RecoveryOhio

Gov. Mike DeWine created RecoveryOhio to address mental health issues, the opioid epidemic, and other substance use issues. It is part of overall efforts to offer a system of recovery and support, as well as promote health and wellness to all Ohioans.

In support of these efforts, and in recognition of September being the 30th anniversary of National Recovery Month, the Ohio Employee Assistance Program is dedicating the theme of this edition of Frontline Focus to recovery and resiliency.

September is National Recovery Month
This observance celebrates the millions of Americans who are in recovery from mental health and substance use disorders, reminding us that treatment is effective, and that people can and do recover. It also serves to help reduce the stigma and misconceptions that cloud public understanding of mental health and substance use disorders, which potentially discourages others from seeking help.

Source: Substance Abuse and Mental Health Services Administration

Building resilience

What is resilience?
Resilience is an “inner strength” that helps you bounce back after stressful situations. When you are resilient, you may recover more quickly from setbacks or difficult changes, including illness.

Developing resilience begins with simple actions or thoughts that you practice, such as planning for what you’ll do next and learning to accept change.

Being resilient doesn’t mean that you find it easy to deal with difficult or stressful situations or that you won’t feel angry, sad, or worried during tough times. But it does mean that you won’t feel so overwhelmed. You’ll be less likely to give up and more likely to cope with stressful situations in healthy ways.

Why is resilience important?
Part of resilience is how you think. Your mind can have a positive or negative effect on your body. This is called the mind-body connection.

For example, negative emotions such as worry and stress, can cause tense muscles and pain, headaches, and stomach problems. But having a positive outlook on life might help you better handle pain or stress than someone who is less hopeful.

How can you build resilience?
People who are resilient often work to have a positive outlook on life. It may take gradual, small changes in your outlook on life and careful self-evaluation. You may be able to begin this shift on your own. A counselor or therapist can also help you.

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Here are some tips to get started:

**Change how you think**
- Accept that things change.
  - Look at change as a challenge rather than a threat.
  - Examine how and why you feel the way you do when things change.
  - Expect things to work out. You can’t change what happens, but you can change how you feel about it.
- See the big picture.
  - Find the positive in stressful situations and learn from the situation.
  - Look for things to learn. Difficult or emotional situations can teach you about yourself. Look to the future and ask yourself how the stressful event might help you.
- See the funny side of bad situations.

**Change how you act**
- Seek out interactions with people who make you feel better.
  - Build relationships that are solid and loving with your family and others. Help them, and don’t be afraid to let them help you.
- Develop a **support network**.
- Believe in yourself and the things you can do.
  - **Solve problems.** Look at all aspects of a problem, and brainstorm solutions. Ask friends for suggestions.
  - Do things to gain self-confidence and **build self-esteem**. For example, list the things you’ve achieved in your life or those that make you proud.
- Take good care of yourself.
  - Do things that you enjoy. See a movie. Have a good meal. **Laugh** with your friends. Know what’s important to you.
- **Relax your mind and body** through techniques such as deep breathing and guided imagery.
  - Talk about how you are feeling and manage your emotions.
  - Be **thankful** for the good you see around yourself.

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**Self-help groups can build resiliency**

When tragedy, crisis, or just everyday life causes problems to arise, people tend to lean on family and friends for support. However, sometimes it can be helpful to be with others who are dealing with the same issue, life situation, disease, or addiction. When a group of individuals who share a common problem get together to help each other heal, they form what is called a self-help, or support, group. The term "self-help" implies that the group members provide support to strengthen the individual to cope and problem-solve.

**Purpose of Self-Help Groups**

Self-help groups rely on self-disclosure. As long as the participants feel comfortable, they will share details and information regarding their situation. In addition, their feelings, worries, and attempts at healing or recovery are expressed. When individuals hear another person’s story, concerns, or successes and failures, they begin to feel accepted and less alone in their own life and situation. This is especially helpful, as many life circumstances, like a disability or illness, can feel isolating.

**Types of Self-Help Groups**

There is a vast variety of self-help groups available today. These can range from independent gatherings to programs that partner with a larger organization. Locations can also vary, including individual homes, hospitals, places of worship, schools and other non-profits or centers. Some self-help groups have a professional present to offer guidance and knowledge. Others follow a peer-led style. This type of support group is comprised of people who share the same problem or situation. Many people enjoy this style because “veterans” can help those who are just starting.

Sources:
Medical Review: Kathleen Romito MD - Family Medicine
Christine R. Maldonado PhD - Behavioral Health
By: © Healthwise Inc.

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newer to the group share their experiences and what’s working for them. In this approach, both the “veteran” and the newcomer benefit.

**Self-Help Group Models**

Alcoholics Anonymous is perhaps the most well-known self-help model. Its 12-step program was later adopted and refashioned for other groups, such as: Narcotics Anonymous, Debtors Anonymous, and Overeaters Anonymous. Respecting confidentiality outside of meetings is a central tenet of this program. Groups are self-supporting and not reliant on outside means.

Other groups, specifically those addressing medical needs, provide information related to living with the disease or illness. You might also learn about who to contact or where to go for assistance and advocacy. Simply networking with other individuals or families who share the medical situation can be a life-giving source of encouragement.

People with less common life situations or diseases can find help through online support groups. Also, if one desires complete anonymity, seeking cyber-support can be a good option. Websites, chat rooms, and discussion boards offer 24-hour accessibility. These allow people to support one another in their unique circumstances at any time of day or night.

**Joining a Self-Help Group**

While a support group can be a wonderfully beneficial experience, finding the right one for you is key. The following five strategies will help you connect with a group to meet your individual needs:

- **Ask a professional** – The internet is an excellent tool for finding a self-help group. However, some websites might not be as current on all the local resources. Try talking to your physician, counselor, or therapist for their recommendation for a great fit. If they’ve referred other patients or clients to a specific group, they might have feedback to help you make a more informed decision.

- **Stay positive** – Every group is unique and different from one another. Perhaps, you’ve found some strong personalities or intimidating people. There might be some unfriendly faces or maybe the information wasn’t pertinent to you. If your first experience didn’t prove helpful, don’t be discouraged. Stay positive and continue looking for the ideal group. No group will be perfect, but you can find one that’s a great match for you.

- **Share at your pace** – Participation in a self-help group is voluntary. There’s nothing wrong if you feel hesitant to share your story on your first or second visit. You should never feel pressured to open up about information you’re not ready to disclose. Even if you just listen, you can still glean a lot of helpful information from others’ stories.

- **Speak up** – There’s no question too small or silly to ask. If you don’t understand something or have a different perspective, it’s appropriate to ask or offer your input. You’ll get the most from your group experience when you participate. As long as you’re courteous with others, they will generally hear your question, concerns, or input with a mutual respect.

- **Respect confidentiality** – You will meet many individuals through your support group, some with fascinating stories. However, it’s inappropriate to share their experiences with others outside your group. As long as it’s your story, you’re free to tell whomever, but be sure to respect your fellow group members’ privacy.

Walking through life’s trials and struggles is difficult. Sharing the journey with another makes it a little easier to handle. The right self-help group can play a fundamental role in your healing and provide strength along the way.

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**Supervising a recovering employee**

Many workplaces employ individuals in recovery. Like any other employee, they need support and guidance to be successful. However, there may be questions supervisors and managers have about how best to provide that support. This article provides some guidance on the topic and helps dismiss the notion that they must be treated differently.

Typically, after an individual completes Substance Use Disorder/Chemical Dependency (SUD/CD) treatment, they feel inspired to maintain the new lifestyle and stay positive about the future. However, individuals also can experience challenges, fatigue, and apprehension. As a manager, you might see this occur over a significant adjustment period.

A recovering addict must remain free of all mood-altering drugs for the rest of his or her life. For example, an
individual who completed treatment for cocaine addiction cannot switch to smoking pot “occasionally” without ultimately having negative results. “Occasional” substance use risks can also occur with mood-altering drugs prescribed by a physician.

As a supervisor, remember that it is not your job (or anyone’s in the workplace) to keep the employee sober or drug free. Your responsibilities do include being supportive, honest, and expectant of success. If you ignore the employee’s experiences, you can exacerbate problems. By the same token, excusing the recovering employee from reasonable job expectations because of the employee’s recovery status can sabotage their recovery process.

The following are guidelines for supervisors regarding recovering employees:

**Do —**

- **State your performance expectations clearly.** Your worker cannot live up to your expectations if they are not fully understood.
- **Be open with your employee.** If you have concerns about the person’s performance, express them directly. Keep communication open.
- **Be fair when asked for sick or personal time.** Follow company policy regarding other illnesses employees may have. Time for therapy, aftercare, and Alcoholics Anonymous or Narcotics Anonymous meetings can usually be scheduled outside of work hours.
- **Use the same standards of performance for this employee that you use for any other employee.** Treat this person as you would any other employee.
- **Expect success.** If you expect your employee to do well, you may help to increase the chances that he or she will.

**Don’t —**

- **Be protective of the employee.** Be fair, but do not coddle.
- **Be overly demanding of the employee.** Constant scrutiny and negative criticism will deter success.
- **Delay in confronting job problems which begin to surface again.** Job problems could indicate a relapse or other difficulty.
- **Talk about your employee’s problems with others in the work group.** Personal information about your employee is none of their business. Suggest they direct their questions to the employee.
- **Focus your expectations on drinking or drug-taking behavior.** Keep attention on the job. You are on solid ground when you comment on work.
- **Expect failure.** Expect success.

**Relapse**

It is not uncommon for a recovering individual to relapse or have a “slip” in recovery. Whether this relapse signals the return of regular substance use or is part of the recovery process depends on how the person manages the event. Sometimes relapse occurs because the individual does not follow the recovery program designed by the treatment team. At other times, the individual loses focus that abstinence is a significant priority in his or her life. If the individual immediately seeks assistance from the treatment provider and treatment is temporarily intensified, the usage may only be a temporary setback. Relapse is a symptom of chronic chemical dependency disorders and it is impossible to predict the outcome of an isolated use. Additionally, relapse can occur with someone who has been in recovery for a significant amount of time.
**Be aware of these behaviors:**

- Weight change
- Mood swings
- Poor skin color
- Unreliability
- Frequent intake of antacid or aspirin
- Large amounts of coffee

If you observe the return of old behavior, be concerned and schedule an immediate time to talk with your employee. Ask if she or he has been attending aftercare meetings. Encourage following community support programs and remind him or her that the Employee Assistance Program can provide recovery support.

To avoid confrontation about a substance use disorder, employees use a variety of “traps.” Lakeside-Milam identifies the following:

- **Sympathy** – Tries to get the supervisor involved in their personal problem
- **Excuses** – Is defensive and has a reason for everything
- **Apology** – Is very sorry; says it won’t happen again
- **Promises** – Says they will do better; that the supervisor can depend on them in the future
- **Diversions** – Tries to get supervisor off the subject
- **Innocence** – Says it’s someone else’s fault and insists that everyone is against him
- **Anger** – May say, “How dare you question what I do? Look at the loyalty I’ve shown to you and all that I’ve done for you!”
- **Pity** – May say, “I can’t do anything right. I am worthless, see?”
- **Tears** – Falls apart in the confrontation

As stated previously, managing the disease of addiction is a daily challenge. Relapse, however, is not failure. Resist the urge to see it as a lack of commitment. If your employee does relapse, continue to be supportive and encourage him or her to reenter treatment. Since many employers have specific policies and procedures regarding drug and alcohol use, remember to review the specific policies regarding relapse and consult your human resources representative if there are required disciplinary actions.