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Information for and about nurses in recovery

“SPAN”ing New York State

Inside this issue:

New SPAN Director..... 1

One Nurse’s Experience 2

Recovery Bill of Rights..... 3

To receive this newsletter electronically, call 800-457-7261 or e-mail: span@nysna.org

MISSION STATEMENT

SPAN’s mission is to be the resource for New York State nurses affected by substance use disorders, while fostering public safety through outreach and education.

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Statewide Peer Assistance for Nurses

“I know the price of success: dedication, hard work and an unremitting devotion to the things you want to see happen.”

—Frank Lloyd Wright



Ms. Hermauella Hyppolite has been appointed as the new director of the Statewide Peer Assistance for Nurses (SPAN) program by the New York State Nurses Association (NYSNA)



SPAN is the confidential education, support and advocacy program for Nurses licensed in New York State dealing with or seeking education on substance use disorders. SPAN’s mission is to foster safety through outreach and education on how to recognize and report substance abuse issues. SPAN also provides assistance with treatment referrals and provides support in assisting Nurses suffering with substance use issues recover and return to safe practice.

Ms. Hyppolite brings a wealth of experience in dealing with mental health and substance abuse issues to her new position. She has been an RN and NYSNA member for over 12 years beginning her career in the Department of Psychiatry at H&H’s Woodhull Hospital and Mental Health Center in Brooklyn

and culminating as a Psychiatric Mental Health Nurse Practitioner in the CPEP at Queens Hospital Center. Ms. Hyppolite also served in the United States Army Reserves as an Army Nurse Corps Officer in a Combat Operational Stress Command (COSC), she received her AS in Nursing at St Vincent’s School of Nursing, her BSN and MSN at Molloy College. She is certified in Addiction Nursing and is board certified as a Psychiatric Nurse Practitioner.

Ms. Hyppolite states that she is excited about this appointment and that her motivation for taking it is to help Nurses and the profession of Nursing in New York State, she says “my experience has shown that no one is immune from substance use disorders, they can impact anyone regardless of age, race gender or occupation. Nurses with their high stress jobs are particularly vulnerable and helping those who help others is a particular calling.”

If you have any questions about SPAN, its mission or how to access resources or programs please call 1-800-45-SPAN-1 or e-mail SPAN@NYSNA.org

Key to Rehabilitation: Support Groups

One Nurse's Experience

After a horrible 30 year run abusing alcohol and numerous other drugs, I enrolled in the Statewide Peer Assistance for Nurses (SPAN) program. The disease of addiction essentially hijacked my soul. During the years that I used substances, I always thought I knew better. I told myself over and over things like 'I will change', and 'I have the knowledge and willpower to straighten this thing out'. In reality, those statements couldn't have been further from the truth. This disease was far bigger and much more powerful than I have ever been. It wanted me to tackle it alone and Lord knows I tried.

That is where SPAN came in. Once I completed inpatient rehabilitation, it was comforting to attend a support group and meet other nurses who were or have been in the same situation I was in. The groups helped me to quell my feelings of terminal uniqueness. There was strength to be gained from members sharing their experiences. SPAN gave me hope. I learned that I didn't have to face this disease alone. I've met some of my best friends at SPAN meetings.

Let me back up. When I first began attending SPAN groups, I thought I was something rather special. Not only had I been recently discharged from a prestigious drug and alcohol rehab where I'd spent three months, I was also a Certified Registered Nurse Anesthetist (CRNA). (Writing this now makes me laugh at how ridiculous and ego inflated it sounds.) So, upon enrolling in SPAN, I thought I had an excellent handle on my situation and thought there was very little, if anything, the meetings could do for me. I thought others were in denial, or they were lying, or they don't have the right plan, and on and on. Those feelings were supported by the fact that my sponsor at the time (another 'super special' CRNA) frequently said he needed a meeting after the SPAN meeting. Unfortunately, he later relapsed and died.

After a few years in the program, I mentioned to this same sponsor that I'm not getting anything out of the SPAN meetings, listening to all this delusion, denial, and complaining. He informed me that I was pathologically selfish. He suggested that not only can I learn from other participants, being that I am no different than them in this disease, but perhaps my role is to be there in a capacity of understanding, love, and service. Strangely, I'd never thought of that. Perhaps I truly am selfish, egocentric, and self-absorbed as he suggested.

My entire perspective changed after that conversation. I met the most helpful and giving individuals I've ever known at the SPAN meetings. I met the Regional Coordinator and the group co-facilitator, both of whom were willing to assist me in many ways. I began to want to help others as those individuals helped me. As a matter of fact, that's what my Big Book of Alcoholics Anonymous (AA) suggests we do in order to stay sober. The Big Book goes so far to say our sobriety depends on it. This is what has worked for many. This is how it works. When we all gather together in God's presence we are stronger than this demon. I've seen the miracles that groups like SPAN, AA and NA (Narcotics Anonymous) provide in lives that were considered lost. I can personally testify to that.

In addition to the other benefits of being involved in SPAN, the groups also provide a forum for the intricacies of staying sober and returning to work. We frequently discuss regulatory agencies and how to survive the consequences of our previous lives with a positive attitude and without playing the victim. We learn a sense of responsibility necessary to return to work. After several years as a participant, I successfully completed SPAN. I can report it is my honor and privilege to continue my involvement in SPAN as a group co-facilitator.

On the web:

The Substance Abuse and Mental Health Services Administration:
<http://findtreatment.samhsa.gov/iamrecovery.com>

New York State Office of Alcoholism and Substance Abuse Services:
www.oasas.ny.gov

New York State Smoker's Quitline:
www.nysmokefree.com/

Gamblers Anonymous:
www.gamblersanonymous.org/

To find an Alcoholics Anonymous meeting: www.aa.org

To find a Narcotics Anonymous meeting: www.na.org

National Council on Alcoholism and Drug Dependence:
www.ncadd.org

Al-Anon or Alateen:
www.al-anonfamilygroups.org

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
www.niaaa.nih.gov

National Clearinghouse for Alcohol and Drug Information (NCADI):
www.ncadi.samhsa.gov

SPAN Support Groups

Adirondack: Canton, Oneonta, Plattsburgh, Utica

Central: Binghamton, Elmira, Syracuse (2)

Eastern: Albany, Guilderland, Highland, Latham, Middletown, Saratoga Springs

Metropolitan: Bronx, Brooklyn, Elmhurst, Manhattan, Pleasantville

Southeastern: Bohemia, Farmingdale, Massapequa, Riverhead, Selden, Staten Island, Syosset

Western: Batavia, Buffalo (2), Olean, Rochester, West Seneca

For more information, please contact your regional coordinator or the **SPAN HELPLine** at **1-800-45-SPAN-1** or **1-800-457-7261**.



We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery. Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective aid can be rendered by mutual support groups or health care professionals. Recovery can begin in a doctor's office, treatment center, church, prison, peer support meeting or in one's own home. The journey can be guided by religious faith, spiritual experience or secular teachings. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are afforded respect for their basic rights:

1. **We have the right to be viewed as capable of changing, growing and becoming positively connected to our community, no matter what we did in the past because of our addiction.**
2. **We have the right—as do our families and friends—to know about the many pathways to recovery, the nature of addiction and the barriers to long-term recovery, all conveyed in ways that we can understand.**
3. **We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals, working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.**

4. **We have the right to select services that build on our strengths,** armed with full information about the experience, and credentials of the people providing services and the effectiveness of the services and programs from which we are seeking help.
5. **We have the right to be served by organizations or health care and social service providers that view recovery positively,** meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.
6. **We have the right to be considered as more than a statistic,** stereotype, risk score, diagnosis, label or pathology unit—free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again, we should be treated with dignity and respect that welcomes our continued efforts to achieve long-term recovery.
7. **We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction** and coordinates its efforts to provide recovery-based care that honors and respects our cultural beliefs. This support may include introduction to religious, spiritual and secular communities of recovery, and the involvement of our families, kinship networks and indigenous healers as part of our treatment experience.
8. **We have the right to be represented by informed policymakers** who remove barriers to educational, housing and

employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.

9. **We have the right to respectful, nondiscriminatory care from doctors** and other health care providers and to receive services on the same basis as people do for any other chronic illness, with the same provisions, copayments, lifetime benefits and catastrophic coverage in insurance, self-funded/self-insured health plans, Medicare and HMO plans. The criteria of "proper" care should be exclusively between our health care providers and ourselves; it should reflect the severity, complexity and duration of our illness and provide a reasonable opportunity for recovery maintenance.
10. **We have the right to treatment and recovery support in the criminal justice system** and to regain our place and rights in society once we have served our sentences.
11. **We have the right to speak out publicly about our recovery** to let others know that long-term recovery from addiction is a reality.

ENDORSED BY: American Association for the Treatment of Opioid Dependence, Inc. • American Society of Addiction Medicine • Community Anti-Drug Coalitions of America • Ensuring Solutions to Alcohol Problems • Entertainment Industries Council • Johnson Institute • Join Together • Legal Action Center • NAADAC, the Association for Addiction Professionals • National African American Drug Policy Coalition • National Alliance of Advocates for Buprenorphine Treatment • National Alliance of Methadone Advocates • National Association on Alcohol, Drugs and Disability • National Funding provided through an unrestricted educational grant from Reckitt Benckiser Pharmaceuticals Inc. • Association of Drug Court Professionals • National Association for Children of Alcoholics • National Association of Addiction Treatment Providers • National Council on Alcoholism and Drug Dependence • National Council for Community Behavioral Healthcare • Rebecca Project for Human Rights • State Association of Addiction Services • TASC, Inc. • Therapeutic Communities of America • White Bison



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*“Sometimes it is
more important to
discover what one
cannot do, than
what one can.”*

-Lin Yutang



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