Sister Marlene Pape (pictured above sitting with co workers)

I'm delighted to have this opportunity to share with you about my ministry at Unity Chemical Dependency.

Unity Chemical Dependency is a large addiction treatment agency licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Its part of Unity (the old Park Ridge + St. Mary's) Health Systems. We operate three outpatient sites (Brighton, Greece and downtown Rochester), an inpatient rehabilitation unit and two halfway houses.

I've worked at one or another of our outpatient clinics in a variety of roles over the past twenty years, serving as group and individual therapist, evaluator, interventionist and nurse. Currently, as a registered nurse and a chemical dependency counselor I'm part of a treatment team of physicians, nurses, physician assistants, social workers and counselors. On a daily basis I meet with new patients to complete a medical history and assess for any acute health problems that might keep them from participation in an outpatient treatment program.

In between these initial medical assessment appointments, I see current patients for sick call and triage. I spend a good deal of time sorting out true emergencies from minor incidents and false alarms. There are days I call more than one ambulance for a medical and/or psychiatric emergency. On other days, I may be responsible for running an outpatient detoxification program or monitoring induction of a medication used to help patients stop the use of heroin or other opiates. And of course, let's not forget the never ending paperwork, required documentation of statistics and time spent staring at computer screens!!

Now that I've told you a bit about my professional role, I'd like you to meet some of our patients.

• An initially hostile teenager with multiple facial piercings who ends up embracing me at the end of the visit, grateful that I said something positive about him to his mother.

• The frail octogenarian who finally agrees to go to treatment, despite the depth of shame he feels talking about his alcoholism.

• The forty-five-year-old upper middle class chronic pain sufferer who has been buying extra prescription opiates on the street and can't believe her physician would ever prescribe something that might be addictive.

• A sixty-year-old with multiple medical problems who lives alone in the heart of the city and doesn't want to accept a recommendation for alcohol detoxification.

• The twenty-eight-year-old HIV positive parolee who is beginning to see that life behind bars may not be his only choice.

• A twenty-two-year-old bipolar mother of three who has placed her children with their grandparents while she works towards sobriety, living at our women's halfway house.

These folks represent a cross section of the patients we work with day in and day out. They range in age from early adolescence to their late eighties and come from a variety of racial and cultural backgrounds.

Each one carries a uniquely personal set of hopes, dreams and stressors. Their specific reasons for seeking help are equally personal.

A growing minority of our patients seek chemical dependency treatment because they've begun to recognize the consequences of substance use in their lives. Damaged relationships, ruined physical and emotional health and legal entanglements have convinced these patients that something has to change and they've been unable to make the changes on their own.

A larger number of our patients are referred by someone who is concerned about them. The referral source can be a spouse, parent or friend. Frequently patients are referred by their private medical providers, social services or the legal system. That referral, as unwelcome as it might be at the start, is often the impetus to take a long hard look at how addiction has taken its toll in their lives.

Addiction is a chronic bio-psycho-social disease. Many chemical substances, including alcohol, are by their very nature, physically addictive. That being said, I've found there is often a distinctly spiritual part of this disease as well.

I believe that at the heart of any addiction is a deep emptiness yearning to be filled. Most of us have been all too familiar with that emptiness during some time in our lives. Any human being will do what is necessary to fill it. At our best, we fill the emptiness with God, caring people and life giving pursuits. In contrast, when many addicts consider that gaping hole in the center of their being, they have a limited set of options from which to choose. Their limitations may be financial, cultural, physical, emotional, spiritual or any combination of the above. It is the desperation of that emptiness and the lack of viable options that explain the chronic, often unexplainably self destructive behavior of some of our patients.

More often than not, our patients choose alcohol or other drugs to fill the emptiness. Some also engage in sexual acting out, gambling or another behavioral addiction. The most effective treatment interventions help the patient address what is lacking and find a healthy, culturally appropriate way to fill the emptiness inside. If the treatment team and patient are unable to do this, relapse is inevitable.

Alongside the multiple medical and psychological interventions our team offers patients, our most important task is to instill hope. Hope that whatever else has happened in their lives, change for the better is possible. Without that hope, the inner belief, frail as it might be that they can be successful, progress is difficult if not impossible. It's far from easy to find the key to motivation with some of our

patients and the process must be individualized. Large agencies like ours offer a great variety of services, but are often limited by an equally great variety of regulations. In such a setting it takes creativity and dedication to tailor treatment to individual needs. Our team's ability to meet patients where they're at is a credit to the agency and a gift to our patients.

After years of working with recovering addicts, my biggest personal challenge is to avoid a creeping cynicism (perhaps better known as burnout), a negative self defeating attitude fed by repeated disappointments. Addiction is an insidious, chronic disease and denial, sometimes to the death, is a major symptom. Relapse, often with life altering consequences, is all too frequent. It's hard to see patients fall backward after periods of success, but the reality is that recovery is often an incremental process …two steps forward, three steps back etc… and it really is one day at a time. A wise woman once told me to never take credit for a patient's successes; that way there will be no need to take responsibility for their setbacks.

The antidote to cynicism/burnout is threefold: teamwork, education and prayer.

Staffing, or reviewing cases with other team members in order to manage expectations, transference and treatment planning is a key component to any successful practice in the chemical dependency field. Learning to turn to teammates for support, advice and assistance with a minimum of ego getting in the way is a necessary skill I've had to develop over the years.

Continuing education in the form of classes, inservice presentations and professional reading is required to keep credentials current and to maintain my sanity.

And of course, prayer is vital. I've taken to praying for each and every patient, before, sometimes during and definitely after I meet with them. Immediately, I undergo an attitude adjustment. I'm not always sure my prayer helps the patient, but it definitely helps me be my best when I'm with them.