbacks differs:

Relapse	Exacerbation
A recurrence of symptoms after a period of remission (recovery) from substance dependence	A return of signs and symptoms of mental illness after a period of stability

Thoughts	Feelings	Actions
<p>"I'll be better able to cope with this stress if I can take the edge off."</p> <p>"Everyone else is having a good time. Why can't I?"</p> <p>"One can't hurt. I can control it and no one will know it but me."</p> <p>"It's my son's wedding. One toast can't hurt."</p> <p>"If I could have just one (drink, pill, smoke) I would be free of pain."</p>	<p>Overwhelmed</p> <p>Overconfident</p> <p>Fearful of being judged</p> <p>Frustrated</p> <p>Mental pain or anguish</p>	<p>Keeping an old prescription "just in case"</p> <p>Not calling support people because "they've heard this before."</p> <p>"Pretending" to participate in a toast by bringing a glass to your lips without drinking</p> <p>Skipping support meetings because of too many other "priorities"</p> <p>Not actively working with a sponsor</p>

PREDICTORS OF RELAPSE IN ADDICTION:

Thoughts	Feelings	Actions
<p>"I can't stop ruminating all the time."</p> <p>"I'd rather die than feel this way all the time."</p> <p>"I'm finding it hard to focus or concentrate."</p> <p>"Will I ever stop feeling angry and irritable?"</p> <p>"Why are they always talking about me behind my back?"</p>	<p>Overwhelmed</p> <p>Sad</p> <p>Disinterested in doing things or feeling too "tired" to participate in activities</p> <p>Fearful of social interaction</p> <p>Fearful of being judged</p> <p>Extreme highs interspersed with deep sadness (mood swings)</p>	<p>Withdrawing or isolating from other people</p> <p>Self-medicating to ease anxiety</p> <p>Discontinuing prescription medication because of feeling better and believing it's no longer needed</p> <p>Eating or overeating in response to appetite changes</p> <p>Trouble sleeping or sleeping more than is necessary</p>

A relapse or exacerbation is more likely when a person isn't familiar with subtle warning signs or they struggle with managing their condition after recovery from a substance use disorder or mental illness. As a result, relapses and exacerbations are **most likely to occur within the first two years** of recovery.

Early in rehabilitation from a substance use disorder it's common to confuse abstinence with recovery, but no longer using drugs or alcohol is only the beginning. At the same time, it's key: Abstinence provides the clarity needed to do the integrated work required for success. The same holds true for someone dealing



with a mental illness in conjunction with a substance use disorder: Without a clear head it can be challenging to be successful in therapy or for antidepressant and other medications to be effective.

The factors that typically contribute to relapse and exacerbation of illness interact in complex ways. Many are common to most people who are recovering from substance use disorders and mental illness whether they're in a medical field or not, while some are more likely to be influential based on gender, lifestyle, age, or an individual's support system. Some are particularly significant for nurses and other care providers: As their recovery progresses, they may become complacent about the daily work of recovery and inadequately vigilant about noticing relapse warning signs.

**Step 1: Identify as many potential warning signs of relapse as possible.** Complete the sentences that follow as many times as you can with a different answer each time. Write the first thing that comes to your mind: Do not overthink, edit, or erase your answers. Use the examples *above* to jumpstart your thoughts.

**Step 2: Identify *your* personal warning signs.** From the list *above*, select one thought, one feeling, and one action.

**Step 3: Develop strategies for managing relapse/exacerbation warning signs.** The key to managing and preventing relapse or exacerbation is to have concrete strategies in place that you can implement as soon as you become aware of a warning sign. This way you can interrupt it before it escalates. For example:

**Warning Sign**

I feel afraid to ask for help when I feel overwhelmed with responsibilities because I am used to “doing everything” by myself and not relying on others.

**Management Strategy**

I will take small risks in my nurse support group to share this fear and ask others how they cope with similar feelings. I will allow others to provide support to me and I will do my best to listen.

Using the example *above*, develop management strategies of your own to address each of your top three warning signs.

**Step 4: Evaluate the effectiveness of management strategies.** If you experience a relapse, it's important that you review what happened and whether you were successful in dealing with it. Ask yourself these questions:

- Were there personal warning signs, prior to my relapse, that I (or others) ignored? If so, what were they?

- What steps did I take or were taken by others at the time of my relapse?
- Looking back, could earlier steps have changed the outcome?
- Do you believe the management strategies you identified may help prevent relapse in the future?

## **MODULE 4: PROTECTING RECOVERY IN HIGH-RISK SITUATIONS**

### **OBJECTIVES**

- **Understand what recovery is.**
- **Identify personal high-risk situations.**
- **Learn to anticipate risks before you're faced with them.**
- **Develop strategies to manage anticipated high-risk situations.**

### **What is Recovery?**

The Substance Abuse and Mental Health Services Commission (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.” SAMHSA lists four signs that let individuals know they are in recovery:

1. I can address problems as they happen, without using, and without getting stressed out.
2. I have at least one person I can be completely honest with.
3. I have personal boundaries and know which issues are mine and which belong to other people.
4. I take the time to restore my energy—physical and emotional—when I am tired.

Once you've achieved these accomplishments, you'll need to work each and every day to maintain them. This will require a good deal of effort and attention. It's easy to revert to old ways of thinking and behaviors when you feel unsure or threatened, scrutinized by others, off balance, or lacking in confidence—even when you know such thoughts and reactions to be nonproductive and self-defeating.

The first step toward supporting recovery is being aware of common risky situations. These tend to fall under three broad categories: home and family, personal fears and emotions, and—of particular note for nurses and other healthcare professionals—workplace.

It's likely you'll encounter risky situations within all of these categories. It's important to not only be aware of them but to learn how to recognize them before they become overwhelming enough to threaten your recovery. This approach is similar to how you teach your patients to look out for and identify symptoms of physical treats to their health, such as signs of high blood pressure, impending insulin shock, or postoperative infection. You're gifting them with tools that help them to have some degree of control over their recovery from a disease or procedure.

You can have the same sort of control over your own recovery from an SUD/MH by learning to recognize and anticipate risky situations, being aware of the habits and behaviors that have not worked for you and establishing new responses that will support your recovery and prevent a relapse.

### **Home and Family Risks**



It's likely before you were aware of your dependence on drugs or alcohol or were diagnosed with a mental illness, these problems were triggered by situations close to home. The patterns of family life hold many predictable crisis points, from meals, bedtime struggles, decision making, and conflicting needs to holiday stress and extended-family tension.

What's more, healthy family dynamics can be harmed by a SUD/MH before it has been recognized or diagnosed, causing and compounding dysfunction.

With this in mind, think of two such home/family situations that are especially difficult for you.

## Personal Feelings and Fears



Acknowledging feelings and fears and dealing with them constructively may be the biggest challenge to nurses in early recovery and yet it's sometimes hard to even describe the emotions that can come on suddenly and strongly.

From the following common emotions, identify the three you find most difficult to experience or express to others. If this list doesn't encompass all of the feelings or fears you've encountered, add your own.

- |   |   |
|---|---|
| <input type="radio"/> Guilt/shame       | <input type="radio"/> Sadness           |
| <input type="radio"/> Tenderness/caring | <input type="radio"/> Pride             |
| <input type="radio"/> Anger             | <input type="radio"/> Longing           |
| <input type="radio"/> Disappointment    | <input type="radio"/> Fear/helplessness |

### TAKEAWAY:

- A healthy person experiences a full gamut of emotions.
- No feelings are inherently good or bad.
- There are at least as many productive and effective strategies for dealing with negative emotions as there are self-defeating knee-jerk reactions.
- Denying or avoiding negative or difficult feelings requires a high degree of psychic energy and even then, they don't go away. If not handled in a positive and straightforward manner, they may be expressed in self-destructive ways.
- Learning to manage feelings effectively is a step-by-step process.

## Workplace Challenges



For healthcare professionals, competency and vulnerability are likely to collide in the workplace.

Select one of the two situations you listed at the beginning of this module as especially difficult to deal with and answer the following questions:

1. What do you usually feel when faced with this situation? For example, “Whenever my partner and I disagree about how to spend money, I feel guilty.”
2. What are clues this reaction is about to occur? For example, do you feel any physical sensations?
3. What is your usual response? For instance, “When we argue about finances I capitulate and withdraw rather than try to work out a solution.”
4. What happens as a result of your usual response?
5. What would you *prefer* to have happen? Can you reframe the situation to be less threatening, express your feelings about it more directly or accurately, or try new responses that are neither self-defeating nor harmful to others?
6. How can you change your response to influence the outcome? For example, is there a way to reframe the situation to be less threatening or express your feelings about it more directly or accurately? Can you think of reactions that may be less self-defeating or harmful to others? For example, could you try pausing before you respond?

Changing how you perceive threats and how you experience and express feelings can be difficult and requires practice. Come back to this module often to reevaluate and revise your analysis of high-risk situations. Each time you face a particular risk, practice one small skill change until the risk becomes less threatening and challenging. Your goal in this process is progress—not perfection!

## MODULE 5: POST-ACUTE WITHDRAWAL (PAW) SYMPTOMS

### OBJECTIVES

- Identify commonly occurring post-acute withdrawal (PAW) symptoms.
- Explain the effect of post-acute withdrawal symptoms on work performance.
- Develop management strategies to diminish the effects of post-acute withdrawal symptoms.



As with any other illness, substance use disorders have complications that can persist after recovery is well underway and abstinence is being maintained. In the case of dependence on mood-altering drugs in particular, neurophysiologic changes in the brain can be especially challenging. This is important to remember: Although the complications of an SUD are distressing, *they are not your fault*. They are called symptoms because they are a result of the disease you are healing from—just as a lingering cough may be the result of a bout of pneumonia.

Nor are PAW symptoms permanent. However, a lengthy period of healing typically is required to restore health and balance: **It can take two years or longer for your neurotransmitter system to recover fully.**

That being said, as a nurse you will be faced with unique challenges as you go through the healing process. Although some PAW symptoms require a degree of at-home healing before you return to your job, others are likely to be exacerbated by your workplace and may even interfere with your performance, putting your patients and yourself at risk.

You can prevent this from happening by first pinpointing the PAW symptoms that affect you most often, noting how severe they are and how frequently they occur, and how they may affect your work. From there you can devise strategies for dealing with symptoms as they arise that won't undermine your

recovery (such as turning to alcohol or another substance which obviously would be a serious setback). These three steps will go a long way toward helping you to continue and maintain your recovery.

**Step 1: Identify your post-acute withdrawal symptoms.**

The following PAW symptoms are common during the first 12 to 18 months of recovery. Identify any and all you're experiencing. Do not restrict yourself to this list: Include other problems you may be dealing with as well. For each, think about how severe it is and how often it affects you.

**Step 2: Consider your symptoms and work performance.**

Detail how each of the symptoms you're dealing with may affect your work performance. For example, if you have trouble with short-term memory, this may cause you to forget an important detail about a particular patient's care.

**Example: Difficulty concentrating or focusing**

**"I experience this every day. Seems worse at end of day, when I'm tired, or when I'm around a lot of people or activities. Sometimes I forget important details about a patient's care."**

- **Difficulty concentrating or focusing**
- **Difficulty remembering things, especially recent events**
- **Difficulty organizing or problem solving**
- **Difficulty understanding or following complex directions**
- **Feeling confused or detached**
- **Feeling clumsy or uncoordinated**
- **Lack of pleasure**
- **Difficulty sleeping**

**Step 3: Develop strategies for managing symptoms.**

There are ways to manage PAW symptoms while at the same time enhancing your healing process. For example, if you are having trouble concentrating on a task, it may be constructive to temporarily switch to one that's less demanding. If you find driving in heavy traffic to your workplace is confusing or intimidating, change your schedule so you can be on the road during less busy times or work out a route that has lighter traffic, even if it takes longer to get to work. Jot down the things you want to remember.

List the three PAW symptoms you find most frustrating in your everyday life and brainstorm two ways to manage each.

**Example:**



**Symptom: I find driving to work in heavy traffic confusing and intimidating.**

- a. I can speak to my supervisor about changing my schedule so that I can avoid rush hour traffic.**
- b. I can find an alternative route to work that has light traffic, even if it means taking longer to get there.**

As your recovery progresses, return to your list to update it and to assess which strategies are working and which you need to finetune.

## **MODULE 6: CONNECTING WITH OTHERS THROUGH INDIVIDUAL AND GROUP SUPPORT**

### **OBJECTIVES**

- **Recognize the benefit of not having to recover alone.**
- **Identify two or three individual and support group options available to you.**
- **Identify three on-line resources for substance use disorders and mental health support.**



Making connections and accepting support from others is essential to a solid and meaningful recovery, but it can be difficult to ask for help. This is especially true for nurses who are expected to be the caregivers—not the care receivers. As nurses, we value self-reliance and may fear the stigma and judgement of family, friends, and colleagues if we reveal we need help.

In recovery, we learn there are benefits of being willing to ask for and accept help. This often means making new connections rather than turning to old relationships with people who are not supportive of our recovery.

Support is available in many forms, from individuals you can turn to for one-on-one interactions to groups of people going through the same thing you are that you can meet with in person or online:

### **Individuals**

Depending on the SUD/MH you're recovering from, this could be an AA sponsor, a counselor from a mental support group, or a minister or other faith leader. You may need to have several individuals on call. In any case, it's crucial to find people you respect, trust, and feel comfortable with and whose input will be a positive element in your recovery. Look for people who understand the challenges of recovery and can witness your progress. Individual support persons can assist you as you explore your thoughts and feelings and help you to build self-esteem and self-acceptance. In addition, individual support persons can help you keep perspective in difficult situations and keep you accountable.

- Name one or two people you believe can offer you support on a one-to-one basis.
- Consider the qualities you believe are important when picking a sponsor an/or individual support person.

## Support Groups

These bring together people who are going through or have gone through similar experiences and can share common feelings and experiences. Most support groups provide a focus on recovery from a particular condition. (e.g., substance use disorders, mental health disorders, grief, PTSD). Benefits of actively participating in a support group include:

- Increasing your understanding of your illness
- Relieving isolation and loneliness
- Promoting a sense of belonging
- Reducing everyday stressors
- Improving coping skills for difficult situations
- Providing accountability for managing recovery
- Gaining a sense of hope through witnessing progress in others and ourselves

*Support groups are not the same as group therapy sessions. Group therapy is a specific type of mental health treatment that is facilitated by a licensed mental health care provider. IPN nurse support groups are not therapy groups.*

## AA and Other 12-Step Support Groups

The purpose these groups is to offer support and a “program of recovery” for people dealing with substance use disorders and mental conditions. They are based on honesty, hope, faith, integrity,

courage, and love, and teach “tools for living which promote healing of body mind and spirit.” Some examples:

[Alcoholics Anonymous](#)

[Gamblers Anonymous](#)

[Emotions Anonymous](#)

[Overeaters Anonymous](#)

[Narcotics Anonymous](#)

[Codependent Anonymous](#)

## **Mental Health Community Support Groups**

The [National Alliance on Mental Illness | Florida](#) offers support groups, classes, and peer-led presentations, each of which can be found in Resources > Helpful Resources:

- [NAMI Peer-to-Peer](#) is a free recovery education course open to anyone experiencing a mental health challenge. It is designed to encourage growth, healing, and recovery.
- [NAMI Connection](#) is a free weekly or monthly support group for people living with a mental health condition.
- [In Our Own Voice](#) is a presentation that can change attitudes, assumptions, and stereotypes by describing the reality of living with mental illness. People with mental health conditions share their powerful personal stories in this free 60- or 90-minute presentation.

## MODULE 7: CHANGING RELATIONSHIPS IN THE FAMILY

### OBJECTIVES

- **Recognize the shifting family dynamics during recovery.**
- **Understand the challenge of reestablishing trust.**
- **Identify ways to improve family communication patterns.**
- **Acknowledge the needs of family members.**



### Shifting Family Dynamics

The dysfunctional nature of substance use disorders and mental illness impact not only individuals but also their closest relationships. Patterns of communication, expectations, and priorities are altered, but rarely in ways that serve to help the struggling family member overcome their addiction or deal with emotional stress. It is widely accepted that substance use disorders are family diseases, in that family members frequently participate unknowingly in enabling the disease their loved one is struggling with as they try to cope with it themselves. Similarly, mental illness can throw off normal family dynamics.

For this reason, your partner, children, and others you care the most about will need their own source of support—a safe community for learning to understand how they've been affected by the SUD/MH you're in the process of recovering from so they can heal themselves.

To this end, there are many good options: Al-Anon ([www.Al-Anon.org](http://www.Al-Anon.org)), Alateen, and National Association of Mental Illness (NAMI) Family Groups (locally: [www.namiflorida.org](http://www.namiflorida.org)) can provide support to people of all ages affected by the substance use or mental illness of a friend or family member. Such groups allow

loved ones to realize they aren't alone and that there are others in their shoes they can relate to and learn from.

Write down your thoughts and feelings about the changes your family and relationships have undergone within the indicated categories as a result of your SUD/MH.

- **Communication**
- **Self-care**
- **Decision making**
- **Time together/intimacy**
- **Leisure and social activities**

## **Interpersonal Trust**

Broken promises and forgotten commitments are common experiences in the families of people with substance use disorders or mental illness. It can be humbling to face the fact that the trust of those you most love may have eroded as a result of your disease. In all likelihood, you can regain that trust, but it will take time and persistence. You will need to earn it, but the hard work, honesty, and persistence required will be well worth it.

### **Steps to reestablishing trust:**

1. Honestly discuss with your partner, children, and other family members how your behavior has caused them to lose trust in you.
2. Respectfully listen and accept *their* perceptions. Be mindful to avoid old habits, such as defensiveness.
3. Decide together what changes are possible and most important to reestablishing trust; make a commitment to work on those areas.
4. Consider getting outside help to learn skillful ways of healing broken trust. Depending on the nature of your illness, this might be a 12-step program such as Alcoholics Anonymous or Al-anon or a qualified family therapist.
5. As you work toward your goals, periodically ask for feedback.

## **Communication Patterns**

Changing unhealthy communication patterns is often challenging. You and your family may find it helpful, even necessary, to work with a family counselor. Remember, just as the patterns of chemical dependency in your life developed over a long period of time, changing these complex patterns will also require time. Trusting in the process and working on communication one day at a time is key.

To begin, start by identify areas of communication that need work by answering the following questions. Share your responses with those close to you as a first step to improving these communication patterns.

- Am I able to listen as well as I talk?
- Do I ask questions in order to better understand, rather than to look for ways to prove others wrong or to shift blame?
- Do I show genuine interest in the thoughts, feelings, and activities of others?
- Am I able to express my feelings as well as articulate my thoughts?
- Do I ask for help when I need it?
- Am I comfortable with shared family decision making?
- Does my family make use of time together for conversation?

In some communities, resources can be limited. Family members can find resources locally and nationally at [Al-Anon](#) and [NAMI Florida](#). Individuals in recovery from substance use disorders and mental illness will find that healing family relationships requires a commitment to accept and support family members in their own recovery from unhealthy family dynamics.

## PART II

### WORKPLACE SURVIVAL SKILLS

Whether you're seeking a new job or going back to a previous one, returning to work after treatment poses challenges. Your first hurdle: Evaluating your readiness to return. This will be determined by how far along you are in your recovery, your cognitive and decision-making skills, your ability to handle stress, and the availability of a support system in your life. It's best to have the input and support of others—your counselor or treatment team and your work supervisor—before you go back to work while recovering from a substance use disorder or mental illness.

A strong reentry program ensures you can practice your profession safely and that your own well-being is enhanced. A direct and honest conference with your employer, supervisor, and other key people prior to returning to work provides an opportunity to clarify misconceptions and establish work expectations and restrictions. Such a conference also gives you an opportunity to express your feelings and ask for any needed assistance. A written back-to-work contract is highly recommended to clarify these expectations.

As you anticipate the challenges that are inherent in the workplace, your chances of success increase. The modules in this section can identify some of those common challenges and guide you in developing effective coping strategies.



## MODULE 8: SPECIAL CONSIDERATIONS FOR CERTIFIED REGISTERED NURSE ANESTHETISTS

### OBJECTIVES

- Understand the unique substance use/abuse risk factors for certified registered nurse anesthetists (CRNAs).
- Become familiar with two resources that provide specialized CRNA recovery information.
- Discuss the components of safe re-entry into practice for a CRNA.



Substance use disorders are common across the entire socioeconomic spectrum: These poorly understood diseases do not discriminate. However, among health professionals, they disproportionately affect anesthesiologists, surgeons, and CRNAs.

One out of 10 CRNAs has a substance use disorder, according to the American Association of Nurse Anesthetists.

There are clear reasons for this. In addition to having generally recognized risk factors for SUDs—among them a demanding job and, in many cases, a predisposition to addictive behaviors—these healthcare professionals have additional challenges. An obvious one is ready access to highly addictive substances. The operating room environment is fundamentally different than that of the patient care unit in that medications almost always are prescribed, obtained, prepared, and administered by licensed independent practitioners.

This provides many opportunities to co-opt those medications for abuse—what is known as diversion. This poses a serious safety risk to patients who may not receive adequate medication. What’s more, diversion exposes patients to blood-borne pathogens. There have been outbreaks of infection associated with diversion, rendering it a multi-victim crime putting patients, addicted CRNAs or other healthcare workers, their coworkers, their employers, and society at risk.

A significant proportion of these medications are potent, addictive substances given on a daily basis, among them:

- Opioids and ketamine for pain relief and to blunt the stress response to intubation
- Volatile agents and propofol to induce anesthesia
- Midazolam to provide sedation, amnesia, and anxiety relief

In order to address the issue of diversion, in 2017 the American Society of Health System Pharmacists published “Guidelines on Preventing Diversion of Controlled Substances.” The document details a comprehensive approach to developing a controlled substance diversion prevention program (CSDPP) using technology and surveillance to review process compliance and effectiveness and to strengthen controls in order to prevent diversion.

Over the years, the ANA come to recognize the disease of addiction and what it means for the anesthesia community. As a result, it has developed multiple wellness programs and Peer Assistance Advisors (PAA) groups in every state to provide 24-hour phone hotline service for those in need.

## **Components of Safe Reentry into Practice**

Proper treatment—meaning intensive inpatient treatment and subsequent care—followed by an accountability monitoring program is essential for successful recovery from substance abuse. Once you’ve completed a rehabilitation program, you may be able to return to work, but there will be challenges: Not only will you once again have access to substances, but you may also stigmatization, shame, and unresolved pain, all contributing to the threat of relapse.

For that reason, readiness for reentry is a collaborative decision of the monitoring program, a certified drug and alcohol counselor, and the employer, and should be based on a set of components that appear frequently in the pro-reentry literature. They include, but are not restricted to:

- A solid foundation in a 12-step program
- Participation in the state’s monitoring program (if applicable)
- Attendance at Caduceus (HCP support group) meetings

- A work-site monitor
- Random toxicology screens
- A back to work (re-entry) contract
- Naltrexone use
- No overtime

## MODULE 9: IDENTIFYING WORKPLACE TRAPS

### OBJECTIVES

- **Identify potential relapse triggers in the workplace.**
- **Develop strategies to minimize emotional traps.**

Having survival skills for returning to work is essential for success. To that end, preparation is key. Just as you should not begin a hike up Mount Everest without carefully planning every step and preparing for every contingency, you should not go back to work without identifying potential traps and triggers that could trip up your recovery.

Once you do, you can then develop skills and coping strategies to alter your perceptions and responses no matter what SUD/MH you're recovering from. The keys to relapse prevention are self-care and self-awareness.

### Self-care

You probably feel you're better at caring for others than looking out for yourself. It's likely it was this very selflessness that inspired you to become a nurse in the first place. But while you're in recovery it's essential you develop self-care skills. It's like being on an airplane when the oxygen masks come down: Unless you put yours on first you won't be able to help anyone else.

What may make this shift in priorities hard for you are certain emotions that are inherent in people who have been afflicted by a substance use disorder or mental illness. As you return to work, you may be fearful your colleagues will reject or alienate you. You may feel guilty for having been dishonest while under the influence of your addiction or having not performed at your best while battling a mental illness, causing you to push yourself to be perfect in order to regain acceptance. As a result, you may find it hard to set limits or say no when asked to take on additional work, leaving you overwhelmed, exhausted, and even resentful.

It's important to understand this is natural. Even so, with such raw emotions you may find you have a tendency to overreact to situations at work you ordinarily would be able to deal with competently and confidently.

Finding a nurse support group in which you can feel safe being honest about what you're feeling and the issues you're dealing with can do much to minimize fear and guilt. Being in the company of like-minded friends can help minimize your feelings of alienation, reminding you that you aren't alone, it's okay to be kind to yourself, and your needs are as important as anyone else's. Self-care is a skill that takes practice, but you can master it with the help of the friends you will make in a support group.

## Self-awareness

Self-awareness is the ability to recognize physical and emotional traps that can trip you up. You may find the acronym HALT to be helpful as a reminder to take a moment and consider four potential triggers for self-destructive behaviors that may lead to a relapse: hunger, anger, loneliness, tiredness. Once you figure out one (or more) of these is an active trigger for you, you can easily address it.

### Hunger

This is, of course, the physical sensation that occurs when your body has run out of fuel, your blood sugar levels have dipped, and you need food. The obvious answer to hunger is to eat. You also can prevent reaching the point of being so hungry it affects your ability to work by having several small nutritious meals throughout the day rather than three large ones.

You might also think of hunger in emotional terms—hunger for attention, for comfort, for understanding, for companionship. If you feel deprived of the important human need of having others in your life who can provide loving care, you may not have the emotional energy to deal with challenging situations. These others may be fellow participants in 12-step recovery circles, church members, or close friends and family. Just as we need grocery stores to take care of physical hunger, we need communities of like-minded people to fill our emotional needs.

### Anger

There is nothing wrong with feeling angry, but if you haven't learned to deal with this emotion constructively it can take on a destructive form: It may lead you to criticize and belittle yourself or others, call people names, or even be physically violent. The first step toward handling anger is to take a time-out to gain control over the emotional charge that anger evokes. Deep breathing, walking, running, even stomping your feet or screaming (in privacy) can help to discharge the tension running through your body.

The next step is to look for the underlying cause of your anger. Anger is always about perceived helplessness or powerlessness and as such usually can be remedied by identifying a request that needs to be made. When you make that request, you need to be willing to negotiate an outcome that works for you and the other party. If that can't be achieved because the dynamic of the relationship is so destructive, the best thing to do is distance yourself from that person for a while or even for good.

Anger that isn't handled constructively can be like a repeated tape loop, in which case it's called resentment. The Big Book of Alcoholics Anonymous suggests that a person with resentment toward another pray for the other—that is, imagine all the good in life that they would like to have for themselves be bestowed upon the other person. You don't have to call it prayer; choose a word that works for you.

The likely result is you will eventually feel free from the incessant thoughts about the object of your resentment and an unforeseen resolution to the conflict will emerge.

If you find it hard to guide yourself toward a time-out, self-reflection, and moving toward a constructive request you may need professional help. Deep-seated anger usually is connected to childhood trauma that can be alleviated with therapy.

### **Loneliness**

This emotion is similar to emotional hunger in that the solution is the same—namely community. However, if you're feeling lonely and finding it hard to reach out to others for companionship this may stem from a childhood situation in which you learned to cope by isolating yourself. As with resentment, you may want to work with a therapist to uncover this issue and deal with it.

### **Tiredness**

If your day is hectic, make a point of resting to recharge your mind, body, and spirit. Doing so will help you get through challenging moments. Meeting your needs for rest and sleep is critical to rejuvenate you physically, emotionally, and spiritually.

## What Are Your Emotional Traps?

Identify three emotional traps associated with the workplace that may be threats to your mental stability and/or recovery. For each describe how you usually respond.

TRAP	RESPONSE
Example: I feel guilty for missing work to have treatment for my SUD/MH.	I never say no to requests even if I'm too feeling overtired or overworked.

## Prevention Strategies

Now, imagine yourself facing these traps at work. Develop strategies for dealing with each in order to help prevent a relapse.

TRAP	STRATEGY
Example: I feel guilty for missing work to have treatment for my SUD/MH.	Remind myself I would have been away from work for heart surgery.  Practice saying no to being asked to work overtime.  Discuss adding an overtime limit to my back-to-work contract.

## **MODULE 10: STRATEGIES FOR SUCCESS OVER SUBSTANCE USE AND MENTAL HEALTH TRIGGERS**

### **OBJECTIVES**

- **Recognize the relationship between triggers and craving.**
- **Identify workplace triggers common to nurses after a substance use relapse.**
- **Identify workplace triggers common to nurses after a mental health relapse.**
- **Develop a preventive plan for personal workplace triggers.**

### **Substance Use Triggers**

A trigger is something that arouses, stimulates, provokes, or causes an event to begin. Identifying and talking about triggers is an important part of the recovery process. Triggers may include being in places where you once used, being around people who currently use, or experiencing negative moods.

For a nurse recovering from a substance use disorder, the healthcare setting may be rife with triggers. Identify those in this list of common SUD triggers that apply to you; add others in the space provided:

1. Access to prescription pads
2. Smell of alcohol swabs
3. Handling of syringes
4. Access to discarded mood-altering meds
5. Handling tourniquets
6. Hearing colleagues talk about “partying”
7. Smell of alcohol on visitors
8. Entering places where you once used (restroom/utility room)
9. Handling drug samples
10. Sound of “popping” cans (i.e., tube feeding)
11. Sight of PYXIS
12. Observing patient use of PCA pump
13. Observing mood-altering drug effect on patients
14. Handling wastage of mood-altering drugs
15. Seeing a “bar” in home care setting
16. Seeing drugs in a patient’s home

### **Cravings and Triggers**



Every recovering nurse will experience cravings at times. It is important to know that cravings, once triggered, will build, then level off and fade. Knowing this, you can use different techniques to help you “ride the wave” safely without resorting to alcohol or drugs. Caring for yourself in and out of the workplace is necessary in order to protect your recovery.

Practicing these new skills and analyzing situations in which you try them out helps to make them a part of your everyday repertoire.

## **Mental Health Triggers**

If you’re returning to work after coping with a mental health condition, it’s important to know you may experience ups and downs as you move forward in your recovery. There may be times you’re feeling strong and able to manage your symptoms, but there also may be times your symptoms reappear and become difficult to deal with.

Such setbacks, or “relapses,” can be severe enough to lead to hospitalization or other serious consequences. They can be prevented, though, or at least assuaged if you know what is likely to trigger them, can recognize the warning signs of a relapse in progress, and have clear plans for dealing them.

## **Common Relapse Triggers**

- Stopping medication or not taking medication as prescribed
- Using drugs and/or alcohol
- Being under stress or overwhelmed
- Conflict in relationships
- Illness or death of a loved one
- Other major life changes

## **Relapse Warning Signs**

Some relapses occur quickly, but many evolve over time. Some signs of a relapse in progress are obvious, but others can be subtle and easy to miss:

- Inability to sleep or sleeping too much
- Stopping medication or not taking it regularly
- Feeling tense, nervous, or hostile
- Withdrawing or isolating yourself from others—for example, not going to work
- Allowing personal hygiene to lapse
- Paranoia, hallucinations, or hearing voices
- Confusing or nonsensical speech
- False beliefs or delusions (thinking people are against you or being overconfident in your abilities)
- Engaging in risky behaviors (overspending money or abusing alcohol or drugs)

### **What to Do When a Relapse Is Underway**

If you notice warning signs or feel your symptoms returning, talk to your doctor or a trusted member of your medical team right away. They can check your medications to make sure they're working. They can also recommend other medication if needed, offer you strategies to help remember to take them, and help you get supportive services.

#### **Other tips for relapse management include:**

- Connect with members of your support network.
- Use stress reduction techniques (breathing, meditation, yoga).
- Write in your journal.
- Meet with a peer counselor.
- Take time off from responsibilities.

#### **A crisis plan can include:**

- Triggers and warning signs
- Things to do when you recognize warning signs
- Preferences for medication, medication history, treatments, and providers
- List of emergency contact information for your doctor and members of your treatment team
- List of support network members who can help

It's a good idea to share your crisis plan with members of your treatment team and nurse support group.

#### **Strategies to reduce relapse include:**

- Having social support
- Learning about your condition and symptoms
- Participating in supportive treatments and therapies
- Finding a medication option that works for you
- Taking your medication regularly, as prescribed
- Managing stress

## MODULE 11: SEARCHING FOR A JOB

### OBJECTIVES

- **Identify effective ways to prepare for a positive job interview.**
- **Understand the importance of a professional resume or curriculum vitae.**
- **Evaluate the fit between an available job and your needs.**

If you will not be returning to your previous job while you're recovering from an SUD/MH, you may rightly feel as others in your position have described feeling: terrified. But remember: Nurses are in short supply in the United States and so your exceptional skills and experience give you an advantage.

Understandably, given you're in an ATD program and required to disclose that fact to potential employers you may feel especially anxious about the prospect of searching and interviewing for a new job. It's common for any number of questions to circle through your mind:

- Why would anyone want to hire me?
- Will I be accepted by my colleagues?
- Will I be able to find an employer willing to accommodate work restrictions?
- Will I face additional requirements as an employee because of my history of substance use or mental illness?
- Who will I have to tell about my recovery or mental health status?

Preparation and trust in the process can go a long way toward assuaging these concerns and bringing you success in your job search. Like anything important in life, doing your homework increases your chances of successful reentry into the professional job market.

### **Prepare a Resume or Curriculum Vitae (CV)**

A well-organized resume that outlines your career objectives and experience serves as a first impression when you are interviewing for a job. Chances are you have a resume, but if you haven't updated it since your last position you will need to fill in those blanks. Take this opportunity to list any accomplishments related to your previous job and to underscore the experience and skills you may have obtained.

Some employers prefer a curriculum Vitae, or CV, to a resume. Typically, CVs are longer than resumes—at least two or three pages—and offer more information about academic background and achievements, including research, awards, grants, publications, and teaching experience. If a CV is required, this usually will be stated in the job listing.

Whether you're preparing a resume or a CV, if you're unsure how to proceed you can find expertly designed templates for both online. Microsoft Word offers free CV templates for download.

If you have a LinkedIn profile, make sure it too is up to date and matches the details on your resume or CV.

## **Searching for Potential Jobs**

With your resume or CV complete and your LinkedIn profile updated you can begin your job search. Start by making a list of healthcare settings where you might seek employment. Expand your list by networking in person, online, or by phone. From that list identify those that meet the criteria of your back-to-work contract: Not all settings are prepared for or able to support the unique needs of a nurse who's being monitored in an ATD program.

Next, do some behind-the-scenes research about these settings. If possible, talk to nurses and other employees at the ones you're most interested in. Peruse their websites to learn about each organization's philosophy, expectations, and policies.

When you've narrowed your search to three or four, you're ready to start interviewing.

If you are not yet ready to reenter a clinical setting, you may want to consider a non-nursing position first. You may also want to consider a nursing position in a nonclinical setting.

Document your successes in your current job at least a monthly and incorporate them into your resume. If your skills are in high demand, employers will often come after you, so be ready to respond to appealing options.

## MODULE 12: JOB INTERVIEWING

### OBJECTIVES

- **Understand the importance and limits of disclosure during a job interview.**
- **Develop confidence in self-presentation.**
- **Identify important questions to ask in an interview.**

It's normal to feel nervous and anxious before a job interview, but if you allow these emotions to overwhelm you it can diminish your performance. The key to shining in a job interview is to elevate your mindset. You may not be able to rid yourself of anxiety altogether, but there are steps you can take to assuage your nerves so you're able to approach interviews with confidence, interest, and poise.

### BEFORE THE INTERVIEW

- **Be honest on your job application.** Prior to landing a job interview you likely will have to fill out a job application that may ask if you've ever been disciplined or are currently under disciplinary action by a board of nursing. *You must answer truthfully*, but don't worry that this will lessen your chances of landing a job: Most employers respect and are impressed by honesty. What's more, disclosing your disciplinary history will open the door to a frank and productive discussion of your monitoring employment requirements.
- **Research the company or organization.** Focus on the mission, values, recent awards or special recognition, and other aspects of the organization. This way you will be able to answer with confidence when asked questions about your understanding of your potential new employer. It also will allow you to form your own opinions regarding whether the job is one you truly want.
- **Develop a list of your own questions.** A job interview is a reciprocal process. It is your opportunity to learn about a prospective work environment, beyond the written marketing materials. Remember that just as the company or organization has a valuable position to offer, *you* have valuable skills and experience.

Generate and list potential questions to ask during a job interview, worded as they might be asked.

**Important to know: Participation in an alternative program is *not* considered board of nursing discipline, unless your participation was board ordered. If you are not sure of your status, clarify this before going to an interview.**

### DURING

As with most professions, some general rules for etiquette during a job interview apply for nursing positions: Dress professionally, arrive on time (ideally early enough to have enough time to visit the

restroom, settle your nerves, and so forth), and be polite. Once you are facing the interviewer, sell your abilities as a nurse, focusing on what you can bring to the job: experience, maturity, a willingness to be open and honest.

The aspect of interviewing for a job that will require some special consideration for you as a nurse recovering from an SUD/MH is when and how to discuss this. If for some reason the job application did not ask about this, it likely will be up to you to bring it up. Some pointers:

- **Wait until at least midway through the interview.** This will allow ample opportunity to sell yourself and, equally important, get a good idea if the job is really one you want. You can break the ice with statements: “I want to inform you of my current participation in the state alternative recovery/monitoring program for nurses” and “I have been approved to return to nursing practice; my case manager would be glad to give you additional information.”
- **Don’t reveal your status if you decide you aren’t interested in the position.**
- **Focus on the positives.** Emphasize your active participation in a recovery/monitoring program. A mature, seasoned employer will recognize that nurses who have identified and addressed problems are much healthier than those who refuse to do so.
- **End with a show of strength.** Leave the interviewer with a lasting impression of confidence and enthusiasm. At the end of the meeting, reiterate your enthusiasm about the position by saying something like, “I am truly interested in this position and feel I have a lot to offer the organization.” Briefly recap your strengths and politely ask if how long it’s expected to take for a decision to be made.

## AFTER

- **Write a thank-you note.** A brief, professional note of appreciation for the interviewer’s time and consideration can make a difference in the final decision making.
- **Follow up.** If you don’t hear back about the position within the time frame you were given, feel free to call and inquire if a decision has been made.
- **Accept with grace.** If you got the job, congratulations! You are on your way to fresh start in your career and your life. At this point you can begin discussing particulars such as salary, start date, hours, and schedule.
- **Deal with mixed feelings.** At the same time you feel relieved, excited, and ready to take on the challenge of a new job, you may experience anxiety and unease related to past work problems due to substance use, mental health issues, unresolved guilt, or self-doubts. It is important to recognize these contradictory feelings and to talk about them in group or with other people in recovery.

## Handling Rejection

It can be difficult to not be offered a job you know you have the necessary skills and qualifications for, especially if it's one you had your heart set on, but this happens to everyone. Even so, it's only natural you may conclude you didn't get the job because of your history of addiction or mental illness. In all likelihood, any one of many other factors that affect a hiring decision was the reason.

Try not to allow a rejection to erode your confidence: Use it as a learning experience to improve your future chances. If you have the opportunity, ask the interviewer or employer why you weren't offered the job. You may discover there are things you can do differently the next time around based on what they tell you. You also may receive reassurance the decision was not based on your SUD/MH, which should help to shore up your confidence.

You also may find it helps to review the situation with others: Their input paired with the catharsis of talking about it will help to dull the effects of the rejection and allow you to shake it off and move on to the interview.

## MODULE 13: PRACTICE RESTRICTIONS

### OBJECTIVES

- Identify the primary purposes for practice restrictions.
- Acknowledge the role of individual perception in one's view of practice restrictions.
- Recognize the advantages of developing a “labor exchange” with colleagues.



### Structure and Support for the Returning Nurse

Practice restrictions are a common component of state nursing monitoring program contracts and employer back-to-work contracts. They may include:

- Limiting schedules to day or evening shifts without shift rotation
- Eliminating or limiting overtime
- Controlled substance restriction
- Restricting independent practice settings, settings without direct supervision, and high-stress areas such as ICU and ER
- Limiting practice to a nonclinical setting during the initial return phase



The purpose of practice restrictions is two-fold: To provide “safeguards” for nurses returning to work after substance use and/or mental health treatment and to provide reassurance to employers by minimizing workplace risks such as narcotic access for those with substance use disorders.

In addition, the nurse in early substance use or mental health recovery needs time to “balance out” physically, mentally, and emotionally. **The first two years of substance use or mental health recovery are considered high risk for relapse, and the first three to 12 months are the most critical.** This is a primary reason that practice restrictions are most commonly instituted during this time period.

In addition to helping minimize workplace triggers, practice restrictions are beneficial in assisting a returning nurse with learning to set appropriate boundaries for self-care. Many nurses in recovery may feel guilty for having “let colleagues down” and feel a need to compensate by taking on extra hours and shifts. Limits on hours and shifts may help a nurse feel comfortable saying no to extra work so they can focus on stability and overall wellbeing. Leftover feelings of guilt and fear of not being accepted back can be discussed in nurse support group or with a trusted recovery support person.

**Questions to consider:**

- Can you think of any other benefits for initial practice restrictions?
- You may have restrictions on your current practice, or you may be anticipating your return to work. How do you feel about practice restrictions?

**“Labor Exchange” for Nurses with a Controlled Substance Restriction**

Practice restrictions can be managed in a number of creative ways. One is a system of labor exchange that allows for specific tasks to be exchanged ahead of time with a designated buddy who will be assigned to work in tandem with the recovering nurse. The recovering nurse is usually prohibited from administering controlled substances early in the return-to-work period, and so a labor exchange allows their buddy to administer all controlled substances for the recovering nurse while the recovering nurse completes one or more of the buddy’s agreed upon assigned tasks.

An arrangement like this puts planning in the forefront, promotes teamwork, and removes the burden of others having to accommodate the returning nurse. Additionally, such a work arrangement may help lessen the feelings of shame, of being different and of not carrying a full load by the recovering nurse.

Without Labor Exchange	With Labor Exchange
<p>Jane Cruise, RN, has a controlled substance restriction as part of her state monitoring contract. Her employer is aware of this required restriction and is willing to accommodate Ms. Cruise upon her return.</p> <p>This being the case, Ms. Cruise returns to work for the 7am—7pm shift. Each time one of her patients needs pain medication, she feels she must impose on one of her co-workers to administer it. She must locate them, ask them, and hope they aren't too busy to help her.</p> <p>Depending on her colleagues' workloads, Ms. Cruise's patients may be last on their list of priorities. Although they are supportive of her return to work, they do view her request as "extra work" for them.</p>	<p>Ms. Cruise returns to work on the 7am-7pm shift. Prior to her first evening back, she reviews her practice restrictions with her supervisor and together they develop a labor exchange plan in which Ms. Cruise is scheduled to have one or two "buddies" on each 7am-7pm shift.</p> <p>These buddies are asked, with input from Ms. Cruise and her supervisor, to "exchange duties." It is clearly outlined what Ms. Cruise will do in exchange for her colleagues' agreement to administer the narcotics on her shifts.</p> <p>The plan is then incorporated into Ms. Cruise's return-to-work agreement. The schedule is reviewed each month.</p>

If you have restrictions as part of your return-to-practice agreement, what are some ways you can exchange labor with a colleague?

As you prepare to return to work, you can see it is also useful to plan ahead for any practice restrictions you may encounter. Keep in mind these restrictions are time-limited and what may feel like a barrier is likely to be a benefit in the long run of your recovery journey.

## MODULE 14: DISCLOSURE IN THE WORKPLACE

### OBJECTIVES

- **Balance the need to disclose with others' need to know.**
- **Understand the benefits of disclosure to co-workers.**
- **Make a plan for how to disclose your status and what to say.**



It's one thing to tell your family and closest friends that you are in recovery from a substance use disorder or mental illness. It's an entirely different thing to disclose this information to your supervisor or to co-workers—especially those you barely know. In fact, it can be a downright painful experience, depending on how others respond and on your own unresolved issues of shame or guilt. That said, disclosure can be a relief, freeing you from the burden of secrets and inauthentic self-images.

### Reasons for Disclosure to Co-Workers

Disclosure of your status to others can have a number of important and positive outcomes. Anyone who has experienced addiction or mental health issues knows how destructive secrets are.

- **Freedom from secrecy.** Disclosure constitutes a gift to yourself of freedom from secrets and lies. Each time you choose to share your recovery or mental health status with someone, you will find it becomes a little easier and you gain more self-confidence and self-respect.
- **Additional support.** Disclosure also increases the number of people who potentially can help

you prevent relapse and maintain a strong recovery program. Co-workers may be the first to notice relapse substance use or mental health warning signs and bring them to your attention.

- **Opportunity to educate others.** Many health care professionals are uninformed about addictive disease, treatment, and recovery. By disclosing your experience, you may help build a work climate in which early recognition and supported recovery are truly valued.

## Disclosure as Choice

The law does not require you to disclose our SUD/MH status to your co-workers. What's more, your supervisor and human resources department are required by law to keep it confidential. Therefore, it's your choice whether to disclose your situation to your colleagues, one that should be guided by the same factors that determine whether and how much you share other details about your personal life.

If you decide to tell your co-workers about your substance use or mental health status, be candid but do not overshare. As your professional colleagues, they do not need to know everything about your personal life. Most important, be confident. Do not be ashamed or embarrassed. Having a mental illness and/or substance use disorder is a disease, and you can be proud of yourself for taking the steps to recover.

When considering whether to disclose your status to a specific co-worker, ask yourself:

1. Would I trust this person with other personal information about my life?
2. Would sharing this information clear the air and create an opportunity to educate?
3. Is this a person who is likely to be supportive of my mental health and/or substance use recovery program?
4. Is this person in a position in which they *need* to know?

If you answer “yes” to at least two of these questions, disclosure is probably a good choice.

Disclosure to your supervisor may be a requirement of an alternative program of monitored recovery or of a board of nursing disciplinary action. In this case, the decision is made for you. Also, because approval by your alternative program to return to nursing practice and before accepting a new position or returning to previous employment may be a requirement, you will have to disclose your status.

## How to Tell

The following two principles should help you feel more confident about disclosure in your workplace. You also may want to review Module 12, which discusses disclosure in the job interview.

- Initial anxiety is often due to not knowing what response to expect. Think of all the most likely

positive and negative responses you might get and plan effective ways to deal with them. Knowing that you can handle these responses will decrease your anxiety about initiating the subject.

- Directness communicates honesty and openness to others. Eye contact and body language are as important as the words you use. A few direct and clear statements are far more effective than long explanations. People will always let you know how much they can hear and will feel free to ask questions if you are direct and open.

### **Role-Playing Exercise**

Practice revealing your mental health or substance use recovery status with someone else. Critique, revise, and repeat until you feel comfortable with your approach. If you're working with a partner who also is in recovery, take turns playing the part of the co-worker.

As a second step, have your partner react both positively and negatively to your disclosure, and practice constructive ways to respond.

## MODULE 15: SLEEP DISRUPTION, REST, AND WORK SCHEDULES

### OBJECTIVES

- Learn about the phenomenon of sleep disruption in regard to substance use and/or mental health recovery.
- Identify the effects of sleep disruption or deprivation on concentration and work performance.
- Understand the significance of regular work schedules.

### Sweet Sleep

Sleep is as important to overall health as eating, drinking, and breathing. It allows the body to physically rejuvenate and the brain to consolidate memories and process information. Lack of sleep can leave you feeling low and even small levels of sleep deprivation can chip away at happiness over time, leaving you irritable, lacking in enthusiasm, and even experiencing symptoms of clinical depression such as feeling persistently sad or empty. It can have a negative effect not only on your mental health, but also on your relationships and family dynamics.

And yet lack of sleep often is part and parcel of the nursing profession. Nurses are largely locked into schedules that provide 24-hour care and include night shift work. But sleep disruption or deprivation over an extended period of time can result in a high-risk cycle for those in recovery from a substance use or mental health illness. A chronic lack of restful sleep can increase anxiety and depression, decrease resistance to illness, affect memory and mood, and impact work performance and job safety.

The link between sleep and mood has been seen over and over by researchers and doctors. People with insomnia are 10 times more likely to have clinical depression and 17 times more likely to have clinical anxiety than those who have normal sleep patterns. The more a person experiences insomnia and the more frequently they wake at night as a result, the higher the chances of developing depression.

Sleep difficulties are complex in origin and may take many forms, from difficulty falling asleep, waking frequently, waking early, or frequent nightmares. If you are recovering from a substance use disorder, you may be especially vulnerable to such problems as using alcohol or other drugs which brings about neurochemical alterations in brain function that play a significant role in disrupting healthy sleep.

Rest assured, in time you will heal from such post-acute withdrawal symptoms. Meanwhile, there are steps you can take to improve the quality of your sleep.

For some, sleep difficulties begin when working 12-hour shifts or rotating shifts. For others, underlying problems of anxiety or depression affect sleep patterns. And for many, a pattern of alcohol or drug use develops as a means to self-treat our insomnia. In early recovery, lack of sleep may be a recurring

problem, resulting in irritability, fatigue, and discouragement. Even mild sleep deprivation can have cumulative effects.

## Managing Sleep Difficulties

Consider any sleep difficulties you are currently having. You can take positive steps toward alleviating them by maximizing rest, developing regular sleep habits, and establishing healthier waking/sleeping patterns in your life. Answer the following questions about your current sleeping habits.

- Do you have a regular bedtime?
- Do you eliminate bedtime conflicts?
- Have you established soothing, relaxing bedtime rituals?
- Have you eliminated caffeine, and heavy eating for three hours before bedtime?
- Do you ensure quiet?
- Do you separate sleeping from TV or other competing activities?

What steps can you take to improve your sleep habits in the categories mentioned above? Return to this list in a month to evaluate the changes you have made.

## Shift Work

It is estimated 15% of the U.S. work force are shift workers who do not keep a regular 9-to-5 schedule, such as nurses, doctors and other medical professionals, drivers, and police officers. Shift workers are at significantly increased risk for sleepiness, as well as the common health risks that come with insufficient sleep, such as high blood pressure and heart problems.

Many back-to-work contracts for nurses in state monitoring programs prohibit evening and night shift work for a determined period of time. There are several good reasons for this, including physical and psychological stress. Studies have found:

- Night shift workers get less sleep, and their sleep is less restful.
- Wakefulness during night shift hours may be contrary to one's internal circadian clock.
- Evening/night shift work is correlated with increased use of alcohol to induce sleep.
- Adaptation to shift work may be more difficult after age 40.
- Evening/night shift nurses have a higher rate of auto accidents driving to and from work.
- Evening/night work may serve to exclude you from social activities with family and friends.
- Working while much of the world sleeps can increase feelings of isolation and alienation.

If you are working in a position that requires evening, night, or rotating shifts, you can protect yourself by:

- Keeping a regular sleep time, uninterrupted by appointments, telephone, visitors.
- Eating three normal meals a day, not snacks on the run.
- Working out ways to balance work, family, community, and personal time.

- Rotating shifts in a clockwise fashion (phase-delaying rotation), as it is less stressful and requires less readjustment time.
- Avoiding overly long shifts, overly long workweeks, inadequate rest periods between shifts, and an inadequate number of days off.



## **MODULE 16: BUILDING AND KEEPING NEW SOCIAL NETWORKS**

### **OBJECTIVES**

- **Identify people and work environments that may be enabling.**
- **Establish healthy boundaries between work and personal life.**
- **Determine ways to protect yourself from an unhealthy prevailing climate.**

### **Workplace Climate**

Although you may not have realized it at the time, your job likely played a significant role in your mental health or substance use disorder. Every workplace has a prevailing “climate”—a perception of the work environment by those who work there.

That climate can be supportive, hostile, friendly, exciting, exclusive, respectful, cohesive, isolating, or any combination of these. How you feel while in your workplace has a direct correlation to how motivated you are to do well.

Think about your own past or current workplace. What words would you use to describe the climate and what evidence can you offer to support each adjective?

Based on your answer, would you consider your workplace supportive of your recovery? Why? Why not?

### **Work-Life Balance**

Work-life balance is the lack of opposition between work and other life roles. It is the state of equilibrium in which demands of personal life, professional life, and family life are equal. It consists of, but it is not limited to, flexible work arrangements that allow employees to carry out other life programs and practices. Most of us spend more than half our waking hours working, often causing us to slip into the habit meeting more and more of our needs at work and fewer outside of work.

In a Harvard Business School survey, 94% of working professionals reported working more than 50 hours per week and nearly half said they worked more than 65 hours per week.

The boundary between professional and personal life is always a little fluid, so it takes a conscious effort to maintain a healthy balance between the two. To do this ask yourself, “What are the differences I want between my professional collegial relationships and my personal/social relationships?” It may help to list those needs that are met mostly at work and those that are met mostly at home or community. Does your list reflect a healthy balance?

### **Tips for Better Work-Life Balance**

Work-life balance means something different to everyone, but here are some tips to help you find the balance that's right for you:

- **Let go of perfectionism.** Overachievers develop perfectionistic tendencies while young, when demands on their time are relatively limited. In adulthood, however, life becomes more complicated and responsibilities mushroom, putting perfectionism out of reach. Continuing to strive for it, however, can become destructive neurologically and psychologically. The healthier option: Strive not for perfection, but for excellence.
- **Unplug.** From telecommuting to computer software that make work easier, technology makes life easier in many ways, but it also creates expectations of constant accessibility. When you can easily be reached with an email or a text 24/7, the workday never seems to end. Shutting off your phone for designated periods of time is one way to unplug. What are others that come to mind?
- **Exercise and/or meditate.** Activities that support both physical and mental well-being tend to fall by the wayside when your calendar fills up—but to your detriment. Exercise is an effective stress reducer. It pumps feel-good endorphins into the body, effectively lifting your mood and serving a one-two punch by also putting you in a meditative state, according to the Mayo Clinic.

It's especially important to activate the parasympathetic nervous system, which controls the body's rest and digestive functions. You don't have to hit the gym to do this: Short, meditative exercises such as deep breathing or mindfulness (grounding your awareness in your present surroundings) are a great place to start. Such practices are calming because they activate the parasympathetic nervous system, not only in the moment but also over time, as it begins to override the sympathetic nervous system.

- **Limit time-wasting activities and people.** First, identify what's most important in your life. This list will differ for everyone, so make sure it truly reflects your priorities, not someone else's. Next, draw firm boundaries so you can devote quality time to these high-priority people and activities. From there, it will be easier to determine what needs to be trimmed from the schedule. If email or Internet surfing sends you into a time-wasting spiral, establish rules to stay on task. That may mean turning off email notifications and replying in batches during limited times each day. If you're mindlessly surfing Facebook when you should be getting work done, try using productivity software like Freedom, LeechBlock, or RescueTime.

Likewise, find ways to limit your interactions with people who tend to gobble up your time chattering about inconsequential minutiae. Learn how to diplomatically excuse yourself if you get "cornered" by such a person. Focus on the people and activities that reward you the most.

- **Change the structure of your life.** Sometimes we fall into a rut and assume our habits are set in stone. Take a birds-eye view of your life and think about your habits.

**Discuss:** What changes could make life easier?

**Don't try to do it all.** Focus on activities you specialize in and value most. Delegate or outsource everything else. Delegating can be a win-win situation. Turning certain tasks over to key stakeholders in your life, such as co-workers or your partner or spouse, provides them opportunities to grow in their own lives as well as frees you up to focus on priorities, including your mental health and substance use recovery.

## MODULE 17: SELF-CARE

### OBJECTIVES

- Explain the importance of self-care for caregivers.
- Discuss ANA mandate for self-care.
- Understand nursing interventions for self-care deficit.
- Complete the Mindful Self-Care Scale.

According to a health risk appraisal from the American Nurses Association, there is “room for improvement” in nurses’ health, particularly in regard to “physical activity, nutrition, rest, safety, and quality of life.” And no wonder: 68% of the nurses surveyed said they put the health, safety, and wellness of their patients before their own.

“Nurses give the best care to patients when they are operating at their own peak wellness.”

Self-care is any deliberate activity we do to provide for our physical, mental, and spiritual well-being. It is especially important for nurses and other medical professionals who spend their working hours caring for others. Self-care reduces stress, replenishes the capacity to provide compassion and empathy, and improves quality of care. It’s also recommended by the ANA in its Code of Ethics.

“Nursing can be a traumatic field to work in because nurses are exposed to pain, suffering, and trauma, and are often traumatized and not even realize it. Self-care is actually a responsibility, as you can see in the Code of Ethics. If we aren’t caring for ourselves, we can’t care for others.”

### BENEFITS OF SELF-CARE FOR NURSES

The fifth provision of the ANA’s Code of Ethics states that the moral respect nurses extend to all human beings “extends to oneself as well: the same duties that we owe to others we owe to ourselves.” These include the responsibilities to:

- Promote health and safety.
- Preserve wholeness of character and integrity.
- Maintain competence.
- Continue personal and professional growth.

By adhering to this ANA mandate—particularly during recovery from a substance use disorder or mental illness—you will enjoy a wealth of benefits that will help to support your journey toward health and wellness.

### **Self-Care Is a Self-Management Tool**

Self-care is a way to ameliorate the stress that comes with nursing.

“Remember, you can keep spending, but if you don't turn around and put something back in, you're going to end up in a serious deficit. That leads to burnout.”

### **Self-Care Replenishes a Nurse's Empathy and Compassion**

Empathy and compassion are critical components of a nurse's care. The more taxed a nurse is, the more likely their capacity to provide these things will suffer.

“We keep pouring empathy and compassion out, without replenishing them. We need to practice empathy and compassion for ourselves, as well. When you don't have anything left to give, you'll sometimes see symptoms of depression or anxiety. You may see strain on the nursing units or a lack of investment in the work. It can actually place patients as well as nurses at risk.”

### **Self-Care Promotes Safety and Higher-Quality Care**

Provision 5.6 of the Code of Ethics addresses the reciprocal relationship between professional and personal growth.

“You can see why it's so critical that we do provide care for ourselves—because we bring that into the workplace, and the quality excels...It also complements others' work and promotes a higher quality provision of care. So, it's a responsibility to ourselves as well as our patients, our colleagues, and the health care environment in general.”

### **Nursing Interventions for a Self-Care Deficit**

Take the following steps to develop a plan for self-care:

1. Engage in self-reflection and self-assessment. Where are you currently with self-care in the various aspects of your life?
  - Physical
  - Mental
  - Spiritual
  - Relationships
  - Economic
  - Psychological
2. Identify opportunities for growth. “Do you have a spiritual deficit? Are you not attending to the essence of your being? Are you eating too much—or not enough—to fill a void?”
3. Decide the interventions you need to implement. Examples include:

- **Physical.** Get regular health screenings, eat clean and nutritious meals, maintain a healthy weight, and exercise.
- **Mental.** Use relaxation and imagery techniques. Focus attention away from fear-based, negative thought patterns and become more open to life-affirming information and patterns of thought. Seek books and groups that promote joy and pursue counseling if necessary.
- **Spiritual.** Engage in activities that develop your higher self. This could be accomplished via a religious affiliation, but it doesn't have to be. Practice meditation or yoga and say positive affirmations.
- **Relationships.** Engage in truthful and caring self-reflection regarding communication with others. Identify both the cohesiveness and the disharmony in your relationships. Strive to be aware of the effect both have on family and friends. Nurture important relationships.
- **Economic.** Live within your means. Take the steps necessary to balance your economic health. Sometimes, less is more.
- **Psychological.** Embrace your creativity and play. Identify what stimulates your mind and invest time into these activities.

“We’ve got to be advocates not only for our patients, but for ourselves. Look at the [Healthy Nurse, Healthy Nation Grand Challenge](#) – the American Nurses Association provides some wonderful recommendations on how nurses can practice self-care and lead a balanced life.”

**The Mindful Self-Care Scale:**

Choose the number that reflects the frequency of your behavior (how much/ how often) in the past 7 days)

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
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Reverse-Scored:

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
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Item	Physical Care (8 items)				
I drank at least 6 to 8 cups of water.	1	2	3	4	5
I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains).	1	2	3	4	5
I planned my meals and snacks.	1	2	3	4	5
I exercised at least 30 to 60 minutes.	1	2	3	4	5
I took part in sports, dance or other scheduled physical activities.	1	2	3	4	5
I did sedentary activities instead of exercising (e.g., watched TV, worked on the computer)-reverse score.	5	4	3	2	1
I planned/scheduled my exercise for the day.	1	2	3	4	5
I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi).	1	2	3	4	5
Total: _____ Average for Subscale = Total # of Items: _____					
<b>Supportive Relationships</b>					

Item	(5 items)				
I spent time with people who are good to me (e.g., support, encourage, and believe in me).	1	2	3	4	5
I felt supported by people in my life.	1	2	3	4	5
I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group).	1	2	3	4	5
I felt confident that people in my life would respect my choice if I said “no.”	1	2	3	4	5
I scheduled/planned time to be with people who are special to me.	1	2	3	4	5

Total: \_\_\_\_\_ Average for Subscale = Total # of Items: \_\_\_\_\_

Item	Mindful Awareness (4 items)				
I had a calm awareness of my thoughts.	1	2	3	4	5
I had a calm awareness of my feelings.	1	2	3	4	5
I had a calm awareness of my body.	1	2	3	4	5
I carefully selected which of my thoughts and feelings I used to guide my actions.	1	2	3	4	5

Total: \_\_\_\_\_ Average for Subscale = Total # of Items: \_\_\_\_\_

Item	Self-Compassion and Purpose (6 items)				
I kindly acknowledged my own challenges and difficulties.	1	2	3	4	5



I engaged in supportive and comforting self-talk (e.g., "My effort is valuable and meaningful").	1	2	3	4	5
I reminded myself that failure and challenge are part of the human experience.	1	2	3	4	5
I gave myself permission to feel my feelings (e.g., allowed myself to cry).	1	2	3	4	5
I experienced meaning and/or a larger purpose in my work/school life (e.g., for a cause).	1	2	3	4	5
I experienced meaning and/or larger purpose in my private/personal life (e.g., for a cause).	1	2	3	4	5

Total: \_\_\_\_\_ Average for Subscale = Total # of Items: \_\_\_\_\_

Item	Mindful Relaxation (6 items)				
I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote).	1	2	3	4	5
I did something interpersonal to relax (e.g., connected with friends).	1	2	3	4	5
I did something creative to relax (e.g., drew, played instrument, wrote creatively, sang, organized).	1	2	3	4	5
I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds).	1	2	3	4	5

I sought out images to relax (e.g., art, film, window shopping, nature).	1	2	3	4	5
I sought out smells to relax (lotions, nature, candles/incense, smells of baking).	1	2	3	4	5

Total: \_\_\_\_\_ Average for Subscale = Total # of Items: \_\_\_\_\_

Item	Supportive Structure (4 items)				
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I kept my work/schoolwork area organized to support my work/school tasks.	1	2	3	4	5
I maintained a manageable schedule.	1	2	3	4	5
I maintained balance between the demands of others and what is important to me.	1	2	3	4	5
I maintained a comforting and pleasing living environment.	1	2	3	4	5

Total: \_\_\_\_\_ Average for Subscale = Total # of Items: \_\_\_\_\_

Item					
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I took time to acknowledge the things for which I am grateful.	1	2	3	4	5
I planned/scheduled pleasant activities that were not work or school related.	1	2	3	4	5
I used deep breathing to relax.	1	2	3	4	5
I meditated in some form (e.g., sitting meditation, walking meditation, prayer).	1	2	3	4	5
I rested when I needed to (e.g., when not feeling well, after a long work out or effort).	1	2	3	4	5
I got enough sleep to feel rested and restored	1	2	3	4	5

when I woke up.					
Total: _____ Average for Subscale = Total # of Items: _____					
<b>Item</b>	<b>General Score</b>				
I engaged in a variety of self-care strategies.	1	2	3	4	5
I planned my self-care.	1	2	3	4	5
I explored new ways to bring self-care into my life.	1	2	3	4	5
Total: _____ Average for Subscale = Total # of Items: _____					

### Total Score Summary

Take care to correctly score your reversed-scored item.

Averaged Score

Scale

\_\_\_\_\_

Physical Care

\_\_\_\_\_

Supported Relationships

\_\_\_\_\_

Mindful Awareness

\_\_\_\_\_

Self-compassion and Purpose

\_\_\_\_\_

Mindful Relaxation

\_\_\_\_\_

Supportive Structure

Figure out your average score for each scale and jot down ways to improve:



## **PART III**

### **Building a Healthier You**

These modules cover a range of topics from basic healthy habits such as eating well and getting plenty of exercise to the more difficult health-related problems faced by those in recovery. These problems include pain management in acute medical emergencies and conditions that result in chronic pain.

Life is full of emotional ups and downs—from mild mood swings to severe crises. In recovery, such fluctuations present a different challenge and the modules in this section give guidance in handling them without the use of drugs and alcohol.

Not all the modules in this section will resonate with you, but all of them present thought-provoking challenges that speak to everyone in recovery.

## MODULE 18: HEALTHY HABITS

### OBJECTIVES

- Identify basic principles of developing good health habits.
- Rate yourself on five categories of health habits.
- Develop realistic steps for improvement.

### KEYS TO GOOD HEALTH

As a nurse, you undoubtedly are devoted to making sure your patients are able to live their healthiest lives after illness or injury. Chances are, though, you often don't prioritize your *own* health and well-being. Not doing so can diminish the level of care you're able to provide.

Healthcare professionals have stressful, demanding, and time-consuming jobs. That fact will not change, but you can protect yourself from the harmful effects on your body.

That said, healthy self-care habits can be especially difficult to achieve and maintain when you're recovering from a substance use disorder or mental illness. Internalizing a few basic principles can help you make short work of overcoming these challenges:

- Use common sense.
- Take small steps with the aim of creating balance.
- Remember that consistency is the building block of good habits.
- Listen to the signals your body sends regarding your physical needs and respond to them. If you feel hungry, eat. If you're lonely, call a loved one. If you're tired, find a way to get more rest.
- As a nurse who knows the importance of healthy habits, practice what you preach.

With these overarching principles in mind, tackle one aspect of healthy living at a time.

### Food and Eating



A well-balanced diet—one based on a variety of fresh fruits and vegetables, lean protein, healthy fats, and minimal added salt and sugar—is more important than one based on obsessive calorie counting or tabulating grams of protein or carbohydrates.

**Assess yourself: How balanced is your daily diet?**

Cutting out or eating less fast food is an easy way to decrease the intake of excess fat and sodium.

**Assess yourself: How often do you substitute fast food or vending machine fare for real meals or snacks while at work? What can you substitute for fast/convenience foods while at work?**

To stay well-hydrated, you should take in at least six to eight 8-ounce servings of fluid (from water, non-caloric beverages, and foods with a high-water content).

**Assess yourself: How much fluid do you get each day? Do you ever notice signs you aren't well-hydrated, such as dark-colored urine, lightheadedness, or thirst?**

How, and with whom you eat, are as important as what you eat.

**Assess yourself: Do you sit down for at least one regular meal with family, friends, or colleagues at least once a day?**

Based on your answers, choose two areas in which you can make realistic improvements.

## **Body Image and Weight**



Body image refers to how you see yourself, how well you like what you see, and how you think others see you.

**Assess yourself: How often are your sense of confidence and self-worth affected by how you think you look?**

Weight is only one aspect of body image, but it tends to be highly emphasized in our society. Unrealistic weight goals set us up for failure.

**Assess yourself: Are you satisfied or dissatisfied with your present weight?**

“Yo-yo” dieting (a repetitive cycle of losing and gaining weight) can have negative effects on health and morale.

**Assess yourself: Do you tend to fall victim to fads rather than sensible weight loss plans?**

The better you're able to trust and enjoy your body, the more positive your body image will be. If you don't have the body you crave, love the one you do have.

Based on your answers, choose two areas in which you can make realistic improvements.



## Exercise and Fitness



Regular physical activity is paramount to physical health, reducing the risk of chronic conditions such as heart disease, cancer, and diabetes, building strong bones and muscles, and helping prevent weight gain and obesity.

Daily aerobic exercise is equally important for managing stress and providing a healthy outlet for coping with difficult challenges. The 2019 Centers for Disease Control and Prevention’s Physical Activity Guidelines for Americans recommend adults get at least 150 minutes of moderate aerobic activity or, alternatively, 75 minutes of vigorous aerobic activity, each week.

### **Assess yourself: How much aerobic exercise do you get each week?**

Find a form of exercise that you like and start gradually. Aerobics, walking, jogging, bicycling, and swimming are just a few examples. Is there a fitness program where you work? Many facilities have begun to offer on-site gym memberships and accessible equipment.

Maintaining a regular fitness program is easier if you have an “exercise buddy.” Do you know someone who works a similar schedule and wants to develop better exercise habits?

How would you rate your exercise and fitness habits on a scale of 1 to 10?

## Rest and Relaxation



Sleep is not the only rest the body needs. A balance between activity and relaxation reduces stress, increases energy, improves cognitive abilities, and can lift the mood.

**Assess yourself: Are you able to remain calm and centered in the midst of chaos?**

The ability to relax is a learnable skill. Consider the wealth of books, online videos, classes, and blogs devoted to guided meditation, yoga, visualization, massage, deep breathing, and even laughter.

**Assess yourself: Can you identify activities or places that are relaxing for you?**

Setting aside time to relax your body and quiet your mind is essential to physical and mental health.

**Assess yourself: How often do you take time to relax?**

Based on your answers, rate your ability to relax on a scale of 1 to 10, then choose two things you might do to make time for relaxing activities.

## **Health Maintenance and Illness Prevention**

Risk factor counseling, regular health screenings, and safety prevention practices (from wearing a seat belt to avoiding workplace hazards such as exposure to radiation) are vital for health professionals whose ability to provide care to patients depends on their own physical health and well-being.

**Assess yourself: Do you follow through with recommended annual and regular health screenings? Do you practice measures that will keep safe at home and at work?**

Name two steps you can take to better prevent illness and injury.

As you work to improve your health habits, you will begin to see results in every area of your life. Don't wait to make changes—start today, but don't expect results tomorrow. Wellness is an evolving state.

## **MODULE 19: MEDITATION: A POWERFUL TOOL FOR RECOVERY**

### **OBJECTIVES**

- **Learn how meditation can help decrease stress.**
- **Recognize the mental benefits of regular meditation.**
- **Identify two websites with on-line meditations.**



For centuries, meditation and prayer have been an integral component of religious traditions around the world, among them Buddhism, Hinduism, Judaism, and Christianity. Increasingly, meditation has earned popularity as a non-religion-based practice for quieting the mind and decreasing anxiety by helping the practitioner stay focused on the moment rather than ruminating on the past or fretting about the future.

Among such practices are transcendental meditation, yoga movement meditation, loving-kindness meditation and, especially, mindfulness-based stress reduction (MBSR), an evidence-based type of meditation developed by Jon Kabat-Zinn, PhD. Research conducted by Kabat-Zinn and his colleagues at the University of Massachusetts has shown multiple benefits of a regular meditation practice: calming the body and increasing the ability to concentrate and focus, thereby enhancing self-discipline, easing stress, and providing a sense of general well-being.

MBSR is taught in medical schools, in the military, and even to professional sports teams, such as the National Football League's Seattle Seahawks. Hospitals, clinics, and other medical facilities report

demonstrated benefits of MBSR for treating medical conditions including chronic pain, hypertension, and, of particular relevance for people in recovery, substance use disorders and psychiatric illnesses such as clinical depression and anxiety.

There are many ways to meditate. Explore the options until you find an approach that feels right to you and then set aside time to practice each day. Doing so will increase your ability to focus your mind and remain centered when confronted with stressful situations both negative—a conflict with your partner or within your family, an illness, a personal loss—and positive, such as a family vacation or the start of a new job.

Of particular importance, you will find you can turn to meditation in the face of challenges to your recovery from a substance use disorder or an impending relapse of mental health issues. With time and perseverance, you will begin to notice changes in your responses to difficult situations.

Practicing meditation at the beginning of each support group meeting is a wonderful way to learn this technique and to center at the beginning of group.

**Consider:**

Do you practice any form of meditation now?

How specifically do you think a meditation practice might be of value to you?

How might you learn more about meditation?

**Resources:**

- [Anderson Cooper: 60 Minutes Special Mindfulness](#)
- [Positive Psychology/MBSR](#)
- [Mindful.org/Meditation](#)

## MODULE 20: MEDICATION MANAGEMENT IN EMERGENCY SITUATIONS

### OBJECTIVES

- Understand the risk or relapse or exacerbation of a mental health condition associated with management of acute pain in medical emergencies.
- Identify high-risk medications for those with substance use disorders and mental health diagnoses.
- Develop a plan to prevent relapse or exacerbation of psychiatric illness.



As a nurse in recovery, it's important to be prepared for any situation that might place your recovery and mental health at risk. Of particular concern is the management of acute pain. Whether from a headache or emergency surgery, a dental procedure or a serious injury, you will need to carefully consider how you manage pain.

### PAIN MANAGEMENT ALTERNATIVES

There are two kinds of medications: those that have the potential to alter mood and those that do not affect mood. Mood-altering medications are a high risk for people recovering from substance use disorders as well as for those with mental health conditions. Before you use such a medication, it's important to speak to your doctor, sponsor, counselor, and/or significant other, especially if it is a potentially mood-altering medication.

**It commonly is recommended that medical professionals in monitoring programs use alternatives to pain medication whenever possible.**

For example, injuries may be effectively treated with ice, heat, rest, and/or over-the-counter medications such as nonsteroidal anti-inflammatory medications (NSAIDs).

In addition, there are a number of complementary and alternative medicine (CAM) treatments known to effectively alleviate pain, among them massage, acupuncture, chiropractic care, biofeedback, hydrotherapy, meditation, and transcutaneous electric nerve stimulation (TENS). You may need to try several modalities with or without medication before finding what is best for you. This decision should be made in conjunction with your treating physician.

## **Cross-Tolerance**

Addiction to one substance may increase the risk of addiction to another. The neurochemical basis for addiction is similar across classes of addictive substances. You'll likely hear this truth if you listen closely to those who relapse. Someone with an alcohol use disorder may not see the danger in taking certain drugs, particularly those prescribed by a doctor.

However, taking mood-altering medications without proper safeguards in place may sooner or later lead to relapse or exacerbation of a mental health/psychiatric illness. Therefore, it is important to fully understand the concept of cross-tolerance and the risk of certain medications to recovery.

## **High-Risk Medications**

If you develop a medical condition for which a mood-altering medication is indicated, it's imperative to follow certain safeguards.

1. Inform your treatment provider of your mental health or recovery status.
2. Be well-educated about your treatment options; you may be able to request alternatives such as local or regional anesthesia, non-mood-altering pain medications, or a medication or class of medication that is different from your drug of choice.
3. Mobilize your support systems—treatment provider, therapist, AA/NA group, nurse support group, sponsor.
4. Identify a support person to administer and keep track of your meds.

## **Consider:**

1. Have you ever experienced relapse of a substance use disorder or a worsening mental health illness? Was a prescription medication involved?
2. How accessible are mood-altering medications to you at the present time (medicine cabinet, family members' medications, etc.)?
3. How can you limit your accessibility to mood-altering medications?

Consider this situation: You are scheduled for outpatient surgery in the near future. List three steps you could take with your health care provider and others to ensure safe pain management.



## MODULE 21: CHRONIC PAIN MANAGEMENT

### OBJECTIVES

- Differentiate between acute and chronic pain.
- Develop chronic pain management strategies.



Chronic pain can persist for many weeks, months, or years and is not as easily treated as acute pain. As you're likely aware, there are myriad medical conditions characterized by chronic pain, including back and neck pain, headaches (particularly migraines), and fibromyalgia.

Whether you're recovering from a substance use disorder, managing a mental health condition, or both, finding yourself having to cope with chronic physical pain is likely to be a significant stressor. According to the Cleveland Clinic, chronic pain can affect all areas of life—physical health, mood, functioning, and relationships. Chronic pain can elevate blood pressure and heart rate, increasing the risk of heart disease.

It can narrow a person's daily experience to be primarily "pain-focused," which can affect work performance and personal relationships: It is hard to engage with others when you're in pain or preoccupied with avoiding pain.

Chronic pain can diminish certain areas of daily functioning as well, depending on the type of pain. For example, chronic neck or back pain may lead to hesitancy to lift objects or participate in certain activities for fear of increased symptoms. Over time, this decrease in functioning may create feelings of loss.



**Remember: You are not your pain—you are an individual who has pain.**

Managing a chronic pain condition can be complex and often requires specialized help. Many of the concepts present in Module 20 apply here, such as the use of mood-altering medications and relapse or psychiatric illness trigger risk.

If you have a chronic pain condition, there are many proactive steps you can take to decrease your risk of substance use relapse or psychiatric condition exacerbation:

1. Seek non-mood-altering alternatives for pain relief when possible.
2. If you're unable to get relief from non-mood-altering alternatives, consider seeing a pain management specialist (if you aren't already).
3. Maintain a log to track the day, time, and severity of your pain, along with pain-inducing activities and relief interventions.
4. Be honest with your treatment provider(s), therapist, sponsor and/or recovery support person about any pain management intervention you use.
5. Prepare for appointments with your primary care, addictionologist, or pain specialist so you can share symptoms and other concerns. Your daily pain log will be invaluable at these appointments for helping to zero in on pain management strategies that might ultimately work for you.
6. Speak up if you do not understand something.

**SAMPLE PAIN LOG**

DAY/DATE \_\_\_\_\_

6 A.M.

7

8

9

10

11

12 Noon

1

2

3

4

5

6 P.M.

7

8

9

10

11

12 Midnight

**Pain Ratings**

1

2

3

4

5

6

7

8

9

10

mild discomfort

distressing

terrible

horrible

**NOTES:**

*Example: This week I had increased pain for 2 days ... Monday and Friday. It may have been triggered by my air travel and carrying luggage. The ice/ibuprofen helped hold it to a manageable level and the massage upon my return home helped give me complete relief.*

**Alternative Pain Intervention**

List as many alternative pain management strategies you can think of.

After using your pain log for some time, can you identify alternative pain management strategies that work best for you?

Assessing Your Pain Management Strategy:

YOUR PAIN MANAGEMENT STRATEGY IS EFFECTIVE IF YOU ARE:	YOUR PAIN MANAGEMENT STRATEGY IS <i>NOT</i> EFFECTIVE IF YOU ARE:
Using your medication as prescribed and according to your medication management treatment plan	Not using medication as prescribed or not in accordance with your medication management treatment plan
Using pain medication only to relieve pain	Using pain medication for its emotional management properties
Not experiencing a compulsion to use the medication	Experiencing preoccupation and/or intrusive thoughts about the medication
Not experiencing a craving to use the medication	Experiencing compulsion to use the medication
Not experiencing a loss of control of the medication	Experiencing a craving to use the medication
Not experiencing intoxication from using the medication	Experiencing intoxication from using the medication.
Not experiencing negative consequences from using the medication	Experiencing negative consequences from using the medication
Not experiencing secondary related problems from using the medication	Experiencing secondary related problems due to using the medication
Not experiencing a pain rebound effect from using the medication	

*Source: Addiction-Free Pain Management by Stephen F. Grinstead and Terrance T. Gorski, p. 99. Published by permission of the authors.*

## MODULE 22: HEALTHY BOUNDARIES

### OBJECTIVES

- **Recognize potential and actual violation of boundaries between nurse and patient.**
- **Recognize the heightened feelings and emotional vulnerability common in early recovery and in the presence of psychiatric conditions.**
- **Identify helpful responses for when patients cross boundaries.**



### Understanding Boundaries

As a nurse, you have unique access to confidential information about your patients. You frequently provide care to people who are in situations in which they may feel extremely vulnerable. As such, you likely have enjoyed a certain degree of respect as an authority figure. Most important, you've had patients who to a large degree have felt you had their lives in your hands, which in some ways you have.

It's vital to have a clear understanding of the special status you hold with your patients, and to respect and uphold healthy and appropriate boundaries between them and yourself. These boundaries are the limits that allow a patient and nurse to connect safely in a therapeutic and functional relationship based on the patient's needs. They provide a sense of safety for patients and serve as a means of protecting you, as a nurse, from a patient who may become verbally or even sexually inappropriate in their behaviors.

There are three key principles in a healthy nurse-patient relationship:

1. The needs of the patient always come first.
2. It is the nurse's responsibility to maintain boundaries.
3. It is not acceptable to discuss personal issues with patients.

### Patients Who Cross Boundaries

What would you do if a patient makes advances, becomes inappropriate in their behavior toward you, or engages in subtler, more seductive actions? For example, you are a night shift nurse and one of your patients waits up for you, compliments your appearance, and asks about your relationship status. They ask if they can have your phone number and call you after they're discharged. They even reach out to touch or try to hold your hand.

These situations can be uncomfortable even for the most seasoned nurse. Here are some tips on how to handle a situation in which a patient makes advances.

- Set appropriate verbal boundaries. Say, for example, "I am uncomfortable when you speak in an inappropriate manner. I am your nurse. Please don't speak to me (or touch me) in that way."
- Be clear and direct in your verbal boundary setting.
- Always treat your patient respectfully when redirecting inappropriate behavior.
- Continue to clarify your role as the care provider, without the need for a long explanation.
- Set physical boundaries and, if necessary, include a colleague in the patient's care.
- If bringing in a colleague does not diffuse the situation, discuss it with your supervisor so they can determine if reassignment is necessary.
- Document all interactions with the patient per hospital policy.

## **Handling Vulnerability**

As a nurse in recovery or with a fragile psychiatric state you may be more vulnerable to the temptation to cross boundaries with your patients. Not only is it useful to be more aware of protecting and maintaining healthy professional boundaries, it's also helpful when supervising colleagues.

This Self-Assessment Checklist\* can help you to assess your vulnerability.

### **Do you:**

- View nursing as a means of meeting all patient needs.

### **Are you:**

- In an emotional crisis because of a recent divorce or breakup?
- Emotionally unfulfilled?
- Overly involved with work?

**Have you ever:**

- Spent more time than was clinically necessary with a patient or treated a certain patient differently than others when not clinically indicated?
- Made plans to see a patient when you were not on duty?
- Dressed for work with a particular patient in mind?
- Made or kept secrets with a patient?
- Accepted gifts, letters, phone calls, or social media requests from a patient after they were discharged?
- Flirted with a patient?
- Responded defensively when other staff questioned your action with a patient?

*\*Adapted from R. S. Epstein, and R. 1. Simon, The Exploitation Index: An Early Warning Indicator of Boundary Violations In Psychotherapy (1990). Menninger Clinic Bulletin, 54(4), pp. 450--465, Fall 1990.*

**What should you do if you become attracted to a patient?**

- Be aware of your feelings. Remember such feelings are harmful to the nurse-patient relationship.
- Never discuss your feelings with your patient.
- Never act on your feelings.
- Discuss your feelings with a trusted person.
- Transfer the care of the patient to another nurse when attraction threatens the functional and therapeutic relationship.
- Learn to recognize when a patient may be interested in forming a relationship with you and remember it is your responsibility to maintain boundaries.
- Respect your patient's privacy and dignity at all times.
- Maintain clear professional communication with patients. Never engage in conversation of a sexual nature.
- Provide a professional explanation for all aspects of patient care.

## MODULE 23: CO-OCCURRING DISORDERS (DUAL DIAGNOSIS)

### OBJECTIVES

- **Increase awareness of the existence of co-occurring disorders and substance use disorders.**
- **Recognize the importance of appropriate professional treatment for persons with co-occurring disorders.**

### Co-Occurring Disorders (Dual Diagnosis)

Dual diagnosis, also known as co-occurring disorders, refers to the existence of a mental illness and a substance use disorder simultaneously. Either can develop first. People who develop a mental health condition may turn to alcohol or other drugs as a form of self-medication. Likewise, the use of alcohol or other drugs can exacerbate or bring a psychiatric illness to the fore or trigger a relapse of symptoms.

In 2018, 9.2 million adults in the United States experienced both mental illness and a substance use disorder, according to the National Survey on Drug Use and Health.

Nurses who suffer from substance use disorders often exhibit symptoms that mimic mental illness. Sadness and mild depression are common in early recovery as a result of neurochemical imbalance following withdrawal. They also may be associated with the loss of one's drug of choice or other losses.

Marked anxiety may arise in people with a substance use disorder. In many cases, this will subside after a period of abstinence and neurochemical rebalance.

Some people in recovery do not experience a reprieve from depression or anxiety, however. They often represent a dual diagnosis of a substance use disorder and a psychiatric disorder such as major depression, anxiety disorder, or bipolar disorder.

The conditions that make up a dual diagnosis disorder present complex issues. They often require biological treatment, rehabilitation, education, and family support. It is essential that both conditions be treated appropriately to optimize the chances of recovery from both.

The professional fields of mental health and substance use recovery have different cultures, so finding integrated care can be challenging. A professional who is knowledgeable in both addiction medicine and psychiatry is the best person to do an evaluation in order to decrease the possibility of misdiagnosis and inadequate intervention/treatment.

Symptoms of substance use disorder include:



- Withdrawal from friends and family
- Sudden changes in behavior
- Using substances under dangerous conditions
- Engaging in risky behaviors
- Loss of control over use of substances
- Feeling you need a drug to be able to function
- Developing a high tolerance and withdrawal symptoms

Symptoms of a mental health condition can also vary greatly. Warning signs, such as extreme mood changes, confused thinking, or problems concentrating, avoiding friends and social activities and thoughts of suicide, may be reason to seek help.

### **Treatment for Co-Occurring Disorders (Dual Diagnosis)**

The best treatment for a dual diagnosis is integrated intervention which combines care for both a diagnosed mental illness and substance abuse. The idea that “I cannot treat your depression because you are also drinking” is outdated: Current thinking requires **both** issues be addressed.

It is important for treatment providers and nurses to understand the ways each condition affects the other and how treatment can be most effective. Treatment planning will not be the same for everyone, but here are the common methods used as part of the treatment plan:

**Detoxification.** The first major hurdle that people with dual diagnosis will have to pass is detoxification. Inpatient detoxification is generally more effective than outpatient for initial sobriety and safety. During inpatient detoxification, trained medical staff monitor a person 24/7 for up to seven days. The staff may administer tapering amounts of the substance or its medical alternative to wean a person off and lessen the effects of withdrawal.

**Inpatient Rehabilitation.** A person experiencing a mental illness and dangerous/dependent patterns of substance use may benefit from an inpatient rehabilitation center where they can receive medical and mental health care 24/7. These treatment centers provide therapy, support, medication and health services to treat the substance use disorder and its underlying causes.

**Supportive Housing**, like group homes or sober houses, are residential treatment centers that may help people who are newly sober or trying to avoid relapse. These centers provide some support and independence. Sober homes have been criticized for offering varying levels of quality care because licensed professionals do not typically run them. Do your research when selecting a treatment setting.

**Psychotherapy** is usually a large part of an effective dual diagnosis treatment plan. In particular, cognitive behavioral therapy (CBT) helps people with dual diagnosis learn how to cope and change ineffective patterns of thinking, which may increase the risk of substance use.

**Medications** are useful for treating mental illnesses. Certain medications can also help people experiencing substance use disorders ease withdrawal symptoms during the detoxification process and promote recovery.

**Self-Help and Support Groups.** Dealing with a dual diagnosis can feel challenging and isolating. Support groups allow members to share frustrations, celebrate successes, find referrals for specialists, find the best community resources and swap recovery tips. They also provide a space for forming healthy friendships to stay clean.

→ **Discussion questions:**

How difficult might it be to manage both a mental health illness and substance use disorder simultaneously?

What resources are available in your local area of professional specializing in co-occurring disorders?  
How would you go about finding one to refer a colleague and/or to seek personal help?

## MODULE 24: RECOGNIZING AND EXPRESSING EMOTIONS

### OBJECTIVES

- **Recognize emotions that are difficult to experience and manage.**
- **More accurately label and communicate emotions.**
- **Gain insight into how to manage anger and resentment more effectively.**

Do any of these scenarios sound familiar? In the heat of the moment, you say something hurtful to someone you love or blast off an angry email to a work colleague without considering the repercussions. Or, conversely, you find yourself in a situation in which you're so gripped by fear or anxiety you fail to speak up or act according to your values.

In any of these circumstances, once the dust settles, you're likely to tell yourself your emotions "got the best of you." But that reasoning begs an important question: Are you in charge of your emotions or are they in charge of you?

If you feel the latter may be true, you're not alone. Managing emotions can be tricky. Human beings are not born with a manual for handling feelings or taught how to do so in school. In some households, family members are not encouraged or even permitted to be open about what they feel. In others, certain emotions—particularly anger—are expressed inappropriately. Consequently, it's not unusual to stumble into adulthood with a royal flush of emotions—from joy and excitement to fear and anger—without a clue how to play your hand.

This can certainly play a role in dependence on a mood-altering substance or trigger or exacerbate a mental illness. Whichever you're recovering from, you're frequently going to encounter emotional minefields. Navigating them skillfully will be important to a successful return to work. The first step is to recognize some basic truths:

- **You cannot turn emotions on and off like a tap.** Feelings, both good and bad, come and go whether you like it or not. The idea that you can banish them is unhelpful and doesn't hold up to scrutiny: Fluctuating emotions are part and parcel of the human experience. In addition, the more you strive to live according to your values and commitments, the more your emotions are likely to rise up to challenge you. By accepting this, you'll be free from incessantly waiting for unwanted emotions to go away.
- **Emotions are neither positive nor negative.** The human brain is wired to view external threats in this way in order to react appropriately to them as a matter of survival. However, as we as a species developed language, we came to apply the same process of classification to our internal

states, including our emotions. Thus, we see joy as positive and worthy of expression and fear as negative and something to suppress.

The problem with tamping down negative emotions is that what you resist will likely persist, meaning holding back or denying feelings such as fear or anger, jealousy or grief will only tighten their grip, leaving you paralyzed. The alternative is to learn to experience the full range of emotions without attaching positive and negative labels to them. Doing so will be hugely liberating.

## **Labeling and Communicating Feelings**

Without being aware of it, we commonly use words to ward off or disguise feelings. Some feelings may even be deeply buried or inaccessible. When feelings are too painful, we often translate them into a less painful feeling state. For example, anger may be experienced as hurt, or fear may be expressed as anger. Have you ever told a joke to push away fear or sadness? It is important to reconnect with and own your feelings. Only then will you be able to manage them appropriately. This may be an area in which a counselor or therapist can help.

Most emotions fall into one of four feeling states: mad, sad, glad, or scared. No matter which state you find yourself in, it's vital to remember that *you are not your emotions*. You are a person with values and commitments who happens to have emotions that are triggered on a regular and ongoing basis. This point might seem semantic, but it isn't. When we become fused to our emotions, we effectively are hijacked by them. If you can notice emotions without becoming them, they no longer determine your behavior.

**In other words, you always have a choice.** A thought or feeling in and of itself cannot prevent you from taking action. While it's easy to think, "I'm frightened and can't speak," this is a trick of the mind. It would be more accurate and authentic to say, "I'm frightened and I'm *choosing* not to speak." Observing your emotions in this way, even if they're overwhelming, creates a space for you to reference your commitments and values. You can't choose your emotions, but you can choose how to respond to them. This gets to the heart of responsibility, and responsibility is probably the closest thing to a superpower that human beings possess.

### **Exercise 1**

Over one day, practice labeling your feelings as you experience them. For each incident that evokes a feeling, analyze it as soon as possible as follows:

1. Describe the situation or events that preceded the feeling.
2. Describe the emotion you experienced, without using the words "I thought ...."

3. Describe how you expressed the emotion through behavior or words.
4. Does your feeling fall under mad, sad, glad, or scared?

At the end of the day, review your notes. How many different feelings did you identify? Were some easier to identify than others? What did you learn about how you respond to feelings? Do you see any patterns?

## **Experiencing and Expressing Anger**

Of all human emotions, anger may be the most complicated. It gets a bad rap in our society because of the highly publicized and dangerous ways some people express it (mass shootings, harassment, etc.).

Even for people who aren't moved to violence by anger, the experience of feeling as if your brain has reached its metaphorical boiling point and is about to bubble over in rage can feel destructive on its face. But anger, in and of itself, is a perfectly healthy—and even valuable emotion—one that can teach you a lot about yourself and how to handle difficult situations as long as you have healthy ways to express it rather than suppress it.

In fact, suppressing angry emotions doesn't just *feel* terrible, it's been scientifically shown that doing so is downright bad for well-being. For example, a study of more than 700 people published in *The Journal of Psychosomatic Research*, the official journal of the European Association of Psychosomatic Medicine, found that, on the whole, bottling up certain emotions, including anger, may be associated with an increased "risk for earlier death."

Anger can sometimes be a cover for other emotions but more often than not, anger is a sign a boundary is being crossed. If you're mindful of this, identifying the boundary being crossed can give you valuable information about how to rectify the situation and find your way back to a centered state of being.

Keeping all this in mind, it's important to be intentional about your anger, rather than saying or doing things you may later regret.

How do you experience and handle anger?

## **Resentment**

Resentment is another form of anger sometimes seen as bitterness or hatred. It is a form of anger that builds and lingers unresolved. It hides below the surface and slowly chips away at us without us ever noticing.

*Resentment is like drinking poison and waiting for the other person to die.*

– Saint Augustine

### **How resentment affects us:**

Resentment is created within us when another person, especially someone we care deeply for, does something that either harms us or those we care about.

There are many examples of this: your partner cheats on you, your best friend lets you down, or someone abuses you or keeps you from an opportunity.

This hurts immediately, but the bigger story is what happens over time:

1. You never look at the person the same again. If, in fact, you knew and looked kindly upon the person at one point, you are now gravely disappointed.
2. You find it harder to trust others: When something like this happens, it extends into how you see others, not just the person who hurt you.
3. You hurt deeply, often blaming the person for your circumstances.

If you continue to allow resentment to sit unchallenged, it will fester and cause you pain over time. So how do you let go of resentment once and for all?

Letting go of resentment is a healing process in which you stop feeling angry towards someone else. You no longer want to punish them for what they did and instead understand what led them to do things that hurt you. It allows you to realize freedom, the freedom to love and care for yourself. Depending on how deep your resentment runs it may take some time to heal. However, there are only a few straightforward steps to doing so:

**Separate the person from the event.** Letting go of resentment is not about forgetting what happened. It does not mean you are supposed to throw common sense to the wind and move on, but that you need to let go of the story about what happened that you are holding onto. See that the past is separate from the real person. What you are holding onto in your mind is not a real thing at all, but a memory. And it's through this story that you are attributing labels to the person such as selfishness and insensitivity. Separating the two will begin to help you see the true nature of the events as a mental construct that you've held onto.

**Forgive the person(s) involved.** Now that you have created some separation between the story and the actual person, it is time to begin the process of forgiveness. The easiest way to do this is to delve deeper into why the person might have acted as they did. When we act out in negativity, it is always because there is either some sort of suffering or lack of understanding within us, almost always the former.

**Ask yourself these questions:** How might they have been (or are) suffering? What might have made them act out in such a way? Most of us flare up when we are angry, hurting others so that we might feel

better about ourselves. The more you can attempt to understand their suffering (even if you do not actually know how), the more you will develop compassion. It will not be an overnight thing. However, with time, you can find forgiveness by seeing this story for the mental construct that it is.

**See the resentment for what it is.** Having separated the person from the event and started the process of forgiveness, you can see that resentment is a natural byproduct of the two elements coming together. In a way, because you have separated the elements, the powerful negative feeling begins to fall apart naturally. This is a long-term process; however, it is very healing.

### **Exercise 2**

Think about additional ways to manage anger and resentment in a healthy way.

## MODULE 25: LIVING A HEALTHY LIFESTYLE

### OBJECTIVES

- **Define what is meant by a healthy lifestyle.**
- **Recognize how a healthy lifestyle can help support recovery from a substance use and/or mental health disorder.**
- **Create an action plan for starting.**

A healthy lifestyle improves, supports, and maintains health and well-being over a lifetime. It involves:

- A well-balanced, nutrient-rich diet
- Daily physical exercise
- Maintaining a healthy weight
- Adequate, high-quality sleep
- Allotted time for relaxation and fun
- Good personal hygiene
- Regular medical check-ups
- Avoidance of unhealthy habits (smoking, unsafe sex, etc.)
- Management of chronic conditions (such as diabetes, heart disease, high blood pressure, high cholesterol)

For someone in recovery from a substance use disorder or who's managing a mental health condition, these measures are vital. When physical health is compromised, it can trigger a relapse and make it difficult to pursue activities that can support recovery.

On the other hand, optimal physical health and activities that promote physical, mental, and emotional well-being can shore up recovery from a SUD-MH and help relieve or prevent depression and anxiety. It may be daunting to start, but you don't have to turn everything around all at once. You can make one change at a time: As soon as that one has set in, you can move to another.

Write down one lifestyle area you would like to improve (e.g., get more exercise) and how you will do it:

- What will be your first step?
- When will you do it?
- Where will you do it?
- How will you remind yourself to do it?
- Who could help you complete your Action Step?
- What might get in the way of completing your Action Step?
- How would you overcome it?



## MODULE 26: POST-TRAUMATIC STRESS DISORDER (PTSD)

### OBJECTIVES

- Describe how healthcare professionals can be affected by PTSD.
- Identify the signs and symptoms of PTSD.
- Discuss risk factors and prevention strategies for PTSD.



Nearly 30% of nurses suffer from post-traumatic stress disorder (PTSD) during their careers, contributing to high rates of turnover in the profession. According to the DSM-5, the reference for psychiatric diagnoses, PTSD can stem from experiencing trauma firsthand as well as from witnessing a traumatic event, learning it happened to a loved one, or from repeatedly hearing details about one. Traumatic events typically involve death, sexual violence, or other injury. PTSD manifests in several ways, including unwanted memories, flashbacks, nightmares, and extreme stress when reminded of the triggering event.

PTSD often is associated with burnout, which many healthcare professionals, including nurses, experience. The environment nurses work in puts them at risk for “triggers and traumas” of PTSD. Nurses see people die. They help resuscitate patients. They try to control bleeding and they have end-of-life discussions with patients and family members. Also, sometimes they are verbally or physically abused by patients or visiting family members. Nurses across many care settings are vulnerable to PTSD. In some, the risk may be higher than in others. **For instance, a 2019 study in the *Journal of Heart and Lung Transplantation* found up to 48% of nurses in a critical care unit meet the criteria for PTSD.**

PTSD and burnout lead to a high rate of nurse turnover which, in the United States based on region, varies from 13% to 21%. Nurses tend to be incredibly resilient. But even the most resilient nurses face mounting challenges in today’s stressful medical environment that make it increasingly difficult to bounce back and remain resilient over time.

## Symptoms

Post-traumatic stress disorder symptoms may start within a month of a traumatic event, but sometimes do not appear until years later. PTSD symptoms cause significant problems in social and work situations and in personal relationships. They also interfere with the ability to go about the tasks of daily life.

PTSD symptoms generally are grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. They can vary over time or from person to person.

### Intrusive memories

- Recurrent, unwanted distressing memories of the traumatic event
- Reliving the traumatic event as if it were happening again (flashbacks)
- Upsetting dreams or nightmares about the traumatic event
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event

### Avoidance

- Trying not to think or talk about the traumatic event
- Avoiding places, activities, or people that remind you of the traumatic event

### Negative changes in thinking and mood

- Negative thoughts about yourself, other people, or the world
- Hopelessness about the future
- Memory problems, including not remembering important aspects of the traumatic event
- Difficulty maintaining close relationships

### Changes in physical and emotional reactions

- Feeling emotionally numb
- Being easily startled or frightened
- Feeling detached from family and friends
- Lack of interest in activities once enjoyed
- Difficulty experiencing positive emotions
- Self-destructive behavior, such as drinking too much or driving too fast
- Trouble sleeping
- Trouble concentrating
- Irritability, angry outbursts or aggressive behavior
- Overwhelming guilt or shame

## Intensity of symptoms

PTSD symptoms can vary in intensity. They may be more acute in times of stress or in response to situations that trigger reminders of a traumatic event. For example, a military officer may relive the experience of being in combat when they hear a car backfire. Similarly, a person who has been sexually assaulted may experience PTSD symptoms when they see or hear about a similar assault in the news.

## **How to Handle PTSD Symptoms**

If you (or someone you love or work with) has PTSD, it's important to learn how to recognize when a flare of symptoms requires medical attention.

### **When to see a doctor**

If you have disturbing thoughts and feelings about a traumatic event for more than a month, if they are severe, or if you feel you're having trouble getting your life under control, talk to your doctor or a mental health professional. Getting treatment as soon as possible can help prevent PTSD symptoms from getting worse.

### **If you have suicidal thoughts, get help right away:**

- Reach out to a close friend or loved one.
- Contact a minister, a spiritual leader, or someone in your faith community.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) to reach a trained counselor. Use that same number and press 1 to reach the Veterans Crisis Line.
- Make an appointment with your doctor or a mental health professional.

**If you think you may hurt yourself or attempt suicide,  
call 911 or your local emergency number immediately.**

### **Risk factors**

People of all ages can have post-traumatic stress disorder. However, some factors may make you more likely to develop PTSD after a traumatic event, such as:

- Experiencing intense or long-lasting trauma
- Having experienced other trauma earlier in life, such as childhood abuse
- Having a job that increases the risk of being exposed to traumatic events, such as military personnel and first responders
- Having other mental health problems, such as anxiety or depression
- Having problems with substance misuse, such as excess drinking or drug use
- Lacking a good support system of family and friends
- Having blood relatives with mental health problems, including anxiety or depression

Having PTSD may also increase the risk of other mental health problems, such as:

- Depression and anxiety
- Issues with drugs or alcohol use
- Eating disorders
- Suicidal thoughts and actions

## **Prevention**

After surviving a traumatic event, many people initially have PTSD-like symptoms, such as being unable to stop thinking about what's happened. Fear, anxiety, anger, depression, and guilt are all common reactions to trauma. However, the majority of people exposed to trauma do not develop long-term post-traumatic stress disorder.

Getting timely help and support may prevent normal stress reactions from getting worse and developing into PTSD. This may mean turning to family and friends who will listen and offer comfort. It may mean seeking out a mental health professional for a brief course of therapy. Some people may also find it helpful to turn to their faith community.

Support from others also may help prevent you from turning to unhealthy coping methods, such as misuse of alcohol or drugs.

## MODULE 27: RECOGNIZING SPECIAL NEEDS

### OBJECTIVES

- **Recognize how major life trauma can affect recovery and mental stability.**
- **Evaluate reasons to seek or avoid therapy.**
- **Select an appropriate therapist, if needed.**

### The Hidden Effects of Traumas

In their lifetime, nearly everyone will experience at least one traumatic event they're ill-prepared to cope with. Examples of such potentially overwhelming events include childhood sexual abuse, violence at the hands of a spouse or partner, or the traumatic loss or death of a significant other.

If you've been touched by an event of such magnitude, in all likelihood you are dealing with the long-term effects of it in many aspects of your life. In fact, your addiction or mental health condition may have roots in your efforts to handle this pain. The effects may be painful and devastating, but they do not have to be permanent. Healing is always possible.

### Barriers to Recovery

Among the many powerful feelings you may have experienced as a result of extreme trauma are rage, terror, despair, humiliation, and shame. Such emotions can be difficult to manage and so you may have attempted to deal with them by disowning them, altering them to be something more "acceptable," or by turning to alcohol or drugs to keep them at bay.

A particular downside of substance use as a way to cope is that once you get sober, the feelings you were able to tamp down will bubble back to the surface, resulting in fear and confusion that can interfere with your ongoing recovery.

Other coping mechanisms include:

- Minimizing or denying the significance of the trauma
- Being a perfectionist; having unreachable standards
- Having trouble setting boundaries in relationships
- Inability to trust others deeply
- Difficulty experiencing or expressing feelings
- Avoidance of intimacy
- Anorexia, bulimia, or compulsive overeating
- Self-mutilation or suicide attempts
- Compulsively seeking or avoiding sex
- Feeling fearful when successful

- Panic attacks or nightmares
- Feeling numb or disconnected from your body

### **Therapy Is for the Strong**

If you identify with one or more of these behaviors or feelings, you may need professional help to unravel the damage and begin healing process. While it's sometimes possible to make many changes by yourself or with the help of a strong support group and sponsor, some issues are just too big or complex.

In addition to developing a strong support system, a skilled therapist may be essential in helping you achieve and maintain your recovery. Choosing to do this takes courage and a commitment to making big changes but in the end is a brave decision to move forward with your personal healing.

You may have considered therapy before, or perhaps a previous experience in therapy wasn't satisfactory. If you are on the fence about working with a therapist, consider the pros and cons from your perspective. Write them down so you can easily compare them and see which holds more weight.

### **Choosing a therapist**



It is important to find the right therapist. They may be a psychiatrist, psychiatric nurse, clinical social worker, or psychologist. It is critical the therapist has the experience to help you with your particular issues. You should feel free to ask questions of the therapist before entering therapy.

Some important questions should include:

- What is the therapist's experience and approach to clients with substance abuse problems? Is the approach congruent with your recovery program?
- What is the therapist's experience with clients who have had similar life traumas?
- Are there important qualities that would increase your comfort in working with a therapist (e.g., age, gender, sexual orientation, race, or ethnic background)?
- How can I work out the financial commitment of therapy? Insurance coverage for counseling varies greatly. Many therapists are willing to work out long-term payment plans.

You may have other questions or concerns. If they are important enough to think about, then they are important enough to ask so write them down.



## **MODULE 28: DOMESTIC VIOLENCE:**

### **BREAKING THE CYCLE OF ABUSE**

#### **OBJECTIVES**

- **Define domestic violence.**
- **Identify the different types of domestic violence.**
- **List the different types of safety plans available through the National Coalition Against Domestic Violence.**

#### **The Picture of Abuse**

Domestic violence is a major public health problem in this country. It is also commonly associated with addictive disease. Here are some general statistics:

- On average, nearly 20 people per minute are physically abused by an intimate partner in the United States, which adds up to more than 10 million women and men per year.
- One in four women and one in nine men experience severe physical violence, sexual violence, and/or stalking by an intimate partner, with impacts such as injury, fearfulness, post-traumatic stress disorder, use of victim services, contraction of sexually transmitted diseases, and more.
- One in three women and one in four men have experienced some form of physical violence by an intimate partner. This includes a range of behaviors (e.g., slapping, shoving, pushing) that in some cases might not be considered domestic violence.
- One in seven women and one in 25 men have been injured by an intimate partner.
- One in 10 women have been raped by an intimate partner. Data is unavailable on male victims.
- One in four women and one in seven men have been victims of severe physical violence (e.g., beating, burning, strangling) by an intimate partner in their lifetime.
- One in seven women and one in 18 men have been stalked by an intimate partner during their lifetime to the point in which they felt very fearful or believed that they or someone close to them would be harmed or killed.
- On a typical day, there are more than 20,000 phone calls placed to domestic violence hotlines nationwide.
- 19% of domestic violence involves a weapon.
- The presence of a gun in a domestic violence situation increases the risk of homicide by 500%.
- Intimate partner violence accounts for 15% of all violent crime.
- Women between 18 and 24 are most commonly abused by an intimate partner.
- Domestic victimization is correlated with a higher rate of depression and suicidal behavior.
- Only 34% of people who are injured by an intimate partner receive medical care.

#### **What Is Domestic Violence?**



Domestic violence can be physical or psychological, and it can affect anyone of any age, gender, race, or sexual orientation. It may include behaviors meant to scare, physically harm, or control a partner. While every relationship is different, domestic violence generally involves an unequal power dynamic in which one partner tries to assert control over the other in a variety of ways.

Insults, threats, emotional abuse, and sexual coercion all constitute domestic violence. Some perpetrators may even use children, pets, or other family members as emotional leverage to get the victim to do what they want. Victims experience diminished self-worth, anxiety, depression, and a general sense of helplessness that can take time and often professional help to overcome.

Women are most often the battered party in a relationship: More than 38 million American women have been victims of domestic violence. Men frequently are victims as well in both heterosexual and same-sex relationships.

The technological revolution has opened up new ways for abusers to dominate, intimidate, and control the people in their lives through manipulation, cyber-stalking, and emotional blackmail. But the #MeToo movement and new research have exposed ways for abuse victims to fight back and free themselves from the fear and control of dangerous, narcissistic abusers.

## **Domestic violence can be:**

### **Rape**

- One in five women and one in 71 men in the United States has been raped in their lifetime.
- Almost half of female (46.7%) and male (44.9%) victims of rape were raped by an acquaintance. Of these, 45.4% of female rape victims and 29% of male rape victims were raped by an intimate partner.

### **Stalking**

- 19.3 million women and 5.1 million men in the United States have been stalked in their lifetime. 60.8% of female stalking victims and 43.5% men reported being stalked by a current or former intimate partner.

### **Homicide**

- A study of intimate partner homicides found that 20% of victims were not the intimate partners themselves, but family members, friends, neighbors, persons who intervened, law enforcement responders, or bystanders.
- 72% of all murder-suicides involve an intimate partner; 94% of the victims of these murder suicides are female.

## **Impact of Domestic Violence**

### **Economic Impact**

- Victims of intimate partner violence lose a total of 8 million days of paid work each year.
- The cost of intimate partner violence exceeds \$8.3 billion per year.
- Between 21% and 60% of victims of intimate partner violence lose their jobs due to reasons stemming from the abuse.
- Between 2003 and 2008, 142 women were murdered in their workplace by their abuser, 78% of women killed in the workplace during this timeframe.

### **Physical/Mental Impact**

- Women abused by their intimate partners are more vulnerable to contracting HIV or other sexually transmitted infections due to forced intercourse or prolonged exposure to stress.
- Studies suggest there is a relationship between intimate partner violence and depression and suicidal behavior.
- Physical, mental, and sexual and reproductive health effects have been linked with intimate partner violence including adolescent pregnancy, unintended pregnancy in general, miscarriage, stillbirth, intrauterine hemorrhage, nutritional deficiency, abdominal pain and other gastrointestinal problems, neurological disorders, chronic pain, disability, anxiety and post-traumatic stress disorder (PTSD), as well as non-communicable diseases such as hypertension, cancer and cardiovascular diseases. Victims of domestic violence are also at higher risk for developing addictions to alcohol, tobacco, or drugs.

## **What Is a Safety Plan?**

A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after you leave. Safety planning involves how to cope with emotions, tell friends and family about the abuse, take legal action, and more. There are several types of safety plans which can be found on the National Domestic Violence Hotline website ([thehotline.org/path-to-safety](https://thehotline.org/path-to-safety)):

1. Safety planning while living with an abusive partner
2. Safety planning with children
3. Safety planning during pregnancy
4. Emotional safety planning

Call 1-800-799-SAFE (7233) to find out about resources for legal help for domestic violence victims.

## MODULE 29: MOVING TOWARD FINANCIAL WELLNESS

### OBJECTIVES

- **Assess individual financial wellness.**
- **Clarify personal financial priorities.**
- **Identify resources for assistance with finances.**



Nurses report financial problems are common prior to recovery and often linger well into recovery but help in this area is frequently missing. The first step in determining one's financial wellness (balance) is to make an honest assessment. This is an important part of coming to some clarity about money.

### Assessing Personal Finances

Answer the following questions:

- Do I balance my checkbook monthly?
- Do I believe money will solve all my life problems?
- If I work more and make more money, will I feel better?
- Do I know what my financial priorities are?
- Does my spending match my priorities?
- Do I often spend more than I plan when shopping?
- Have my family members ever gotten angry about my spending?
- Do I ever feel guilty about my spending?
- Have I ever paid off one credit card with another?

You can see we are not just talking about paying the bills but also about how we view money, what meaning it has for us, and how we are actually using it. Do you know, really know, where your money is going?

What are your financial priorities?

Now determine how you spend your money. One way to do this is to examine three months of check registers and credit card bills. Another way—which will be more exact as it will allow you to capture cash purchases (coffee, parking, etc.) that can really add up—is to carry a small notebook in your purse or pocket and write down everything you spend for 30 days.

Once this is done, answer the following questions:

- Does my spending match my priorities?
- Do I see any patterns in my spending?
- What do my spending patterns say about how I view money and how I am using it?
- Do I use money to feel better?
- Is how I spend my money connected to a sense of power?
- Do I use money to escape?
- Do I spend money on everything and everyone but me?
- Is money being used as an attempt to solve “inside problems?”

## **Changing Priorities and Actions**

Once you are clear about how you use and view money, you can begin to make changes. After looking carefully over the answers to your questions, what do you notice? Is there anything you want to change?

If so, what projected changes do you want to make in the 30 days and in the next 90 days? Keep them realistic, and remember that change takes action, so list your actions to support projected changes as well!

## **Financial Assistance**

After making an assessment of your finances and spending habits and attempting to make changes, you may find you need outside resources to help you manage debt and attain financial wellness.

Here are a few:

- Consumer Credit Counseling
- Debtors Anonymous <http://www.debtoranonymous.org>
- Personal Financial Planner

## **MODULE 30: BEING DIFFERENT: BARRIER OR GIFT?**

## OBJECTIVES

- Examine the varied origins of feeling “different.”
- Contrast the negative and positive perspectives on difference and diversity.
- Develop and value boundary-spanning skills.



## Being Different

If you feel “different” from other people, you are not alone. This is a common experience among nurses recovering from a substance abuse disorder or mental illness. You may have felt as if you were on the outside looking in prior to developing an SUD/MH (which may have contributed to it) or feeling as if you’re out of the mainstream as a result.

What’s likely true is no single factor has caused you to feel different, but there certainly are quite a few that often contribute, such as:

- Race or ethnic background
- Sexual orientation
- Disability
- Religious beliefs
- Unusual life interests
- Personal history or background
- Addiction and recovery status
- Mental health diagnoses and status

## Barrier or Gift?

Barrier or gift? Curse or blessing? There is no doubt being different can be both. You may be more aware of the negatives but discovering the positives can change your life.

Nursing is a profession that involves powerful socialization processes, one in which those who are perceived as different may be discredited, devalued, or excluded. Therefore, you may have associated your differentness with painful experiences in the past. The impact of such experiences can lead to some of the following negative self-appraisals:

- “I just don’t fit in.”
- “I’m not accepted by my colleagues.”
- “Most people don’t understand me.”
- “I feel isolated and alienated most of the time.”
- “My accomplishments will never be acknowledged.”
- “I have a need to hide or deny my differences.”

If, on the other hand, you come to embrace and value the very characteristics that set you apart, a whole array of positive outcomes may emerge. In fact, being different can become associated with a new freedom to be yourself.

Every day we are reminded that we are living in an increasingly diverse society. As nurses, we work among a highly diverse staff and patient population. The gift of being different ourselves allows us to understand and accept differences in others, an extremely valuable skill in today’s world. Accepting your own differences often gives you an interesting perspective on life. You can see things with new eyes and seek out new experiences and friends. You begin to find that you actively want to share the authentic you with others.

## **Exercise**

What are the positive aspects and outcomes of those factors you feel set you apart?

Discuss one of these factors and identify a behavior or action that might reinforce it.

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Accepting your differences and enhancing your self-acceptance is a process, one that is often an important component of the overall recovery journey. As you move forward in recovery, you will likely become increasingly open with people you feel you can trust. You will test the waters in meetings, nurse support group, and in one-to-one conversations by slowly revealing yourself, learning to save the most sensitive information to share with people who’ve proven they’re able to keep what you tell them in confidence.

As you listen to others while working the steps and/or participating in counseling or support groups, you also will come to recognize that you’re not alone in how you feel. As you share your story and experience acceptance from others, your sense of belonging will expand.

In addition to your recovery program, you may find it helpful to join a specialized support group to further decrease your feelings of alienation. For example, there are mutual support groups for gay/lesbian/bisexual and transgendered persons, some made up specifically of different races/ethnic backgrounds, groups for agnostics or 12-Step for Christians, women's and men's groups. Visit several to find the one you feel most a home in.

## **Boundary Spanners**

Being different often means living on the boundaries between systems. From that home base, you have a unique opportunity to understand those systems from more than one perspective. Without the vision of boundary spanners, we would probably never question the status quo or move beyond usual traditional practices.

The best boundary spanners value their own unique qualities and make a conscious effort to understand the cultural norms, expectations, and rules of the "inside" group as well as the "outsider" group. They also nurture the courage to be different in themselves and others. They develop the self-confidence to pursue divergent lifestyles or ideas without fear of retribution.



## **PART IV**

### **PUTTING IT ALL TOGETHER**

This section of the modules weaves together aspects of recovery related to spirituality and keeping your commitment to recovery fresh. It begins with a review of consequences of addiction followed by a module on Slippery People, Places, and Things that helps you look closely at slippery situations and strategies in order to avoid backsliding. Modules on spirituality provide a framework for helping you integrate basic spiritual practices into your daily recovery program. This section ends with a focus on ways to keep your commitment new through continuous action.

## **MODULE 31: LOOKING AT CONSEQUENCES: ALCOHOL/DRUG USE AND/OR SELF-MEDICATING**

### **OBJECTIVE**

- **Examine the relationship between alcohol/drug use and/or self-medicating and life consequences.**



As a child, you may have done an activity called “Connecting the Dots” in which you drew a line from one numbered dot to the next in numerical order. When finished, an image would have emerged. It was exciting to see the dots come together to reveal a complete picture.

In recovery it often takes time to see—really see—the complete picture and total truth about your substance use disorder or mental illness and the havoc it has played in your life. The saying “The truth will set you free,” is, well, true. As you progress in recovery, your mind will clear and you’ll begin to see more accurately. This may be bittersweet, but it’s a necessary and crucial part of recovery. Understanding the consequences of drug and alcohol use is important to smashing any reservations that you can self-medicate with alcohol/drugs as a way of coping.

Consider problems in your life you feel may have contributed to your substance use or mental problems and try to recall whether it might have been exacerbated by the alcohol or drugs.

- Relationship problems: Role of alcohol/drugs and/or self-medicating
- Health problems: Role of alcohol/drugs and/or self-medicating
- Legal problems: Role of alcohol/drugs and/or self-medicating
- Employment problems: Role of alcohol/drugs and/or self-medicating
- Licensure problems: Role of alcohol/drugs and/or self-medicating

- Negative feelings (fear, shame, depression, changes in self-esteem, etc.): Role of alcohol/drugs and/or self-medicating
- Other negative life consequences associated with alcohol/drugs and/or self-medicating

Once you complete this exercise, review your answers for any new insights or understanding.

## MODULE 32: SLIPPERY PEOPLE, PLACES, AND THINGS

### OBJECTIVES

- Examine the relationship between particular situations and mental health or relapse risk.
- Identify “slippery” people, places, and things that are personally high risk for well-being.
- Plan action steps to avoid or handle personal high-risk situations.



### Avoiding a Fall

At any time during the course of your recovery you're bound to encounter people, places, things, or situations that threaten to put your recovery on shaky ground. In other words, they have the potential to put you at high risk for a slip, a relapse event, or mental instability. They may represent or be associated with previous substance use or painful memories. Associations exert powerful influences on thinking and behavior and require planned intervention. Even if you have a strong, active recovery program in place, you can find yourself unexpectedly running into these hidden pockets of risk. To avoid being blindsided, you can learn to anticipate and detour around these dangerous spots.

### Confidence Quotient

Your ability to resist slippery situations is largely determined by your confidence that you can do so. Self-confidence is gained in incremental steps and it is difficult to measure. One way to judge your level of confidence is to imagine facing certain high-risk situations.

### Exercise A: Identifying Vulnerabilities

Listed *below* are common situations you might encounter as a recovering person. Imagine yourself in each situation and on a scale of 1 (not at all confident) to 5 (very confident), rate how confident you are that you could handle the situation without slipping up.

## People

- I receive notification my divorce is final.
- My partner and I have an argument over money.
- I share personal information about my recovery with a friend who betrays my confidence.
- My partner shows a lack of interest in me.
- My father dies unexpectedly.
- My sponsor and I disagree about how committed I am to my program of recovery and wellness.

## Places

- I'm offered a drink at a friend's house.
- I have six days of vacation left and no plan for how to spend them.
- I'm asked to give the official toast at my sister's wedding.
- At a concert, the person in front of me is passing around a joint.
- I pass by the spot where I used to meet my dealer and see them there.

## Things

- I have an extended period of disrupted sleep.
- I have a headache that I can't relieve.
- I feel judged negatively because of my addiction in a social situation.
- I unexpectedly find a bottle of my favorite booze or stash of my favorite drug.
- My car is stolen and found wrecked.

Did you find you're more confident about some types of situations than others? If so, this exercise of imaginary people, places, and things may suggest areas where you need to direct particular attention as you identify your own vulnerable areas.

## Exercise B: Planning for Protection

List the situations in Exercise A you scored with a 3 or below. Add any other people, places, or things that you think may place you at risk for a slip. Think through each and consider steps you could take to handle a high-risk situation.

## MODULE 33: ADDRESSING SPIRITUAL NEEDS

### OBJECTIVES

- **Acknowledge the value of addressing personal spiritual needs.**
- **Recognize the difference between religion and spirituality.**
- **Identify 2-3 spiritual practices that may benefit you personally.**



Increasing emphasis is being placed on integrating spiritual principles into the total care of patients with chronic diseases. This is equally true for substance abuse and mental health disorders. Researchers are beginning to document the favorable effect of utilizing spiritual practices in one's health as well as relationships.

Spirituality isn't always synonymous with religion. Spirituality is defined in many ways and often associated with personal spiritual well-being. John A. MacDougall, supervisor of Spiritual Care at Hazelden, a treatment and education center in Minnesota, states that spirituality is defined and experienced through relationship. "Spirituality can be thought of as the quality of our relationships, with a Higher Power, ourselves, and with others. These three relationships are woven together, and the health of one affects the health of others."

Religion is also associated with one's personal spiritual well-being and is defined by Merriam-Webster as including: the service and worship of God or the supernatural; commitment or devotion to religious faith or observance; a personal set or institutionalized system of religious attitudes, beliefs, and practices such as prayer.

## Spiritual Practices

Prayer and meditation are spiritual practices that often are regarded as important components of a strong recovery program. These tools come easily to some and create uneasiness in others. Some nurses view prayer and meditation as religious practices (whether Christian, Jewish, Hindu, Buddhist, etc.); others view these practices as purely “spiritual” and not a part of any organized religious structure.

Prayer is described in many ways and can be specifically related to one’s religious tradition or seen as personal conversation with a power greater than oneself. It may include asking for help; making requests; expressing desires, hopes and praying for others well-being. You may wonder “Whose God?” If you ask recovering persons to describe their God, the responses may vary as much as the individuals you ask. Some describe their Higher Power as “God” while others may resonate more with such concepts as “The Universe,” “Great Spirit,” and “Nature.” Some acknowledge God as a “Power Greater than Ourselves” while others practice **Good Orderly Direction** as their God.

The point is everyone prays to something greater than themselves. You may already have a name for the God of your personal understanding, or you may have yet to discover what brings meaning to you. The hope is to discover a loving Higher Power that we can learn to rely on, trust in time, and maybe even turn some things over to!

Forms of meditation can be described as reflection, contemplation, and listening to a power greater than ourselves, with an emphasis on listening and taking time away from the distractions of everyday life, slowing down and allowing ourselves a time of rest and renewal.

Nurses in IPN report using additional spiritual practices such as: a quiet walking meditation in a nearby park; listening to music; a regular visit to a church service, and a daily reading of a meditation book such as *One Day at a Time*. Others may include formal meditation techniques in the crossed-leg or sitting position. There is no right or wrong way approach. All are useful methods.

Spending time in these practices can center you and help you gain a new perspective on a troubling situation. In addition, these practices are an opportunity to express gratitude for the gifts in your life and to engender an inner sense of protection, hope, and ease.

If you do not already have a regular spiritual practice, start small and expand your practice slowly. If you miss a day or two, don’t stop—begin again: Remind yourself it is not a perfect process, but it is on one that’s worth the time and effort. Above all, enjoy yourself.

### **Serenity Prayer (nondomination; often repeated at support meetings)**

God, grant me the Serenity to accept the things I cannot change (people/places/things), Courage to change the things I can (my responses/actions), and the Wisdom to know the difference (what has my experience taught me).

## **Spiritual Principles of 12-Step Programs**

HONESTY (Step 1)

Being honest about our substance use disorders (mental issues) and their consequences in our lives

HOPE (Step 2)

Believing we can be restored to healthy living

FAITH (Step 3)

Trusting that we will be cared for and all will be well

COURAGE (Step 4)

Daring to look at ourselves and our lives honestly; “cleaning house.”

INTEGRITY (Step 5)

Speaking our truth

WILLINGNESS (Step 6)

Readiness to relinquish our flaws

HUMILITY (Step 7)

Dropping our pride and egotism

BROTHERLY/SISTERLY LOVE (Step 8)

Taking responsibility for hurts we have caused in our relationships

DISCIPLINE (Step 9)

Mending relationships

PERSEVERANCE (Step 10)

Taking continuous actions to sustain our integrity

AWARENESS of God (Step 11)

Practicing a program of spiritual development.

SERVICE (Step 12)

Continuing to practice these principles and help others.

## **MODULE 34: NEW YEAR’S RESOLUTION**

### **OBJECTIVE**



- **Develop a plan for the New Year that supports individual recovery processes.**



### **Reviewing Your Progress**

As we begin each new year, we reflect on the past year and think forward to what is ahead, and often resolve to make changes in the coming 12 months that will improve our lives. You can regard your transition to recovery as a similar sort of fresh start and opportunity to commit to self-improvement—after all, New Year’s resolutions don’t have to be made on January 1st. You can resolve to make changes at any point in the year.

It’s important, however, to remember that during recovery from substances or mental instability your goal is steady progress, not ultimate perfection. If you don’t progress as quickly in some areas, or even if you backslide a bit, try to learn and move forward rather than beat yourself up. *Consider the destructive nature of self-blame and how it can set you up for relapse.*

Life, wellness, and recovery are about learning, growing, and taking steps toward healthy choices. You cannot rest on your laurels. Action is needed for successful wellness and recovery.

Ask yourself: What are you doing for today’s mental wellness and recovery? Are you taking daily action or has complacency set in?

### **Exercise**

Write down the “soft” (weaker) areas of your current wellness and recovery program. Then list positive daily recovery actions you can take to strengthen them.

## **Goal Setting**

Setting goals can help you to focus your attention on a particular direction. Goals are often set to help motivate action to complete tasks. Goal (resolution) setting is a common practice by individuals when entering the new year. Setting unrealistic or too many goals can set you up for failure and discouragement. Goals must be objective, measurable, and time specific.

One way of setting New Year's resolutions is to set one goal for each important area of life: physical, emotional, social, and spiritual health. As you consider your goals, remember: Be realistic!

**Happy New Year!**

## MODULE 35: ARE WE HAVING FUN YET?

### OBJECTIVES

- Identify new ways of having fun
- Develop alternative ways to structure leisure time



### Nostalgic Fun

Participating in leisure activities without alcohol or drugs can feel awkward. You may find it hard to imagine having as much fun drinking a soda at a party where everyone else is sipping cocktails as you could if you had a margarita in hand. You may think back to the fun you remember having prior to entering recovery: This is known as euphoric recall— when we remember only the excitement and fun without recalling the negatives or trouble we may have gotten into.

As you become mentally healthier and sober, you may find yourself working more and more. This may be an attempt to alleviate guilt, or it may serve as a substitute addiction. Either way, including fun as part of our daily living is as important as good nutrition, rest, and exercise. Fun and laughter will help keep you healthy and happy.

### Fun Interests



Think about activities you enjoyed as a child. Here are some possibilities, but of course feel free to add any personal favorites that aren't on this list.

- biking
- fishing
- board games
- picnics
- planting flowers
- dancing
- computer games
- walking
- playing music
- swimming
- baseball
- drawing
- movies
- painting
- wood working
- antiquing
- singing
- puzzles
- reading
- bowling
- bird watching
- boating
- hiking
- sewing
- golf
- painting
- tennis

Are any of your childhood pastimes candidates for reestablishing now?

## Enjoying Life in New Ways

Once you've selected an activity or two to pursue, follow up: Carve out time for them and if possible, include friends. For instance, if you loved reading as a child, recruit some people to form a book group. In early recovery it is sometimes best to participate in AA sponsored fun events. This is a good way to practice having fun while sober with others who are doing the same. You may also include your family members or significant other.

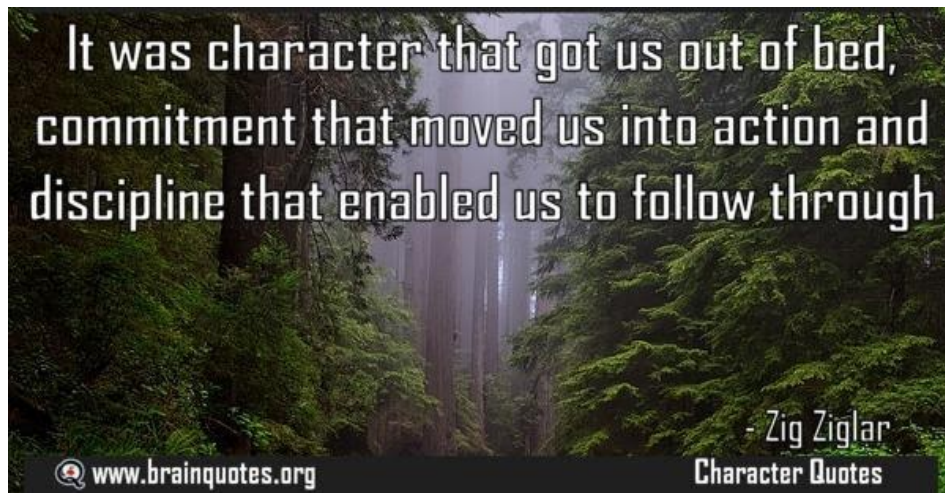
After trying a few different activities, did you find a couple you liked best? You probably did and can now restructure your leisure time to include one or two you enjoyed most. Give it a try and don't forget to be yourself in the process—go ahead and have some fun, smiles, and laughter.



## MODULE 36: KEEPING COMMITMENTS

### OBJECTIVE

- Recognize the relationship between commitment and action.



How do we assess our commitments in life? It is said, “Just look at our actions”.

Our behavior and what we do on a daily basis tell us a great deal about who and what we are committed to and what our priorities truly are. We get to decide what these priorities happen to be. Yet, there is a difference in deciding something and committing to it. For example, you can decide to engage in mental wellness and recovery, but if you take no action, it is a rather empty commitment. Right?

You have the freedom to make all your own decisions. Even when it comes to entering and participating in a structured treatment program, such as a state nurse monitoring program, there is a choice. You can choose to enter, you can choose not to enter, you can choose to obtain an attorney and try and negotiate with the board of nursing, you can move to another state, you can choose to leave nursing, you can choose to enter the program but not really engage, etc.

We are always choosing. Even deciding not to choose (doing nothing or letting others choose for us) is still a choice, our choice. So, what are you choosing?

### Matching Commitments and Actions

This exercise will highlight the relationship between commitments and actions.

List what you identify as your top three commitments.

Take a look at your actions. How are you spending your time? Are you taking action on a daily basis to support the commitments you identified? Be honest with yourself.

Compare your two lists. Do they match up? Are they consistent or in contrast? Do this without judgement and write down your thoughts.

Share any insights gained from this exercise with your individual support person and/or group members. Ask for feedback if you are comfortable. Have you learned anything new about yourself? Do your actions match your commitments? If not, what do you need to change? In what areas do you see the best match between commitment and action?