



Mirmont Mirror

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We walked solemnly, in silence, after our morning community meeting to the area in front of Mirmont where the flagpole stands. I happened to get to the lobby first and held the door for the 100 or so patients and a few dozen staff members who walked out through the front entrance. Each person met my gaze with a nod, a pained smile or a barely audible thank you.

We had just listened to one of our patients, a firefighter from New York, share about losing several close friends from his unit on that horrific day in 2001. All of us were deeply moved. I felt such tenderness toward this man who had given so much, suffered so much and was now at Mirmont struggling to be free from his alcohol dependence and to heal from his multiple traumas.

We formed a semi-circle at a distance that allowed our first responders to line up in front of the flag. There were 12 men and women in VIPER that day: police officers, firefighters, corrections officers, EMTs and combat veterans. As the sergeant at arms issued the order, the 12 snapped to attention and held their salutes as the colors were lowered to half staff by the same firefighter that touched all our hearts a few minutes earlier. Then there was quiet....

After some time, the sergeant

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Treating the growing epidemic: prescription painkiller addiction

GIAMPAOLO GALLO, MD

According to the most recent National Survey on Drug Use and Health, the number of people taking prescription painkillers without a medical need increased 75% between 2002 and 2010, with 12 million people reporting the use of opiates for nonmedical reasons.

While there is a high rate of addiction among people using prescription opiates for chronic pain, only 20% of our patients began taking opiates for this reason; 80% started using prescription painkillers for other purposes.

For those who already have either a genetic predisposition or familial vulnerability, an underlying psychiatric condition, or have experienced severe trauma, the use of opiates can quickly spiral into addiction.

Nearly 15,000 people die of prescription opiate overdoses every year, a rate surpassing heroin and cocaine combined.

People who become aware of their prescription opiate-related dysfunctional behavior undergo treatment at facilities like Main Line Health's Mirmont Treatment Center, which offers a full continuum of inpatient and outpatient programs and services for adults affected by alcoholism and drug dependency. At Mirmont, more than 70% of



Giampaolo Gallo, MD, counseling a patient.

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TREATING THE GROWING EPIDEMIC

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patients receive treatment for opiate addiction. Chemical dependency treatment requires a well-integrated, multi-pronged approach, and Mirmont employs among the most advanced medical, psychological, recovery based and holistic treatments.

The patient journey begins with medically monitored detoxification. During this phase, the medicinal team provides the most updated detoxification protocols, skillfully tailored to the patient’s individual needs (e.g., complicated multi-substance dependence). While we use a broad spectrum of detoxifying medications to treat acute withdrawal, Mirmont is— I believe—among the first in the region to augment this process with acupuncture treatment, which has been scientifically proven to decrease the severity of withdrawal symptoms and the amount of

conventional medications needed during detoxification.

After physical detoxification, the patients will be able to fully engage in the recovery process individually, in small and large groups. They become fully involved in 12-step recovery; supportive and cognitive behavioral therapies; trauma therapy for patients with PTSD; family counseling; pain management when appropriate; exercise programs; smoking cessation programs; nutritional counseling; educational sessions; and more.

Other innovative approaches at Mirmont include:

- Mindfulness Based Stress Reduction, combining meditation and yoga in the healing process
- Medication assisted treatments, such as long-acting, injectable Naltrexone (Vivitrol), oral Naltrexone, acamprosate, Disulfiram and others

First responders comprise a critical population at risk of prescription pain killer addiction from crime scene trauma and post-traumatic stress disorder, one of the most common co-occurring psychiatric conditions underlying opiate addiction. The intensive treatment in Mirmont’s nationally recognized VIPER (Valor with Integrity Program for Emergency Responders) program includes Eye Movement Desensitization Reprocessing and Relapse Prevention Therapy.

For any physician considering prescribing an opiate for pain, the recommendation is to perform a good assessment of the patient’s potential for addiction. If opting to prescribe, educate the patient and family about prescription opiates and the potential for abuse. Physicians should also be able to promptly recognize the signs of misuse or addiction and act immediately. ■

HEALTHY EATING

Enjoy two of Mirmont’s delicious recipes, featuring fresh vegetables and herbs from the garden

Quinoa & Bulgar Tomato Herb Salad

- 2 cups cooked quinoa
- 2 cups cooked bulgur
- 1 cup cucumber, peeled, cored and diced
- ½ cup celery, diced
- 1 cup fresh diced tomato
- 1 cup dried cranberries
- ½ cup feta cheese
- 3 Tbsp olive oil
- 3 Tbsp balsamic vinegar
- 2 Tbsp lemon juice
- 2 Tbsp of each fresh herb—parsley, dill, basil, mint
- 3 Tbsp fresh chopped garlic
- Salt and pepper to taste

Combine all ingredients. Cover, serve chilled. *Great alone or as a side with grilled chicken or fish.*

Garden Fresh Gazpacho

- 2 lbs fresh chopped, seeded and peeled cucumber
- 4 lbs fresh chopped tomato
- 3 cups V8 juice
- 2 cups diced green pepper
- 1 cup diced celery
- 1 cup diced red onion
- ¼ cup fresh lemon juice
- 1 cup fresh chopped parsley and cilantro
- ¼ cup fresh garlic
- 2 Tbsp hot sauce
- Salt & pepper to taste
- ¼ cup olive oil
- 1 lb fresh baby spinach

In food processor or blender, combine all ingredients. Blend 1-2 minutes. While blender is running,



Above: Mirmont’s vegetable and herb garden is a labor of love, tended by both patients and staff.

slowly add oil in a thin, steady stream until emulsified. Cover and refrigerate overnight. Serve chilled. *Great with fresh tortilla chips and sour cream. Serves 12.*

ALUMNI CORNER

Annual Mirmont Alumni & Family Memorial Day Picnic



Our third annual Alumni & Family Picnic took place on Sunday, May 26, 2013 on the beautiful Alumni Field. Among the roughly 600 in attendance were Mirmont patients, staff, alumni, and their families.

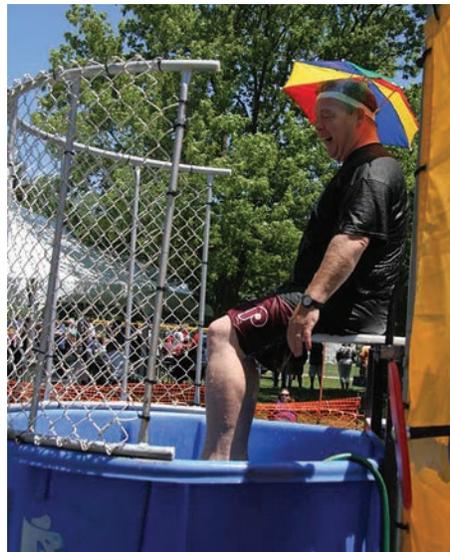
The goal of the picnic is to create an atmosphere of fun and support for the entire Mirmont community, and to introduce the idea to those early in their recovery process that there is fun in sobriety.



This year, a DJ set the mood with music while guests participated in activities like the alumni versus patient community softball game, horseshoe tournaments, volleyball and badminton. Children enjoyed water balloon tosses, face painting

and egg-spoon races, as well as the dunk tank (always a crowd favorite), cotton candy and snow cones. The Mirmont kitchen staff prepared a delicious assortment of traditional picnic fare including hamburgers, hot dogs, ribs, potato salad and corn on the cob.

The annual picnic is also a charitable event, and Mirmont employees, alumni and families were very generous in their contributions.



There was a home run derby, prize raffles and 50/50 drawings. Prizes were contributed by alumni and staff, with proceeds donated to the purchase of 12-step literature to be made available to the Mirmont patient community. Other donations and T-shirt purchases were allocated to patient care and a scholarship fund for patients in need.

The picnic ended with two 12-step meetings, featuring a speaker from Narcotics Anonymous (for recovering individuals) and a speaker from Nar-Anon (for family members). Underlying all of the day's events



were feelings of compassion for those who suffer from the disease of addiction, and the message of hope that recovery and the entire Mirmont community represents. ■

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at arms called us once more to attention and then with a sense of resignation and in a much softer tone, simply said, "Dismissed." It took a few moments for the word to sink in and for us to disassemble. The solemnity and the silence remained as we made our way back to continue our day...to continue to be present and open for those entrusted to our care.

There are moments in life when we feel profoundly connected to others. Those of us who have chosen to work with people who suffer with the pain of addiction, the wounds of trauma and loss, and the loneliness of psychological and emotional distress have the opportunity to make that contact in every moment, in every encounter. Amazing.

Tom Cain, President

Yoga in Recovery

Yoga practice is an integral part of the inpatient rehabilitation program at Mirmont Treatment Center. Yoga is a mindfulness-based physical practice that helps increase non-judgmental awareness in the present moment, encourages using the body as a resource of information to improve efforts toward self-regulation and self-care, relieves chronic tension, and invites relaxation.

This valuable practice will now be offered along with our other outpatient services at Mirmont. *Yoga in Recovery* is a new outpatient aftercare group that meets on Tuesday evenings from 6:30–7:45 p.m. in the Outpatient Pavilion. The group is led by Jocelyn Spencer, LSW, RYT, outpatient counselor and certified trauma-sensitive Kripalu yoga teacher. This group offers an opportunity for individuals in recovery to learn and/or reinforce the mindfulness practices of yoga and Mindfulness Based Stress Reduction (MBSR), and to learn to incorporate these practices into a relapse prevention plan.

Yoga in Recovery will focus on guiding group members through a trauma-sensitive yoga practice that aids in reducing the psychological and physiological responses to stress, with a focus on present-moment awareness. Themes related to overall wellness and self-care, recovery and relapse prevention will be incorporated into discussion following yoga practice. Yoga and MBSR are evidence-based practices that are finding their way into therapeutic interventions for traumatized individuals, including those with co-occurring substance abuse and mental illness. In recent research studies, mindfulness practices like meditation and trauma-sensitive yoga have been shown to activate the areas of the brain responsible for decreasing reactivity and increasing response flexibility. This reduces the tendency to behave mechanically and unconsciously, thus increasing the likelihood that practitioners will make more productive choices—key factors in preventing relapse for those in recovery.

Topics for discussion in the *Yoga in Recovery* group will include:

- *Awareness of triggers and cravings*
- *Creating safe and sober space in daily life*
- *Identifying individual relapse risk*
- *Exploring ways to cope with the intensity of feelings*
- *Looking at the role thoughts play in the relapse cycle*
- *Self-care and lifestyle balance*

100 Yearsley Mill Road, Lima, PA 19063

Admissions: 484.227.1453

Main number: 484.227.1400

Toll free: 1.800.846.4656

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Mirmont Treatment Center
Main Line Health



Yoga in Recovery features 45 minutes of yoga and approximately 40 minutes for processing and discussion. The group is appropriate for those in recovery from substance abuse and addiction, anxiety and depressive disorders, post traumatic stress, and grief and loss issues.