Bellwood News

BELLWOOD HEALTH SERVICES INC.

May 2007

NEW Bellwood Outpatient Groups

Bellwood has introduced several new evening outpatient therapy groups. All groups are facilitated by qualified Bellwood clinical staff.

Bulimia/Binge Eating Treatment Program

This 10-week program will focus on tools for change based on self-awareness, group support and psycho-education.

The program is available to men and women, 18 years of age and older. The group size will be limited to 8.

Eating Disorders Family Education Program

Bellwood is offering an eating disorders education program for concerned family, friends, colleagues and associates. This specialized program will include a didactic component and a therapeutic component. Participants will have the opportunity to learn about the dynamics of living with an eating disorder, the impact on themselves in this painful situation, what to do and not do etc., and will have the opportunity to learn from others in the same situation.

The program is 4 weeks in length. It is open to men and women, 18 years of age and older.

Cognitive Behavioural Therapy Treatment Group

Bellwood is introducing a new treatment opportunity for individuals to strengthen their recovery through learning essential ... *continued P. 6*

75% of People with Alcohol and Drug Addictions are Employed:

How does that affect the bottomline? By Connie Martin

The inconvenient truth is that the world has become a more stressful, complex place where alcohol and drugs, be they legal or illicit, are being used and abused by growing numbers. We are encouraged to use substances to improve our lives and/or escape our lives, through the media, by pharmaceutical companies, well meaning friends and the neighbourhood pusher. Even prepubescent young people are experimenting with alcohol, drugs, gambling and sex at alarming rates. The message is to "self-medicate" to "feel good".

Whether the workplace has 25,000 employees or 50, addiction - be it to alcohol, drugs, sex or gambling - will affect everything from the profit margin to the morale of the best employees. Substance abuse affects the workplace through absenteeism; increased use of workers' compensation and disability benefits; accidents and damage; increased worker turnover and replacement costs; diverted supervisory, managerial and coworker time; damage to a company's reputation; increased liability; theft; and fraud. Research indicates that 2 out of every 10 employees are experiencing major negative life consequences from their substance use, and 4 out of every 10 employees are affected by another's addiction.[1]

- In the United States, 23 million people suffer from addictions. 75% are employed and only 20% get help for their problem.[2]
- In Canada, 13.6% of the population 15 years of age and over, or 3,669,117 people, are high risk drinkers while 14.5% of the population has used an illicit drug in the past year.[3]
- Research has shown that more than 80% of binge and heavy alcohol users are employed.[4]
- In Canada, a staggering $24.3 billion are lost yearly in productivity in the workplace and home due to addiction.[5]

According to researchers at Ensuring Solutions to Alcohol Addictions, "The alcoholic/drug addicted employee incurs twice the health care costs of the average employee, is more likely to steal from their employers, more likely to be involved in workplace accidents, three times more likely to report for work late, and five times more likely to file a worker's compensation claim."[6] Addicted employees not only expose themselves to danger and impaired performance, but also compromise the safety, productivity and morale of fellow workers.

Do not presume that it is only the lower paid assembly-line workers who do drugs, or the oil riggers who drink on the job. The CEO with 10,000 employees to think about may just as likely be using .... *continued P. 2*

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cocaine when he should be attending to a critical board meeting. The director of finance may be spending her time day-trading/gambling on the internet and paying for her losses with company funds. A drug-addicted nurse may administer a wrong or harmful dose of medication. A hung-over construction worker's carelessness may cause the death of fellow workers.

Similarly, you don't have to be an addict to be causing low productivity and problems at work. Two recent studies offer reviews of the behaviours and costs associated with excessive or binge drinking. Both studies found that because problem drinkers outnumber alcoholics, their drinking behaviours are more costly.

In the first study, published in *Alcoholism: Clinical and Experimental Research*, it was found that non-alcohol-dependent excessive drinkers are the largest group of problem drinkers. "More than 16% of survey respondents were classified as excessive drinkers. Of these, almost 11% were alcohol-dependent while over 87% were identified as binge drinkers without dependency issues."[6] Since excessive drinking often precedes alcohol-dependence, prevention dollars used to address excessive drinking may have a positive impact on individuals and the workplace.

The second study looked at the relationship between alcohol use and job absence due to sickness. Heavy drinking is associated with an increaseed risk of many illnesses, including heart and liver disease. Researchers looked at population-level data on alcohol sales and health insurance and workforce survey data from 1935 to 2002 in Sweden. They found, for men, a one-litre increase in per capita alcohol consumption was associated with an estimated 11% to 21% increase in sickness absence.[7]

"Recovering employees come back to us better than ever. They are rejuvenated, productive employees ..." [9]

The lead author of this study, Peter D. Friedmann, MD, MPH, discusses the impact of alcohol consumption on production and workplace performance. "The relationship between population-level alcohol use and harms (such as accidents and cirrhosis) is well established. The study also documents absence due to sickness. Among alcohol's adverse effects on productivity and workplace performance, absenteeism is likely the 'tip of the iceberg'. For this reason, alcohol consumption, even after hours, by workers should be a legitimate concern of clinicians who practice in employee health settings or are involved with workplace prevention initiatives and employee assistance programs."[8]

Surprisingly, occupations that require precision and alertness show alarmingly high rates of problem drinking, according to an analysis of recent U.S. government data. Many of the occupations in which the problem is most widespread can be dangerous and/or require high-quality effort in order to ensure the safety of the worker. The 2002 National Survey of Drug Use and Health (U.S. study) found the construction, mining and agricultural occupations had the highest rates of problem drinking. Unhealthy drinking pervades the U.S. workforce with some 9.1% of U.S. workers engaged in unhealthy or risky drinking.

At the end of the day, we must understand that no one chooses to become an addict. We use drugs, alcohol and other compulsive behaviours to self-medicate and make us feel better when we don't understand that there are other options. *... continued P. 3*

8 Key Questions To Ask When Choosing A Treatment Provider For Your Employee

1. What is the communication process between yourself and the treatment provider, both during and after your employee's treatment program?
2. What opportunities are available for you to be actively involved in the treatment process?
3. What education is available to help you understand your employee's treatment program and on-going support needs?
4. Is your employee's family included in the recovery process?
5. How does the treatment provider assist with your employee's return to work?
6. What aftercare programs and post-treatment monitoring systems are available?
7. Has the treatment provider conducted extensive outcome studies and what are their findings relating to employer-referred clients?
8. Does the treatment provider provide additional services including corporate interventions and safety sensitive assessments?

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Some addicted employees and substance abusers drag themselves to work hung-over or impaired, unable to concentrate, feeling unwell and not in the mood to work. Some spend time trying to find a porn website on the company computer without getting caught, others slip out for lunch to smoke marijuana or place a bet. They make mistakes, waste time, cause accidents and bring morale down. Or they don't go to the job because of illness and someone else must step in to pick up the workload.

None of this need happen. Substance abuse and addiction *are* treatable. Recovery *is* possible. Addiction is a chronic disease - like asthma or arthritis. It deserves to receive parity in the health care, insurance systems worldwide, and in the workplace.

"I don't know why a company would be resistant to treating the illness and getting an employee into recovery," stated Dr. James Quayle, Vice President of Medical Affairs at Kimberley Clarke. "Recovering employees come back to us better than ever. They are rejuvenated, productive employees and are grateful for the chance to turn their lives around."[9]

A recent Globe and Mail article stated, "Surveys conducted by the Conference Board of Canada show that health information and promotion programs are fast growing components of human resource strategies. The reasons reflect the soft and hard edges of capitalism: Companies with such programs report higher employee engagement, as well as bottom line savings."[10]

More and more companies are recognizing the importance of workplace health and wellness. Programs are being designed and implemented to encourage employees to become more physically fit, to eat healthier, manage stress, and improve the quality of their lives in general. They realize the tangible benefits of these programs, both to their employees and to the organization's bottom line. However, organizations need to understand the impact that employee addictions can have on various areas of their business.

Progressive companies have readily made the same level of resources available to employees struggling with an addiction as they have with other health and wellness programs.

The first step in the process is education - at both the management and employee levels. Management especially needs to be appropriately knowledgeable about the disease of addiction in order to be able to identify workplace substance issues. This includes training to recognize the signs and symptoms and putting policies in place that promote early intervention. Organizations also need to determine what role they will play in the financing of treatment for employees.

Most importantly, employers need to develop and communicate an open-door policy that will encourage employees to seek treatment and be willing to include their employers in the process. It takes a plan that includes the cooperation and engagement of all staff to make it work. Once implemented, the rewards are worth it, not only for company productivity, but also for staff wellness and morale.

The **Bellwood News** is edited by Connie Martin. Written authorization must be obtained for the reprint of any material in this newsletter. If you have comments, or wish to have your name removed from the mailing list, please contact Connie Martin at: (416) 495-0926, Ext. 144, or **conniemartin@bellwood.ca.**

Bellwood Alumni Christmas Party

Linda Bell, President of Bellwood, Santa Claus, and Erika McConnell, Intake Counsellor, at the 2006 Alumni Christmas Party.

References:

(1) "Addictions in the Workplace: A Problem Worth Solving". Alive and Free. Hazelden Foundation. March, 2004

(2) "Addictions in the Workplace: A Problem Worth Solving". Alive and Free. Hazelden Foundation. March, 2004

(3) Canada Addiction Survey (Health Canada, 2004)

(4) Ensuring Solutions to Alcohol Problems, Feb. 20/07. Ensuring Solutions is an initiative based at The George Washington University Medical Center.

(5) Rehm et al. The Costs of Substance Abuse in Canada 2002. Canadian Centre on Substance Abuse, 2006.

(6) Ensuring Solutions to Alcohol Problems Feb. 20/07. Ensuring Solutions is an initiative based at The George Washington University Medical Center.

(7) Norström T.: Per capita alcohol consumption and sickness absence. Addiction. 2006;101(10):1421-1427.

(8) Norström T.: Per capita alcohol consumption and sickness absence. Addiction. 2006;101(10):1421-1427.

(9) "Addictions in the Workplace: A Problem Worth Solving". Alive and Free. Hazelden Foundation. March, 2004

(10) Globe and Mail Feb.21, 2007 Accounting for Health.

Binge-Eating Disorder - An Overlooked Eating Disorder ... by Lauren Goldhamer, M.Ed.

I have battled with my weight for many years. As a chubby young child, my family frequently commented about my size and teased me about my "baby fat". When I got a bit older, my mother put me on various diets and I was often denied the same desserts and treats that my siblings were allowed. At school I was teased because of my size. I had few friends. Although I resented being put on diets as a child, I felt so terrible that as a teenager I decided to do something about it. At first I was successful at dieting and people told me that I "looked great". I was able to find more friends and for the first time had a social life. Although I enjoyed this, I was hungry and in the back of my mind, had this nagging bad feeling that my "friends" were some of the same people who had rejected me when I was fatter. One evening, after I was again eating salad while my friends were having pizza, I went home and had a piece of cake that was sitting on the kitchen counter. I would never have eaten it in front of my family. After that, something came over me. I couldn't stop eating. After the cake, I finished off all the family's leftovers from dinner, a tub of ice cream, and a bowl of cereal. Afterwards, I was painfully full, almost sick. I felt so guilty and bad about myself. That's when my binge-eating problems began. It seemed the harder I tried to stop these episodes, the worse my problems became. Although I would still eat sparingly in front of others, I found myself eating huge amounts of food when no one was looking. Sometimes I would get back into control for periods of time. I tried diets, nutritionists, you name it, but I couldn't stick to the plans and felt miserable about this. I would inevitably end up bingeing again and gaining even more weight. My social life suffered because I felt too ashamed and fat and did not want anyone to see me this way. I became depressed, felt like a failure and to add to this I was concerned for my health. Finally, I got up the courage to talk to my doctor about my weight problem. Before I could tell my whole story, he told me 'just eat less and exercise more'. Another year passed before I got up the courage to seek help again.

The above story, which is a compilation of the many stories I have heard over the years as a therapist working with people with eating disorders, is characteristic of those people suffering from binge-eating disorder. Unfortunately, the ending is sadder than it needs to be. The "doctor", or anyone else an individual may turn to for help, be it a health care provider, family member or friend, is often unaware that the "weight" problem is actually symptomatic of a more complicated emotional problem. To complicate matters more, it is difficult for the person to put their concerns into words because of the shame they feel about their behaviour. As well, the individual him or herself may see it as a "weight" problem and present it that way to others. From the other's point of view, the problem looks like a weight problem, as sufferers are often overweight or obese. As a result, people who are turned to for help may give basic advice about dieting and weight loss and ignore the underlying issues. They may also assume simply that the problem is a lack knowledge, or even willpower. In fact, for most people with binge-eating disorder this is far from the truth. Unfortunately, this misunderstanding means that people suffering from binge-eating problems can end up with two problems for the price of one: on the one hand they experience the original problem for which they are seeking help, and on the other the solutions offered can exacerbate and contribute to these problems.

Part of the difficulty is that the public is largely unaware of the possibility that individuals who are overweight can be suffering from an eating disorder. Most people tend to think that individuals with eating disorders are extremely thin. In fact, people with eating disorders can be any size. And people with binge-eating problems are more likely to be large. Unlike the related eating disorders of anorexia nervosa and bulimia nervosa that have gained some media coverage (not all of a helpful nature), most people haven't heard of binge-eating disorder. So they don't connect concerns about weight in overweight people as a possible signal that the individual has an eating disorder.

This confusion is because binge-eating disorder, sometimes called compulsive overeating, is the most recent eating disorder to be named in the Diagnostic and Statistical Manual, the manual used by physicians to diagnose mental illness. It has been listed since 1994 as an example of EDNOS (eating disorder not otherwise specified). However, the value of recognizing it as an eating disorder in its own right with significant mental distress and physical consequences has become apparent to many clinicians and researchers working with eating disorders. Giving a name to this eating disorder is important because it helps sufferers see that what they are experiencing is not their fault, an inherent weakness or lack of willpower, but a legitimate illness that others experience in similar ways. This problem can be talked about, understood, and treated. Understanding that binge-eating disorder is a *... continued P. 5*

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mental illness with physical consequences can also help family members and friends be more sensitive and less likely to judge the individual.

What is Binge-Eating Disorder?

Binge-eating disorder is similar in some ways to bulimia nervosa. People suffering from both experience regular episodes in which they feel a loss of control over their eating. During a binge, an individual will consume an exceptionally large amount of food and feel like they cannot stop eating even though they want to. Eating is usually done in secrecy because of feelings of shame and guilt attached to it. Binge episodes usually last for under two hours. People with binge-eating disorder often state that the only thing that makes them stop eating is the feeling of being painfully full. Some people with binge-eating disorder also eat frequently throughout the day in addition to the binge episodes. Others try to restrict their eating. Unlike with bulimia, in which individuals use unhealthy and dangerous methods to prevent weight gain, people with binge-eating disorder often additionally struggle with being overweight or obese. The resulting social stigma, negative body image, pressure to lose weight from family and friends, and feelings of being out of control can have further negative impact on self-esteem. Binge-eating and its consequences can set up a self-defeating downwards spiral that can intensify the eating disorder and cause further problems such as social isolation and depression.

What causes Binge-Eating Disorder?

Like other eating disorders, binge-eating disorder is often a coping strategy for dealing with difficult emotional issues and conflicts. People with the problem can have a variety of predisposing factors. Genetics, negative life events, personality factors, low self-esteem, and social pressures to be thin play a role in the development of all of the eating disorders. An individual can also be struggling with difficulties such as assertiveness, mood disorders, addiction or histories of verbal, physical or sexual abuse. An important risk factor, as it is with anorexia and bulimia, however, is dieting. Most individuals try dieting in an attempt to "feel better" about themselves. This is particularly so of individuals who have had negative childhood experiences related to their weight or body. However, dieting does not fix the underlying problems and in fact, can exacerbate them. As the failure rate of dieting attempts is extremely high (this occurs about 95% of the time), it often results in lowered, rather than enhanced self-esteem. For many people it can lead to the cycle of weight loss, over eating, and weight regain known as yo-yo dieting. In vulnerable individuals, dieting also can trigger binge-eating. People with binge-eating disorder can experience a vicious cycle of binge-eating, and attempts to regain control and lose weight. Being trapped in this cycle can prevent an individual from addressing their feelings directly and developing more helpful coping strategies.

Since binge-eating disorder is still so newly identified, not a lot is currently known about how prevalent it is in the general population. Although most overweight people do not have binge-eating problems, it is estimated that between 10%-30% of individuals who attend treatment programs for weight loss are actually experiencing problems with binge-eating. In addition, binge-eating is more common in people experiencing depression, addiction and personality disorders so in these groups the rates are higher.

What can I do if I am having this problem?

If you or someone you know is experiencing some of the problems mentioned in this article, it can be very helpful to receive outside support or counselling. Asking for help is the first step. Again, describing the problem in terms of a possible eating disorder or problems with binge-eating instead of focusing on weight might help others better understand the difficulties that you are experiencing. As with other eating disorders, help is available for those struggling with a binge-eating disorder.

Lauren Goldhamer, M.Ed., is an Eating Disorder Specialist at Bellwood.

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ALUMNI Corner

A note of appreciation to the Bellwood staff:

"I completed the 21 day treatment program in December and have been back in the real world for a few weeks. It has been not easy by any stretch but what I want to thank you and your team for is the hope you have given me. I am starting to believe in myself and that I deserve better than to be a slave to alcohol. I began a journey at Bellwood that has profoundly changed who I am and what I am all about.

"All of your staff was respectful and supportive, creating an environment conducive to healing. I do want to specifically acknowledge the support of my therapist. Her care and concern for me as a person was evident from our first meeting and she walked me through some tough but rewarding places during my stay. I have continued to draw on support from her after returning home and she has made herself available and provided what I have needed, thus far, to begin taking my life back.

"Again, thank you from the bottom of my heart for the work you and your team do. You make a difference!!" - Bruce M.

Alumni News

The annual Alumni BBQ will be held on Tuesday, June 12th in the Bellwood Parkette. Join us from 6:30 pm - 9:00 pm for great food, entertainment and games for the children. All alumni and their families are welcome. Catering will be provided by Chez Daniel.

Please RSVP no later than June 5th to Melissa DeZilva at 416-495-0926, Ext 301, or mdezilva@bellwood.ca. Please indicate the number of people in your party, including the number of children, their age and gender.

Looking ahead, be sure to mark Tuesday, November 27th on your calendar so you don't miss the annual Alumni Christmas Party! Further details will be available closer to the date.

Bellwood Professionals in Residence Days

If you are a health care professional, occupational health professional, or hold a corporate position requiring you to handle employee addiction issues, you won't want to miss attending one of Bellwood's upcoming Professionals in Residence Days. Join us for some addiction-related education and learn about Bellwood's treatment programs and how we can be a resource for you, your patients, and employees.

Upcoming workshop dates are: **June 7, September 19, October 31, and November 29.** To register, contact Charles Senior at csenior@bellwood.ca. In Toronto, call (416) 495-0926, Ext 302, toll free (800) 387-6198.

Who's New At Bellwood

Jackie Anderson, Medical Records Secretary; **Noreedah Dean**, Human Resource Coordinator; **Jennifer Teran**, Administrative Assistant; **Sheryl McCoy**, Administrative Assistant; **Simone Arbour**, Research Coordinator; **Vadim Selenev**, Systems Administrator Assistant; **Melissa De Zilva**, Administrative Assistant; **Nicole Goodfellow**, Registered Nurse; **Carla Katsuno**, Recovery Counsellor; and **Paul Gardiner**, Recovery Counsellor.

Dr. Brian Mahoney has also joined us as Consulting Staff Physician for the Ministry of Health Program.

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Cognitive Behavioural Therapy (CBT) skills in a group format. CBT has been identified as one of the best available treatment models for managing depression and anxiety symptoms that are common triggers for relapse into addiction for many people.

CBT helps individuals recognize their unique unhealthy thought-feeling-behaviour patterns in relation to their life's situations and experiences. Using CBT techniques, participants learn how to intervene when they experience a relapse of thoughts or feelings. This will help prevent a behavioural relapse.

Bellwood will be offering a 10-week CBT Psycho-Educational Group. The group is open to men and women 19 years of age and older, and will be limited to 10 participants.

OHIP Funded Outpatient Alcohol Treatment Group

Bellwood is launching a new evening outpatient group for individuals dealing with alcohol abuse or dependency. The group will be facilitated by a Bellwood physician and Bellwood therapists and will include intensive therapeutic and educational components.

The program is available to Ontario residents and is funded by the Ontario Ministry of Health. The 16-week program will run 2 evenings a week for 2 hours each evening. Participants must be 19 years of age or older and have a valid OHIP card.

OHIP Funded Residential Alcohol Treatment Program - An Update

Admissions to Bellwood's 21-day Residential Treatment Program for Alcohol Dependency are now being scheduled on a continuous basis, making the program more accessible. This program is designed for Ontario residents 19 years of age or older who are struggling with alcohol dependency. It is funded by the Ontario Ministry of Health.

For more information about any of these new Bellwood Outpatient Groups, call the Bellwood Intake Department. In Toronto, call (416) 495-0926 or toll free (800) 387-6198.