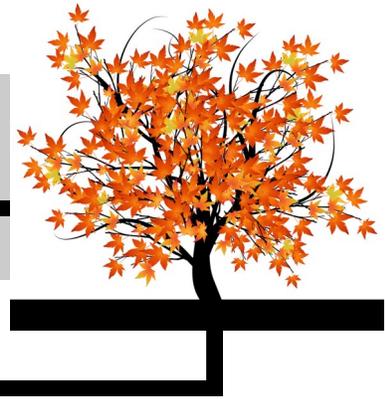


The Chronicle



Oh, Change is Hard! By Joseph P. Cowley, Ph.D., President

“Change may not always bring growth, but there is no growth without change.”
— **Roy T. Bennett, *The Light in the Heart***

When a choice plant became root bound and began to deteriorate, I decided to transplant one of our plants to a larger container. Carefully, I lifted the greenery from its small pot and put it into its larger home, trying to disturb the roots and soil as little as possible. Being the novice gardener that I am, I watched and waited in anticipation to see if I was successful in the transplanting of the plant. To my dismay, the plant still struggled. I expressed my frustration to an experienced gardener who offered his services. When the plant was placed in the gardener’s hands, he turned the pot upside down, pulled out the plant, shook the soil from the roots, and clipped and pulled all the stragglers from the root system. Replacing the plant into the pot, he vigorously pushed the soil tightly around the plant. Soon the plant took on new life and grew.

How often in life do we set our own roots into the soil of life and become root bound? We may treat ourselves too gently and defy anyone to disturb the soil or trim back our root system. Under these conditions we too must work to make progress. Oh, change is hard! Change can be rough.

We do not want our business or organization to become root bound and stagnant. Constant reevaluation and continued assessment through the continued stay review process is needed for growth, the same that we ask of the recipients of our services.

There is nothing so unchanging, so inevitable as change itself. The things we see, touch, and feel are always changing. Relationships between friends, husband and wife, father and son, brother and sister are all dynamic, changing relationships. There is a constant that allows us to use change for our own good, and that constant is the revealed truth of all our lives.

We need not feel that we must forever be what we presently are. There is a tendency to think of change as the enemy. Many of us are suspicious of change and will often fight and resist it before we have even discovered what the actual effects will be. When change is thought through carefully, it can produce the most rewarding and profound experiences in life. The changes we make must fit into logical purposes and patterns.

As opportunity for change reaches into our lives, as it always will, we must ask, “Where do I need development? What do I want out of life? Where do I want to go? How can I get there?” Weighing alternatives very carefully is a much needed prerequisite as one plans changes. In our plan we are usually free to choose the changes we make in our lives and we are always free to choose how we will respond to the changes that come. We need not surrender our freedoms. But just as a compass is valuable to guide us out of the dense forest, so the plan needs to point the way as we walk the paths of life.

Yes, there is pain in change, but there is also great satisfaction in recognizing that progress is being achieved. Life is a series of hills and valleys and often the best growth comes in the valleys. Change is a meaningful part of life. Some don’t see the meaningfulness because they are unwilling to change.

As the CENTER and RYC continue the process of changes looking at efficiencies for both organizations, I ask that you take time to reflect on our newly combined organization and forging forward in this symbiotic union which is beneficial to all of us. Please remember that our team is working to accomplish three important goals. Our first goal is the care for our clients and their families. Our second goal is sustainability of our services. Our third and possibly most important goal is tapping into our staff’s passion to help clients, as this is why we exist. Change gives us the opportunity to ignite our creativity to develop new possibilities.

Birthdays

- Stephanie McBride 10/1
- Shari Johnson 10/14
- Nancy Gibson 10/16
- Carol Gerard 10/19
- Alex Riordan 10/19
- Chrissy Dilley 10/20
- Kelli Hackler 10/23
- Brooke Sharer 10/23
- Jessica Naughtin 10/27
- Angie Ramirez 10/30

Anniversaries

- Veronica Fisher 1yr
- Jessica Naughtin 1yr
- Lori Haffarman 10yrs

New Hires

- Kimberly Cooper
Prevention Specialist



Recovery Month with Prevention by Prevention Team

As you may or may not know, September was National Recovery Month. National Recovery Month is a national observance held every September to educate individuals that substance use treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life.

The Prevention team did their due diligence by spreading the word, whether it was through prevention programs within the schools or speaking to adults throughout the community. One example of this was when the prevention team collaborated along with clinical staff and delivered a presentation on prescription drugs to team members of the Metropolitan Medical Laboratory staff, as well as informing them of the services we have available such as, gambling, detox, methadone clinic, etc. Members of the Metropolitan staff expressed their appreciation for the services CADS has to offer and our willingness and readiness to present on topics such as prescription drugs, drug trends and alcohol awareness.

TIC

TIC (Trauma Informed Care) TIP of the month

Trauma may affect a person's ability to find emotional balance. Survivors may experience a flood of feelings and worries that make it difficult to make decisions, follow plans, and tend to responsibilities. This may be especially true with survivors of domestic violence, who have felt unsafe in their relationships and may have experienced negative consequences associated with their decisions. Providing for the emotional safety of survivors is a critical component of working with them.

Based on this, what changes can you make?

Administrative Directive of the Month
5160 Family Involvement in Treatment
Please review with staff.

TIP

Training Calendar



10/13/2017	Co-Occurring Populations: Understanding and Treating Mental Health & Substance Use Disorders	UPH	830am-430pm	see flyer
10/20/2017	Daring Dialogues (Generic)	Josh Krauss	215pm-430pm	FRMT
INSERVICE OCTOBER 10/27/2017	INSERVICE: Beginning Methadone Treatment (Alcohol & Drug Specific)	Leah Morris	1pm-2pm	FRMT
10/27/2017 (tentative)	ALUMNI FALL EVENT	NOT APPLICABLE	afternoon	Alamo

The Dangers of Smokeless Tobacco

Smokeless tobacco is often thought to be safer than smoking, and can even help you quit smoking. The truth is that there is no "safe" kind of tobacco—it is all dangerous to your health, and smokeless tobacco can even get you addicted to smoking instead of helping you quit.

Smokeless Tobacco

Smokeless tobacco is commonly found in the forms of chewing tobacco and snuff. While snuff may be inhaled through your nose, smokeless tobacco is generally placed between your gums and cheek and is sucked or chewed. Your saliva is then either spit or swallowed.

Nicotine Addiction

Smokeless tobacco causes the same addiction as smoking does - complete with cravings, tolerance and withdrawal symptoms. However, smokeless tobacco contains more nicotine than cigarettes. Nicotine is absorbed from your mouth tissue directly into your bloodstream and stays in your blood longer than it does in smokers.

Other Health Effects

Smokeless tobacco can cause many different health

problems, especially in your mouth.

Cancer. Users of smokeless tobacco are at an 80 percent higher risk for cancers of the mouth, throat, cheek, gums, lips and tongue. There is also an increased risk for other cancers, particularly of the esophagus and pancreas.

Oral health. About three-quarters of smokeless tobacco users develop leukoplakia, or white patches in your mouth that can lead to cancer. Smokeless tobacco can also lead to gum disease and tooth decay, not to mention stained teeth and bad breath.

Besides putting you at risk for cancer and other oral problems, smokeless tobacco increases your heart rate and blood pressure, putting you at risk for heart disease, stroke and other cancers.

How to Quit

There are many resources

available for quitting smokeless tobacco. Start by calling the National Cancer Institute's quitline at 877-448-7848.

You can also check out the National Institutes of Health's guide for quitting at www.nidcr.nih.gov/OralHealth/Topics/SmokelessTobacco/SmokelessTobaccoAGuideforQuitting.htm.



Personnel Policy of the Month
3010 Americans with Disabilities
Compliance
Please review with staff.

Did You Know...?

Smokeless tobacco products in the United States have no uniform manufacturing code and aren't regulated. This means they contain high levels of cancer-causing substances—and these high levels just keep increasing over time.

RYC Orientation Agenda

CADS Team Orientation at RYC

Morning sessions held at RYC Moline Outpatient Center (4600 3rd St. Moline, IL 61265)

Afternoon sessions held at CSP and RYC Rock Island Facility

8:25 am	Welcome – Sign up & Introductions
8:30 – 9:30 am	Robert Young Center and UnityPoint Trinity Dennis Duke, President RYC
9:30 – 10:15 am	CADS – RYC Integration Update Mary A. Petersen, COO and Director of Behavioral Health Services
10:15 – 10:45 am	Introduction to HR System & Benefits Aaron Van Lauwe, Human Resources Business Partner
10:45 – 11:30 am	Outpatient Services of RYC and tour of Facility Joe Lilly, Director of Outpatient Services
11:40 – 12:10 pm	Customer Service and Intro to Trauma Informed Care Sally Dirks, Physician Recruiter/EAP/Customer Service
12:10 – 12:40 pm	RYC Care Coordination Jennifer Tamayo, Lead for Care Coordination & Integration

*Lunch Break and Drive to Community Support Program (2200 3rd Ave, Rock Island)
 (Staff are responsible for their own lunch)*

1:30 – 2:15 pm	CSP Services and Eligibility/Tour of Facility Paul Phares, Director of Community Support Program
2:15 – 2:30 pm	Drive to Rock Island Facility for remainder of afternoon (2701 17 th Street, Rock Island, IL 61201)
2:30 – 4:30 pm	Services of Access Center; CSU; Riverside and RYC Inpatient Units Deb Swanberg, Manager of Inpatient Units Nikki Dorr, Manager of Access Center Christine Gradert, Director of Child and Adolescent Services



ORIENTATION DATES:
Wednesday, October 4th
Tuesday, October 10th
Tuesday, October 24th
Friday, October 27th