

## A promising new year

By James Dougherty, vice president



After 25 fulfilling years at Marworth Treatment Center, I have decided to retire in June 2016. While I am enthusiastic to begin a new chapter of my life with my family

at home, I am sad to leave my family here at Marworth.

This time of transition has instilled in me a renewed sense of purpose. I am enjoying this time with my colleagues and I am excited to see how those who come to Marworth over the next several months will discover their new life in recovery.

This will certainly be a major change in my life. However, I believe my retirement will present only a small change at Marworth—I am one person, one member of the greater team. The wonderful leaders and team members I work with will continue to bring the highest caliber of care to our patients. They will continue to earn high satisfaction scores and continue to offer innovative new treatment programs like rock-climbing walls and disease management programs. That will not change.

As an alumnus of our treatment center, certainly you share in my confidence that Marworth will continue to be a beacon of hope for anyone battling addiction.

So, 2016 holds much promise for myself and for Marworth. I hope it will be a promising new year for you and your loved ones as well. From my colleagues at Marworth and from me, best wishes for a happy, healthy, sober new year.

## Dr. Jarvis contributes to Pa. hearings on heroin epidemic



Earlier this year, The Center for Rural Pennsylvania hosted public hearings to recommend avenues to combat the growing epidemic of heroin addiction in the state. Marworth's medical director, Margaret Jarvis, M.D., was one of 40 experts invited to testify in front of legislators on challenges and opportunities related to addiction treatment and recovery services.

A key point the legislators took away from Dr. Jarvis' testimony was the need to support the education of doctors trained to manage medications such as methadone, buprenorphine and naltrexone for medication-assisted therapy. "It takes specialized

knowledge and experience to handle these medications well," noted Dr. Jarvis.

Additional suggestions brought to the table by Dr. Jarvis and others were to offer financial support for addiction medicine fellowships, loan forgiveness for doctors who practice addiction medicine and more continuing education opportunities to instruct health care providers on pain management, addiction and prescribing opioids.

Other recommendations from the hearings included further recognition that addiction is a disease and those suffering from the disease should be afforded proper treatment, as well as increased funding for public treatment resources.

To read the complete report compiled from the hearings, visit [rural.palegislature.us](http://rural.palegislature.us) online.

### In the news

Earlier in January, Marworth representatives Margaret Jarvis, M.D., medical director, and Kate Liotta, chemical dependency specialist, served as panelists on "Call the Doctor," a program on local PBS station WVIA-TV. Watch the episode, which focused on different addiction treatment options, at [wvia.org/ctd](http://wvia.org/ctd).



Kate Liotta, chemical dependency specialist at Marworth, comments on WVIA's "Call the Doctor."

MARWORTH

# MESSENGER

Charting the course for alcohol & chemical dependency treatment

Winter 2016

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## Reaching new heights

Patients at Marworth now have a new opportunity to reach incredible heights on their road to recovery.

A combination of a matching grant from the Margaret Briggs Foundation of Scranton, donations from Marworth alumni and friends and Marworth's own funds enabled the treatment center to introduce a rock-climbing wall to the recreation therapy program.

"This is the first high element we've incorporated into our existing challenge course," said Lori Pilosi, MS, CTRS, lead recreation therapist. "We got the wall primarily as a tool for our young adult population, but patients of all ages, both men and women, have shown a strong interest and desire to climb."

Climbers are harnessed and connected to a system of safety lines which are controlled by a group of people on the ground, called a belay team. Led by one of the recreation therapists, the belay team includes three or four of the climber's peers to foster support and confidence to their teammate on the wall. Even those who aren't participating on the belay team provide extra support by cheering on the climber each step of the way.

Each of the members of Marworth's recreation therapy team—Ryan Collins, BS, CTRS; Caitland Hawk, BS, CTRS; and Pilosi—completed specialized training to become certified challenge course practitioners. They use the climbing wall to connect a variety of 12-step themes to an exciting physical activity. While focusing on a personal challenge, or emotional "wall," climbers learn about healthy risk-taking, stepping out of their comfort

zone and relying on others for support. Each person goes at their own pace and climbs only as far up as they choose. Afterward, the group processes the experience together.

To gauge participant satisfaction and the wall's impact in promoting recovery, patients completed questionnaires before and after climbing the wall. Prior to climbing, participants claimed they felt excited, anxious, nervous or scared. They also acknowledged emotional walls built by addiction such as relationships, isolation, admitting addiction and poor quality of life. Afterward, climbers identified teamwork, communication, listening and trust as skills needed to climb the wall. During group discussions after the climb, participants also identified teamwork, communication, motivation and strength as skills they felt related to their recovery. This illustrates how patients can transfer what they learn by participating in the climbing wall to other feelings, issues and emotions during their time in treatment and post-discharge in their ongoing recovery.

Standing at 30 feet, the new climbing wall poses a striking presence in the outdoor recreation area. Once they see the wall in their first recreation therapy group, many patients look forward to the day they will get to climb it. "It becomes a goal they can set and achieve before leaving treatment," explained Pilosi. "The walls that addiction can build in a person's life often feel over 30 feet high and insurmountable. I'm glad we can give them an opportunity to experience the power of support to conquer their walls metaphorically and realistically."



The rock-climbing wall can accommodate two climbers at a time.



The belay team works together to support the climber from the ground.

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[marworth.org](http://marworth.org)

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## High marks from patients

To help measure patient satisfaction levels and to identify opportunities to improve the treatment program, all patients have the opportunity to complete a questionnaire regarding their inpatient treatment experience at Marworth.

During the most recent fiscal year (July 1, 2014–June 30, 2015), 97 percent of patients who took the survey said they were satisfied with their overall experience at Marworth. Another key indicator showed that 99.4 percent of patients would recommend Marworth to a family member or friend who needed help with an addiction problem.

The questionnaire also allows respondents to write in comments about their experience. Just a few highlights from the past year's comments include:

- “When I arrived at Marworth, it felt like home. Everyone was friendly and helpful.”
- “Jenny was the most compassionate driver. Made the ride go very well and I wasn't afraid of what rehab was going to be. I trusted from that point on.”
- “The admissions staff treated me with compassion and was very welcoming. I never felt judged.”
- “The nursing staff has been wonderful throughout my stay. Compassionate, caring and attentive to my needs. I can't say enough about them.”
- “The food is always fresh and the salad bar is excellent.”
- “Deb, the PA, was amazing. She helped manage my medication, my primary doctor and my medical concerns.”
- “Housekeeping staff are always nice. They say hello every time I walk by.”
- “Recreation therapy is the best time of the day. I really like the ropes course and outdoor activities.”
- “I felt comfortable and safe with my counselor. She was available every time I needed to see her.”

## Nursing team among most satisfied employees

Integral to keeping patients satisfied is making sure employees are satisfied, too. More than 30,000 employees work for Geisinger Health System, of which Marworth is an entity, and each year employees are surveyed about their job satisfaction and their ability to produce quality patient experiences.

The most recent survey showed that the nursing team at Marworth had among the highest employee engagement scores throughout the organization. Led by Michelle Krutulis, director of nursing, the 26-member Marworth nursing team cares for patients throughout their stay at the treatment center, including during medically-supervised detoxification.

According to Krutulis, each member of the team is focused on patient care and is motivated to do a great job every day. “My staff has qualities you just can't teach—caring, compassion and kindness,” she said.

“Our team has continual support, respect, proper staffing communication—and a lot of laughter,” noted Julie Orloski, RN, when asked what makes the Marworth nursing team work together so well.



The nurses of first and second shift at Marworth include (front row, left to right) Mary Ellen Negri, RN; Lucy Dewey, LPN; Tina Black, ward clerk; June Godlewski, RN; and Annette West, RN; and (back row, left to right) Lori Phillips, RN; Edie Dobitsch, RN; Tony Gigliotti, ward clerk; Cindy Leoncini, LPN; Michelle Krutulis, RN, nursing director; Julie Orloski, RN; and Dave Smith, RN.



The nurses of third shift at Marworth include (front row, from left) Carole Mott, RN, and Krutulis; and (back row, from left) Jessica Saunders, RN, and Kathy Skeen, RN.

## Disease management program reaches 500 alumni

Five years ago, Marworth launched its disease management program, which allows a case worker to follow up with patients through their first year of recovery after discharge from inpatient treatment. Since that time, disease management coordinator Chris Harte has connected with more than 500 Marworth alumni.

Harte starts out by calling each person once a week for three months. The frequency decreases to every other week for another three months, and then to monthly calls during the final six months of the one-year follow-up timeframe.

The goal of the program is to help those in recovery to prevent relapses, or to intervene quickly in the case of a relapse. However, the calls should be part of a full complement of recovery tools, including continuing care, 12-step meetings and sponsor support.

“Most of the people I call are really accepting and welcome the program as an important aid to their recovery,” said Harte.

During each call, Harte asks questions to assess the person's recovery progress since they last spoke, such as:

- Have you had a drink or drug?
- Have you been experiencing cravings?
- Are you using dialectal behavioral therapy (DBT) skills?
- Are you attending 12-step meetings?
- Are you working with a sponsor?
- Are you working the steps?
- Are you attending outpatient therapy?

However, these aren't simple “yes” or “no” questions, so Harte follows up with more specific questions to get a clear picture of how the individual is handling recovery. If the person has relapsed or is struggling, Harte connects him or her with other care resources as needed, such as outpatient counseling or readmission to Marworth for further inpatient treatment.

“Of those in the program who admitted to relapsing, more than half have since reestablished their sobriety,” said Harte.

Over the years, the questions have been revised to be more relevant and to gather new data. For example, Harte recently started asking questions about the effectiveness of Vivitrol to alumni who are using the anti-craving medication. He also began parsing out data on those whose former substance of choice was an opioid. This will allow Marworth to identify trends in the recovery process of this growing population.

Additionally, if someone in the program is unreachable and doesn't return phone calls for several weeks in a row, Harte is able to call a predetermined emergency contact person. That person is asked to reach out to the alumni member and encourage him or her to call Harte. This process has helped several people get back on track to sobriety.

## Your support makes us better

At Marworth, we work tirelessly to guide those struggling with addiction toward recovery. Your philanthropic donations help us accomplish this by supporting new programming, continued education and financial aid.

Our newest campus landmark, a high-element climbing wall, allows us to reach patients in a brand-new way. It is evidence that support from our generous alumni can make a difference in how people connect to their own recovery. The Therapeutic Activities Program Fund continues to accept contributions to help bring other exciting programs and activities to the treatment center.

Earlier this year, we reached out to our alumni and friends for assistance in funding a second addiction medicine fellow. Already, more than \$100,000 has been pledged to the Andrew S. Quinn Esq. Addiction Medicine Fellowship Endowment. We look forward to building this fund further to help increase the number of physicians trained to battle the disease of addiction.

Our Gift of Hope Scholarship Endowment represents a perennial need at Marworth. Each year, we turn to you to help us provide financial support for those struggling with addiction who would otherwise not be able to afford to enter inpatient treatment.

If you are interested in giving to any of these worthwhile funds at Marworth, return the enclosed form or contact Cheryl Connolly, senior regional director of advancement at Geisinger Health System Foundation, at 570-808-7868 or [caconnolly@marworth.org](mailto:caconnolly@marworth.org). More information is also available at [geisingerfoundation.org](http://geisingerfoundation.org).

