

Speaker 1 ([00:00:01](#)):

In our first episode of season three of Tim talk. So

Speaker 2 ([00:00:04](#)):

To be able to, yeah, destigmatize use and dismantle bias is, is really, I mean, it's radical.

Speaker 1 ([00:00:13](#)):

A frank conversation about the conscious and unconscious stigma, people in recovery face when seeking medical care.

Speaker 3 ([00:00:22](#)):

Welcome one and all to our first episode of Tim Talk season three. I hope you all had a restful and relaxing summer and enjoyed the beauty of our great state of Maine. As always, in this podcast, we shine our spotlight on issues of social and medical justice. Now let me recap what we hope will be a takeaway from these recordings. We want our listeners to feel the different perspectives and ideas that make up the things we talk about. We, on this side of the microphone, we'll be leaning in heavily with our hearts. We are inclusive circular in our search to learn from one another. We seek to elevate compassion, seeing people as a whole in our organization, Northern Light Health as one.

Speaker 3 ([00:01:19](#)):

My hope is that we are displaying a safe space to ask questions and open minds. And so doing safe spaces are opened everywhere among our colleagues and those we care for today on this podcast, we wanna hit the ground running. And so we are starting with a weighty and important topic. As September is National Recovery Month. We are focusing our attention on substance use disorder and the stigma experience by people in recovery. In talking before this recording with my two guests that I'll introduce in a second, they pointed out that to different degrees, we all are navigating waters of the interface between external stimuli. My term, not my colleagues' terms, but I thought it was a real interesting point, be those stimuli, substance food, relationships with other people, you name it. And all of those external interfaces have certain stigmas and vulnerabilities associated with them that presents itself in different ways of different people.

Speaker 3 ([00:02:31](#)):

We honor today, those who allow themselves to be vulnerable enough to talk to others and seek help, be with a friend or a service that we provide. None of us are in this alone. And before I introduce our guests, I'd like to share with you some glaring statistics that highlight the scope of the problem of substance use. So far this year in Maine, there have been more than 4,900 drug overdoses and 329 of those were fatal. An increase of nearly 7% from a year ago. The pandemic disguised some modest gains from the prior year, but now we must raise awareness and look into this more deeply. To that end, I want to introduce our guests. Both are Northern Light health colleagues who approach this issue from different experience. Carle is a Northern light employee in long-term recovery from substance use disorder, who has firsthand experience with a power of choice and change. As a teenager, Cara was diagnosed with an eating disorder that broadened into polysubstance dependence as a young adult. Her recovery journey began in 2005, and since that time, she has been an advocate for reducing stigma and increasing access to s u D treatment pathways. Her story's been shared in radio and press privately and

with policymakers. Carra joined the Northern Light Patient Access team in 2020. Carra. Thank you for joining us today.

Speaker 2 ([00:04:13](#)):

Thank you, Tim.

Speaker 3 ([00:04:16](#)):

Our second guest is Jacqueline Seer, a family nurse practitioner at Northern Light Acadia Hospital in the adult ambulatory clinic and addiction care. Her duties include serving as the primary substance use provider at Acadia, where she is also director of substance use services. Jacqueline is currently working with leadership teams to stand up a comprehensive service to address over time all substances of abuse to better serve our communities. What a noble, noble cause. Jackie, thank you for being here as well.

Speaker 4 ([00:04:52](#)):

Thank you, Timm. I'm glad to be here.

Speaker 3 ([00:04:55](#)):

Wonderful. So, to begin our discussion today, I'll start car with you. I'd like to thank you for your courage in sharing your story. For the benefit of our audience, would you please share your personal story and why this is so important to you? And was there a turning point for you? Was there a moment or series of moments in your life that you felt marked a shift toward recovery? Go with that where you wish Cara.

Speaker 2 ([00:05:27](#)):

Hmm, absolutely. I mean, first off, I just wanna acknowledge how powerful it is that we are sitting here having this conversation and all of the listeners who are taking the time to be part of this as well. It's huge. Um, you know, it's generally thought that one out of 10 Americans, you know, struggle with substance use disorder. And that's, that's an astounding number. You know, that's mothers and cousins and best and employees and community members. And, um, when that figure was mentioned about the amount of folks who have lost their lives to accidental overdoses, it brought me back to one of my friends who passed away this year. And that person was, you know, a poet and a, a person with very strong family ties and, you know, had an amazing sense of humor and fashion and <laugh>, you know, they were, they were so much more than the disease that took their life.

Speaker 2 ([00:06:31](#)):

And so for me, that that also holds true. You know, uh, I had some high risk factors. I do have a genetic predisposition, you know, both sides of my, all sides of my family. <laugh>. We have history of substance use disorder and eating disorder. And, um, I also experienced childhood trauma. And during my formative years, uh, my, my parents were going through a lot of conflict. And by five, I was switching off with each household. That's the way the custody deal worked for our family. And I can have so much grace and love and compassion and see that my, my family was doing absolutely the best they could do. And also it created a schism for me around like, belonging. Like, where do I belong? How do I fit in? My family got very big, like all of a sudden I became like, you know, one of eight siblings and we had this humongous family tree, which again, so abundant with like love.

Speaker 2 ([00:07:30](#)):

And also there was, there was difficulty in finding my way. So I think what ended up happening in part was, you know, I had this idea as to where I was heading and then actually how I felt. And I kind of filled up that space, you know, with compulsive behaviors. Like by the age of 12, um, I, I was finding food as a buffer and I was diagnosed with anorexia bulimic type. And then within a short amount of time I was using substances. And by 19 I was a, you know, I was in acute episodes of substance use disorder. Um, I was hepatitis C positive, I was experiencing housing insecurity. Um, I was mentally unwell. I was using it against my will. Like, I remember that feeling of like, I don't wanna do this anymore and I can't stop. And also, at the same time, I was taking classes, I was holding a job.

Speaker 2 ([00:08:34](#)):

I had friends that I went to shows with like concerts and to, you know, all of these very normal, um, rights of passages were happening as well. So I, I think being here today, part of that is breaking down the bias. You know, part of being here today is breaking down the bias of a singularity of what a person with substance use disorder looks like is when we think we know what that could look like, we really blind ourselves to the full experience and also what recovery can look like. So for me, recovery was not linear. And it involved many different pathways, many different points of access. Um, detox, medically assisted treatment, um, so many different types of therapies, grateful for the variety that we have. Um, and then also things like, you know, 12 step peer support groups that were free. I could go there for free cuz I, you know, that that low economic barrier was really helpful in early recovery. I used intensive outpatient programs. I actually worked with Jackie. Thank you Jackie.

Speaker 4 ([00:09:49](#)):

You were so welcome. That was an honor.

Speaker 2 ([00:09:52](#)):

And, you know, slowly but shortly that like, I want recovery became I'm worthy of recovery. That was a big shift for me. So, um, again, recovery can look different for different people and for me, you know, substance use disorder expressed in a variety of ways and recovery expressed in a variety of ways, um, where it wasn't linear. And through it all, I was still Cara. And that's why I'm here today to open the door a bit further on, not just normalizing, but humanizing substance use disorder and recovery.

Speaker 3 ([00:10:30](#)):

Thank you, Cara. That was just such a heartfelt message. I hope everyone that is listening really deeply, you know, listens to this and listen to your words over again, which I know I'm gonna enjoy doing myself, you know, so much, you know, jumped right into me that you were saying, um, to in particular, I, I, I don't know if, if it's a tipping point, you didn't really call it that or you know, a a flash moment in time, but the, but your words of I am worthy of recovery means that you were in a place where you didn't feel maybe before, that you were worthy of recovery. Um, and I just hope that everyone understands that, um, the how profound those words are. You know, because every that, this is why we have a culture of caring here that cares for one another. This is why this whole discussion is in the context of our approach for diversity, equity, and inclusion.

Speaker 3 ([00:11:39](#)):

Because if people do not feel that there is inclusion or there's inequitable kinds of, uh, treatments based on what they are dealing with in life, you're gonna have people feel it's all about my, my angels. You can, you can, people forget what you say, they'll forget what you do. They'll never forget how you made

them feel. So what you just expressed is a feeling of worthiness, of recovery and the fact that you had that moment where I am worthy of recovery. I, that is just profound to me. And I love your thoughts through it all. And thank God this is true. I am still Cara. Those are just, I love it. Fabulous. Thank you so much. You're very welcome. So now, Jacqueline, please tell us how does car's story resonate with what you see in here in patients you care for?

Speaker 4 ([00:12:43](#)):

Wow. Just need a minute with Carra here for a second. <laugh>, I am so grateful for you. I hope that, I hope that the recognize, the strengths, the bravery, the resilience that it takes to step into all that you have stepped into and this disease process, those things that have happened to you in your life are a part of who you are. But they do not define you. You define you. And each and every person that's on this journey, it's about them and who they define themselves as. It's not that stinking thinking that happens in recovery, in addiction. And we have to remember, addictions don't discriminate. They do not discriminate. You don't care if you're the c e o of the hospital or the judge or the sanitation worker or the teacher. It does not matter. It creeps in. And it could be any single one of us. You just don't know until you're there.

Speaker 4 ([00:14:04](#)):

And any person who dares to walk through a door and says, I need help. Rockstar. Rockstar. And how blessed are those of us that get to do this work, who get to be in the lives of people every day? How blessed are we with that vulnerability that they bring forth and the gift that they give us and allow for me, we to show up and be present. They didn't ask for Jackie Seer to be sitting in that chair. <laugh>, <affirmative>. I signed up for that and every day I'm grateful for the people who allow me to do that. So thank you and thank you for every person that's within the northern lay system and our communities. Because what we do, we do with our families, we do with our friends, we do with our colleagues. The people who are listening may be the ones that need help. They may have a loved one who needs help.

Speaker 4 ([00:15:23](#)):

This is an amazing platform that you have given us. Tim, thank you for that. Thank you for your support from the top down to do this amazing and important and difficult work that is not easy for people to step into. Some people do this naturally, others have to work at it. And Cara as being that person with the voice that you're having right now, it's far reaching. We never know who needs to hear our message. And we know, never know who's gonna show up in front of us. Could be any single one of us, and someone says, Hey, I need help. It's our job. It's our, it's, it's about being human and being present and saying, okay, I've got, you might not have all the right answers, but I, I can get you connected. And sometimes it's not even about the words, it's just being present. So thank you for that. You

Speaker 2 ([00:16:29](#)):

Know, like, like the message, the message that I get to share today, it, it can be far reaching. I also remember the providers and the healthcare staff that I got to work with. And like, I don't take that for granted how people got like three seconds of my full story, you know, the whole thing. And they might have seen me in and in a very acute, like, again, very <laugh> like low point of that journey. You know, I'm in the valley <laugh>, and um, and I'm tired and I'm sick and I'm sha ashamed. I'm carrying shame and fear on board. And, and those providers like still showed compassion. Like that made a difference. Like, I can still remember I had a, I had broke my C2 vertebrae actually. I kind of skipped over some stuff in my story, but I had a, I had a C2 vertebrae fracture in a car accident.

Speaker 2 ([00:17:27](#)):

And I remember the nurse who braided my hair because I was wearing in a halo brace. She braided my hair. And just the lack of judgment, you know, just the kindness like that really energized my shift into recovery, you know? So as, as, as like, yes, my, my story may be shared today, I also wanna hold space for like that nurse and for all of the providers with Acadia that I worked with, um, and really all the, all the people along that journey who also held, um, who also contributed just by showing compassion. Yeah, giving a smile. Um, you know, just like those, those small actions really make a difference. Uh, so just had to respond. So thank you Jackie

Speaker 4 ([00:18:23](#)):

<laugh>. And you know why they were able to do that? Because they saw you. Yeah. They didn't see the halo. They didn't see, I'll speak for myself. When, anytime we step in to an encounter with someone who's accessing care, you have a very short window, seconds to make a connection and build for poor. It's an exchange between human beings. You have to see that person. You have to, we live in a society where we get stuck on labels, stereotypes, all of those pieces and parts, and we forget to connect as human beings. I am so grateful and proud of those nurses, the staff that connected in that moment. And it happens, like you said, they're small moments, but they're really the big things, right? That saying it's little things that count. They add up, they add up.

Speaker 2 ([00:19:28](#)):

Yeah. People were seeing me, not the substance use disorder. They, they saw me, you know, experiencing symptoms of the disorder. Uh, they saw me first. Yeah. Yeah. That's very, that's powerful. Thank you.

Speaker 3 ([00:19:45](#)):

Wow. That was a fabulous, um, exchange of thoughts and, and feelings. Uh, Carra and Jacqueline, thank you both for, for, uh, sharing that. And before I get into, um, you know, the, the next question I'd like both of you to, to think about, I just, you know, want to, you know, point out just again how amazing <laugh>, uh, both of you are and the, and the, the dialogue is, you know, and, and listeners, listen please, you know, to what was just shared. And, um, think about your kinds of conversations that you have with people and opening up. And, you know, again, that's, that's our hope is that we're, we're creating great, safe space, you know, um, to talk and, and connect with people. So think about how you can do this in your lives. But, um, I'll just say again, you know that in the, um, caregiver and the individual seeking care, uh, uh, interface, relationship, connection, um, what the caregiver just said in our dialogue, obviously that's Jackie is admiring car's strength and bravery and resilience is what she said. You know, and, um, you know, was also pointed out that, um, you know, being human and being present is what all of that is about. And then you heard Cara's, you know, sense of what, what she remembers vividly is the people that took care of her. So isn't that what we're all in the business of doing? Isn't that what we're all on the mission of doing? Just think it's beautiful.

Speaker 3 ([00:21:36](#)):

So now I would like to ask both of your perspectives on ways that we are trying to do something about stigma. And I love Carrara how you, uh, introduce the word bias in place of stigma. That is, that's really, really interesting. Again, it got me connecting the idea of that kind of bias or that kind of stigma that leads to bias, leads to non-inclusion, leads to so many, you know, just destructive barriers. So bias, okay, bias is what we're talking about now. What we are trying to do to do something about bias. So Cara, you

first please. Are we making progress in easing bias or easing stigma? Have changes in the treatment of people with substance use disorder helped based on what you know and see? But are we making progress?

Speaker 2 ([00:22:30](#)):

Yes, we are. Yes, we are. You know, and we all, I just have to say with bias, like the fact that we're talking about bias shows progress. We all have it. We all have it. And I'm so glad that that conversation is happening, that, you know, workshops are being offered with Northern Light, I think offered. And also part of the curriculum with being an employee of Northern Light is it's not just about raising awareness, we're also changing our actions. So that's, it's just a huge shift right there to me, obvious like marks of progress are being able to call an ambulance if someone's experiencing an overdose. Holy smokes. There was a time, <laugh>, there was a time not too long ago where if somebody was in a critical health episode, we couldn't call for help without the risk of incarceration. And then what happens with incarceration?

Speaker 2 ([00:23:27](#)):

You know, people trying to get a job with a criminal history related to their substance use disorder can be very difficult. There's a lot of bias around that, rather than seeing the progress and the recovery and like the strength that it can take to overcome some of those challenges. You know, it is, there is bias, um, that can discount or disqualify someone from a, a position that they would thrive in and really contribute to a team. You know, another thing, the multiple points of access to different types of recovery modalities is like each person may need a different blend, you know, and, and so rather than feeling like, oh my gosh, I don't fit into society and then all of a sudden, oh my gosh, I don't fit into recovery, you know, that's just further isolating. So being able to have options and then people who support that individual who supported me to find the path that was right for me.

Speaker 2 ([00:24:26](#)):

Uh, oh, just greater access, greater access to Narcan, fentanyl testing strips. Uh, there's sober living houses, you know, medication assisted treatment. There's safer use supplies. Let's see, there's more of a variety of 12 step peer support groups than when I first came into recovery. And there's smart recovery, there's recovery coaches that, that's just a short list. So we are making progress. And one of the big shifts for me more recently is the people first language. I love this. I'm about this <laugh>, you know, using, like being able to say I'm a person in recovery from substance use disorder feels so much more full, so much more of a, more the true story than like, I'm an addict, you know, I'm a person in recovery from substance use disorder. I'm a person first. It makes me think of other conditions like say, uh, person with diabetes. That person may fallen volunteer or they may enjoy fishing or they may enjoy hiking. And I think the same is true for a person with substance use disorder. You know, they're a person first. They're, you know, that's a very important shift in my opinion. And ultimately I'm in favor of using the language that a person self identifies with. Great question, Tim.

Speaker 3 ([00:25:49](#)):

Thank you, Carra. That's terrific. Really appreciate your thoughts. Jackie, how about you? What are your thoughts?

Speaker 4 ([00:25:59](#)):

Have we made progress? Yes, absolutely. Absolutely. We've come a long ways. We've still got a long ways to go. And I think one of the things that is of the utmost importance, especially with the current state of affairs in our world and healthcare and people working short and the stressors of Covid and all of that, is that we remember to stop and celebrate the wins. We have so much loss happening with everyone being stressed, roles that we take on the short staff, all of those things. We have to remember that we're all doing our best, right? And we're showing up and we hope that we always bring our best selves, but we're humans. And if we make a misstep, it's okay. Acknowledge it. If you're not sure of the right terminology to use, ask the question. I learn so much every day by each and every person who walks in front of me, right?

Speaker 4 ([00:27:22](#)):

I've been corrected, um, which I love <laugh> because it's a learning opportunity. And in learning we grow, right? And sometimes, sometimes some of the labels are verbiage that people use to identify themselves to I to society may seem offensive. But if that is how they choose to identify, allow it because it's theirs. And the reason I'm saying this is because that statement of being a person in recovery, a person who has substance use disorder in place of I'm an addict, that word I'm an addict, doesn't always have a derogatory connotation for each and every individual. And carra, thank you for shaking your head, cuz I know you get this. And that can be very, this is a sensitive thing for a lot of folks, but it's that patient first language. And one of the strongest messages I got was many years ago when I first started doing this work. And a gentleman came across the way and at a conference and pointed me out and he said, I don't know why, but I feel I need to tell you my story.

Speaker 4 ([00:28:55](#)):

I act that way with people. <laugh>. He said, I'm an addict and I need you to know that. And I'm not sure why, but I also need you to know that sobriety is rented and the rent is due every day. And I'm so grateful for that man. Never seen him again, had the conversation. But as our conversation continued, he really educated me on the fact that patient-centered language to him, he holds that word dear to himself. That's his word. It reminds him of how far he has come. But if you, Tim, were to talk to him, that's not your word to use, that's his word. And so when we, as healthcare providers sit with people, we'll use the terms that are most appropriate in the role of which we are in. But my ask is, is that we be okay with some of the old language if that language is important to the person who is sharing it with you.

Speaker 3 ([00:30:19](#)):

Thank you. I'm really enjoying this conversation. Uh, so for you both, are there areas you think healthcare could grow to better serve people with substance use disorder? And I'll just, um, put a little, um, color commentary to that question too, while you're thinking of your answer. But, you know, I, I love so much of what you've already shared, but, you know, showing up and doing our best, um, and mistakes or, you know, are along the way are okay. You know, I always say the only mistake is if you don't learn from mistakes, um, otherwise it's not a mistake. Um, and so back to the question then. Are there areas you think since, uh, obviously we, we know that, um, our audience of this podcast is, is getting wider and wider. Um, and much of it is, I'm really geared toward not only general, you know, societal issues and, and things of that nature and the communities where we serve, uh, but also our own Northern Light family. And so, um, hopefully there are things that we can learn from how you're both gonna answer this question. Are there areas you think that healthcare could grow to better serve people with substance use disorder? Jackie, how about you first?

Speaker 4 ([00:31:57](#)):

So one of the things that is currently growing and building is that Tim, within your lead for our 2325 strategic plan is bringing substance use services and mental health to the forefront. It's right up there in the top four and

Speaker 3 ([00:32:24](#)):

Our big audacious goals. If my, my love it, jump in on that,

Speaker 4 ([00:32:27](#)):

I love it. We're gonna, we're gonna count, you know, collect those small wins along the way, right? And so with that, we are going to be working, are already working to stand up a sustainable substance use services delivery model of care that should, could, and hopefully <laugh> will allow all member orgs to deliver multiple aspects of care, to serve our community, to serve each other with a no wrong door approach. That shift in culture is huge. There's so much value in that. And by moving that way, my, my counterpart <laugh>, Jesse Higgins, who is the director of Integrated Behavioral Health and her amazing team, uh, we have a lot of conversations around this. And, um, the goal is to get trauma informed education into all practices from frontline staff and every person that encounters any individual who walks into Northern Light. And I think that it is important that we recognize that any family member within the Northern Light system, our work families, have an opportunity to make a difference. It it's not always the doc, the nurse practitioner, the nurse, the counselor. Sometimes it's that friendly voice or face at the window when you check in and they've been able to build that rapport. We wanna arm people with the knowledge and with knowledge comes comfort and confidence and competence as to how to help folks access care. It takes a lot to say, I need help.

Speaker 4 ([00:34:56](#)):

When you build that courage and you step into that strength, we have a responsibility to make sure that our team can receive it. They don't have to have the answer, remember that, but they need to be able to make the connection and highlight that as importance. Yes, we're busy, but we're never too busy. We can't be is dangerous. So thank you for allowing that to be right up there as a top priority. The other thing that's super important is all of the conversations that are happening. We have more disciplines within our systems that are stepping to the table and willing to have conversations that are reaching out for support. And so with that, we'll build the education that we're providing. It's about rapport building and relationships, the amount of community outreach, recognizing that Northern Light is very large, but sorry Tim, it might not be the right place for everyone, right?

Speaker 4 ([00:36:12](#)):

Because this is not cookie cutter, it's not a one size fits all, but we still have our role, right? We stepped in and said, Hey, I need help. And if Northern Light's not the place, we've got some amazing, amazing community providers. It may be for medication, it may be for counseling, it may be peer support. We have the barn, we have the Together Place, which our agencies that we are partnering was through some grants and just having open and honest conversations so that the rapport is there and we can refer people appropriately. We have PCHC just across the river and they have some amazing programs. We're opening up access to medications for O U D within primary care practice within our eds, that's Eastern Maine, that's St. Joe's. We're sitting at the tables and we're having mutual conversations and we're partnering and that that's progress.



Speaker 4 ([00:37:15](#)):

It's not them and us, it's a we got a job to do here, people, there's lives to be saved and it's coming together. And that's huge. That's growth. The other piece of that is we've already got some really great services in place, some pretty amazing services. And one thing that I have learned, especially over the last nine months or so, is that we have gotten better with communicating, effectively communicating. There are a lot of services that happen within Northern Light Health than not everybody is aware of. And it's, oh, oh, you guys do that? Oh well, and there's complimentary things happening. So we're doing a really great job in breaking down silos. So I think it's important to kind of name what we have going on out there and how do we build upon it. I think we're well on our way for growth. And a shout out on your Narcan statement earlier, Kara, he huge. It's huge, right? It's a lifesaving measure and we are getting more of it out there. Our eds have increased the amount of Narcan that they're dispensing. Acadia has an amazing Narcan distribution program. Um, we are working with primary care practices and getting that as part of the regular scripting. Just a lot of movement. A lot of movement, but more importantly, the passion and the compassion is growing.

Speaker 3 ([00:38:55](#)):

Terrific. Thank you for sharing that, Jackie. And, and, um, you know, I, I like one thing that you said about, uh, no wrong door approach. That's a new, new thought in my mind. I'm gonna think about that a lot. That's really, that's terrific. I, I'll, I'll investigate that a little bit as I talk to folks in my travels. You know, and one thing on partnering, you mentioned that, and I'm so glad you listed so many different examples of, of partnering. Um, I spent a couple of years in, in my life in East Africa trying to help with healthcare infrastructure development and that kind of thing. And there was, uh, an African proverb that was, um, if you want to go FastCo alone, if you want to go far, go together. And I think that really applies in this situation. Now, Carra, I know that Jackie said a few things that, that, um, that prompted some, some thoughts. Um, so whatever you'd like to say in response to what Jackie said, but also, are there areas you think healthcare could grow to better serve people with substance use disorder?

Speaker 2 ([00:39:57](#)):

Oh, thank you so much for mentioning that proverb. It's one of my, my mottos, my mantras that I I just, I I hold that dear. So thank you. Uh, I'm not surprised that was mentioned today actually. Uh, so Jackie, you mentioned Narcan and, uh, the availability of Narcan. And I have to say, you know, the first batch of Narcan that I got my hands on, I was so excited cuz I had heard about it and I had seen it, you know, and uh, and, and then I, I was able to hold it and the day that I got it, um, I had been at a recovery summit and the next night it was used to save someone's life the next night. And that person has been out there saving other lives, mentoring people in recovery. So, um, I guess the, the takeaway is just never underestimate the impact you have never underestimate the impact you have and it's great to have the tools available.

Speaker 2 ([00:40:52](#)):

Tim, you had asked about, you know, areas that we are, we're growing where we can grow. And I think Jackie mentioned, you know, one of them with the peer support. I love that we have recovery coaches employed by Northern Light, and I want to see that grow. I want to see <laugh> recovery coaches available, like the ER and perhaps for inpatient visits, uh, certainly with, you know, our air, uh, Northern Acadia oftentimes, but not always. Recovery coaches that go through training, like with the Portland Recovery Community Center or the Bangor Area Recovery Network, the barn, which mentioned, uh, they're people with lived experience and they're bringing such depth of information to, you know, that

that position. So hire people in recovery. That's a place that we can grow, we can hire people in recovery. And there's a, an initiative that we can commit to. It's called the Recovery Friendly Workplace.

Speaker 2 ([00:41:55](#)):

It was originally developed by the Peer Recovery Center for Excellence in states like New Hampshire, Connecticut, Rhode Island, Colorado, Pennsylvania. They've already adopted this initiative. And I wanna see, I'd love to see this, I think it's, I'd love to see this in Northern Light. So not only do we wanna hire people in recovery, we wanna create the framework. Like we're already talking, we're bringing that culture, that culture of caring, the culture of compassion. We're leading with the heart. We wanna build that framework to support people. And for our employees that are already, you know, experiencing substance use disorder and they're exploring options for recovery, we also, like, we also wanna make sure those options are available and initiatives like recovery, friendly workplace do that. We know burnout is, it's so prevalent. It's like the past two years. Like I joined healthcare in 2020, like I came into healthcare in 20 for the people in my life, like my family who's been employed with Northern Light, watching them be so brave the past two years and resilient and also tired.

Speaker 2 ([00:43:08](#)):

So tired. You know, like to think about ways of creating more sustainability in our workplaces to hold like the emotional health, the mental health and the physical health of not just the patients but the employees is I think the direction we're heading. And initiatives, again, like recovery, friendly workplace, compliment that. So I think it would be, I think it aligns with our values. Also, I think we would benefit from a mentor program that was specific for healthcare workers who are living with substance use disorder. I read about this program that was created by aviation companies with pilots, you know, it was created because pilots weren't able to speak openly about their experiences, you know, whether it was related to substance use disorder or, or not. So what they did to address this issue is they hired a team of retired pilots through nasa. And that openness of sharing, you know, being able to share information was incredibly valuable.

Speaker 2 ([00:44:14](#)):

Not just for the individual, not just for the pilot, but for the company. So Northern Light could gain so much information by creating a mentor program. Okay. I have to say, I tried to defer the talk today, like my role in this talk today. I reached out to someone who I know is in recovery from substance use disorder and I asked, would you be willing to share your story? It's a powerful story. Each one is, and they took the time and they talked to their leadership cuz they had someone that does know their story, um, that part of their story. And they came back to me and they were like, I have to decline. You know, I'm up for a promotion in two years and at this time it doesn't make sense to speak openly about my experiences in recovery.

Speaker 2 ([00:45:07](#)):

So that's a missed opportunity. It's a learning opportunity that there it is, it's a learning opportunity and I wanna thank that person because they helped me be brave today and, and sit here. So a mentor program, let's do that. So to be able to, um, yeah, destigmatize use and dismantle bias is, is really, I mean it's radical the most, oh gosh, Sherry Mitchell, uh, who is an, an indigenous advocate and uh, a lawyer and just a, a truth teller, uh, once, once said, the most revolutionary act we can do is to heal ourselves. And I believe that, I believe that if we can go inwards and take that time to heal ourselves, I

think that ripples out. And that's been true in my recovery path. So again, never underestimate the impact that you have. We all are healing. So thank you.

Speaker 4 ([00:46:08](#)):

That was beautiful. Once again in the sense that we have to remember that different is not wrong. Everybody's journey's different choices are different, different pathways are meant to be. And that relationship with different substances, the breakups occur at different times, sometimes fully, sometimes it turns to social. It's about harm reduction and what does that look like? And as providers work with individuals, we have to make sure that we're meeting people where they're at and where they hope to go. And that we know what it is that is important to that individual on their recovery journey and their healing process. Medications for opioid use are, is not for everyone, right? Sometimes it is. And when it is and it works well and they get to that place where the chaos settles some, there's all those feelings and all of that stuff that was suppressed is still there.

Speaker 4 ([00:47:33](#)):

Well now we really need to be sure we're ready to help them heal through the rest of it because it would be super irresponsible to get someone there and not provide services. And so remembering that it's not about us and the big beautiful treatment plans that we develop that meet all those regulatory check boxes, if it doesn't meet the individual's need that is in front of you, if they are in a place within their journey where basic needs are not being met, they can't achieve those goals and you're setting people up to fail. So harm reduction, where does it start? What does it look like? That's where we need to be. That's where we need to be. We had so much happen at the start of this pandemic and I am a nurse through and through healthcare workers in my family, three beautiful children that have stepped into healthcare in various roles.

Speaker 4 ([00:48:45](#)):

Being a nurse was the best thing I've ever done in my life until I became a mom. And this little shift, the emotion, cuz my husband says, well where am I in that? And I'm like, you're there too, honey. You really are. Um, the experience of new healthcare members coming into our amazing professions has not been the same. They're coming in at a time where we're all trying to figure things out. It's a pandemic. Gosh, we've never been here before. We're having to garb up and wear all this equipment and there's, and we have to be present. We have to be present and emotionally solid for those people who have stepped into our care. And then we have to go home and be people too. And I loved where you were going Carl, when you talked about, I'm gonna mis quote, but basically that emotional wellness, we need to do better. We need to do better. We need to take care of emotional wellness upfront. We need to role model it and we need to implement it. We need to create space for it.

Speaker 4 ([00:50:13](#)):

It's a busy time. There's a lot going on. It's scary, it's overwhelming. But if we don't take care of ourselves and we don't take care of each other, we can't take care of our communities. But my ask is that our leadership team does just that role, model it, implement it and expect it because yes, we need to keep the doors open and the financials are important and the amount of people that we see and there's wait lists and there's all of those things. But when our folks are getting crispy and they can't take care of themselves and they're faking it till they make it, the universe is gonna jump up <laugh> and is gonna undo things. So if we vest in our own and we're having communications about, Hey Tim, what did you do this weekend to take care of yourself? Wow Cara, this was a crazy week at work this week.

Speaker 4 ([00:51:30](#)):

What are you gonna do this weekend? Paying attention that substances are so much of our culture and the issues arise when there becomes maladaptive coping strategies, right? That are overused and step over that line. And one of the things that people joke about do, it's advertised everywhere, is gonna go home and drink some wine or got a business meeting. You're gonna go have drinks with someone, um, over shopping, overspending, all of the things that fall within the ability to develop an addiction. MINDBODY spirit brings you pleasure, right? Can be the addiction. We have to be checking in with each other to make sure that we have healthy outlets and we as a workforce need to take care of each other.

Speaker 4 ([00:52:33](#)):

And especially taking care of our young because who's gonna be there to take care of us? Getting older is a gift. And so grateful for the opportunities to build this healthcare workforce and have those conversations with folks about checking your own biases. Because when you know what they are, you can battle them when they present because we're humans working with humans and people are gonna push your buttons and we all have them. But if we're not doing that wellness and we're not doing that self-check on biases, we're going to fail in one way or another. And so thank you for bringing that up and Tim, thank you for this opportunity and I'm looking forward to how we celebrate that emotional wellness and take care of our team members knowing that they are then going home and taking care of family members and community members, their church families, all of those things. And anything we offer, they may utilize for themselves or they may utilize it for someone within their circle and it can be lifesaving and it's huge.

Speaker 3 ([00:54:00](#)):

Thank you Jackie Seer. Thank you Carl. Lexi, just a couple of wrap up thoughts that I had and see if there's anything else you'd like to share as well. Um, you know, the most radical thing we can do is heal ourselves. I think that is really powerful. So listeners, I hope that's one of the things that you reflect on. Um, a shout out of honor and love to all persons in recovery and shouldn't that be what a big part of our lives is all about, um, to help, to lend support and also to, um, not have bias on whatever people are going through in life.

Speaker 3 ([00:54:53](#)):

Remember to celebrate the successes and there's no such thing as a small success. In fact, the the ones that are the the quietest and the subtest are the most profound and the most beautiful and the ones we can learn from the most. We all are indeed trying to figure things out in this era of whatever pandemic, endemic, post pandemic, it's not post pandemic, whatever you want to call it. It's been crazy going on three years that has left a lot of us very brittle, especially in healthcare. And a lot of the dialogue in healthcare is now switching back to it costs too much. I can't get in, I can't do this, I can't do that. <laugh>. So the old things that we dealt with pre covid, um, that we were quote up against, now we're up against it again. Memories are short and we, so now we're expected to be the ideal caregivers again as we're human.

Speaker 3 ([00:55:56](#)):

Um, so we do need to take care of our emotional wellness. Absolutely. Absolutely. And I'm so thankful for, um, the, the thoughts, the vision and the examples of ways in which we can do that better. So I think I thank both of you for taking the time to do that. And my last thought is that, you know, one of the um, sort of transformational, um, I don't know, philosophies for me, I guess over the course of my

life and my professional career and that kind of a thing, and it's relatively recent and that is humility is a great strength. So I say that all the time. I live it, I believe it. Um, and then though when I participate in this kind of a setting and listened to just two great individuals shared their experience and I realized that sure, I listened humbly. Um, but it wasn't my humility that was strong.

Speaker 3 ([00:57:05](#)):

It was you and what you were sharing that was strong. And so where I can take that humility as a strength to a next level is just to try to grasp a deeper understanding by listening to what people experience and don't have preconceived ideas, notions, checklists, processes, whatever you want to call it. Like forget it. It is about the people that, and thank goodness that's what we're, that's our, our common good is our corporate good of Northern Light health. And so how are we helping with the common good is what we should be asking all the time. And yes, that means the Northern Light family, which is our staff and their families, that's a large number of people and each one is unique and different and special. So I thank you for everything that you've brought to the discussion. Carra, anything you'd like to add?

Speaker 2 ([00:58:18](#)):

You mentioned the, the Northern Lake family and I think of recovery being very much about connection. So it's great to be connected with this family of Northern Light. Yeah.

Speaker 3 ([00:58:33](#)):

Nice. Thank you for that. Thank you for being here today and you, Jackie,

Speaker 4 ([00:58:40](#)):

Remember none of us do this alone. Hope,

Speaker 3 ([00:58:50](#)):

Terrific

Speaker 4 ([00:58:51](#)):

Resilience, lean into the uncomfortable, that's where the growth happens. Keep talking, naturalize these conversations, keep opening up these platforms and thank you for your strength.

Speaker 3 ([00:59:14](#)):

Great, thank you Jackie. So it is my privilege to have you, you both on our show, thank you, our podcast listeners as well. And I asked you go back and listen to this a second time cuz it is fabulous. Until next time, I'm Tim Gentry encouraging you to listen and act to promote our northern light culture of caring, diversity and inclusion that starts with caring for one another. Take care.

Speaker 1 ([00:59:50](#)):

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