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Paula Davies Scimeca. (2008). *Unbecoming a Nurse: Bypassing the Hidden Chemical Dependency Trap*. Staten Island, NY: Sea Meca, Inc., 213 p. \$15.95.

Paula Davies Scimeca. (2010). *From Unbecoming a Nurse to Overcoming Addiction: Candid Self-Portraits of Nurses in Recovery*. Staten Island, NY: Sea Meca, Inc. 325 p. \$19.95.

Wounded Healers in Recovery

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Concern about addicted health professionals has a long history in the U.S. (Mattison, 1883) and has increased in recent decades (Bissell & Haberman, 1984; Coombs, 1997). Particularly noteworthy are recent studies documenting the exceptional high long-term recovery rates of persons participating in professional assistance programs (DuPont, McLellan, Carr, Gendel, & Skipper, 2009; DuPont, McLellan, White, Merlo, & Gold, 2009; Gastfriend, 2005). Conspicuously missing from this growing body of literature are the personal voices of recovering health care professionals—particularly nurses—who have continued their contributions to the health care field.

A start in filling that void comes through two recent books by Paula Davies Scimeca. Scimeca's *Unbecoming a Nurse: Bypassing the Hidden Chemical Dependency Trap* provides a sweeping overview of the problem of addiction among nurses and the potential solutions to this problem. It includes a self-assessment instrument for nurses that clinicians will find a helpful therapeutic aid. Her follow-up book, *From Unbecoming a Nurse to Overcoming Addiction: Candid Self-Portraits of Nurses in Recovery*, profiles 29 recovering nurses from 20 states, spanning diverse nursing specialties and personal backgrounds. These two texts stand as

essential starting points for nursing educators and for nursing administrators and supervisors. These books will receive particularly appreciative audiences of nurses struggling with or recovering from addiction-related problems and from those who supervise or clinically treat addicted and recovering nurses.

The two books are stylistically quite different. *Unbecoming a Nurse* is a text in which Scimeca's knowledge and authoritative voice are clearly evident in her depiction of the problem and in her prescriptions for nursing policy and practice changes that would lower the risk of addiction while enhancing patient safety. In contrast, what she achieves most significantly in *From Unbecoming a Nurse to Overcoming Addiction* is quieting her own voice and letting her protagonists tell their recovery stories. The collective voices of these recovering men and women constitute a significant contribution in understanding addiction as an occupational hazard of nursing and, even more importantly, in understanding unique dimensions of the long-term recovery process for nurses. Where *Unbecoming a Nurse* is a valued addition to the literature on addiction among health care professionals, *Unbecoming a Nurse to Overcoming Addiction* breaks new ground as the first ethnography of long-term addiction recovery among nurses.

Through these recovery narratives, Scimeca offers the reader a primer on those factors that enhance addiction vulnerability: a family history of alcohol and other drug problems; early feelings of shyness and disconnection from others (self-consciousness and self-centeredness); early age of onset of alcohol/drug use; euphoric recall of first use; atypical tolerance and early trauma (e.g., death of family member, incest, molestation, rape); key personality traits (impulsiveness, risk-taking, perfectionism); and the presence of co-occurring physical, emotional, or relational problems (e.g., physical pain, sleep difficulties, anxiety, depression, compulsive gambling, eating disorders, compulsive spending, abusive intimate partners). As a group, most of the nurses profiled migrated

toward caregiving roles early in life, loved the profession of nursing, and were drawn to specialties within nursing that most involved life and death issues, such as emergency, critical care, and anesthesia.

Those profiled who were addicted to prescription drugs initially consumed these medications not for purposes of intoxication but for self-medication, e.g., for pain, sleep, weight loss, anxiety, or depression. The diverse menu of self-administered medications is in itself astounding for such a small sample, including Tylenol # 3, Percocet, Demerol, fentanyl, Lortab, Sufenta, Nubain, Versed, Propofol, Xanax, Stadol, Fiorcet, Dilaudid, Vivodin, Qualudes, Ativan, and Darvocet. What followed initial exposure to these medications was the seductive slide into tolerance, dependence, and in many cases, a secret life of medication diversion and forged prescriptions. There is also a larger work context in which these stories unfolded: compassion fatigue from excessive hours in direct patient care, desensitization to the risks inherent in psychoactive medication, and a mistaken belief that professional knowledge and strength of character imbue invulnerability to problems of addiction. Such details are but a backdrop to the central story of *Unbecoming a Nurse to Overcoming Addiction*, which is the addiction recovery journeys of the book's subjects.

So, what do these 29 stories tell us about successful long-term addiction recovery? There are striking themes shared within these stories that might be characterized as the "active ingredients" of their recovery experiences. The most commonly shared ingredients included:

- a workplace-based intervention requiring action by the nurse to prevent discipline, loss of job, loss of professional license, arrest or prosecution, or to re-acquire the right to work as a nurse;
- a rigorous, comprehensive, and independent biopsychosocial evaluation with treatment recommendations;
- referral to a specialized addiction treatment program selected for its

quality, intensity, duration, and high rate of recovery outcomes;

- assertive linkage to and monitoring or participation in Alcoholics Anonymous or Narcotics Anonymous;
- access to special recovery support groups: Caduceus meetings, nurse peer support meetings, online peer recovery support meetings, e.g., Anesthetists in Recovery;
- access to pharmacological adjuncts where indicated, e.g., naltrexone;
- a back to work contract (recovery plan) that for some, included practice restrictions (no return to high risk areas—critical care, emergency room, oncology, recovery room—no access to or handling of controlled substances and no night shifts);
- post-treatment monitoring for 3-5 years;
- random drug testing; and
- early re-intervention in response to any alcohol or drug use.

Many of those profiled had experienced past failed interventions—“Greyhound therapy” (being fired and moving from town/hospital to town/hospital) and watered down treatment (“I essentially paid them [\$3,000] to take me to AA meetings”)—but the above combination of ingredients were critical to moving these nurses from sustained or recurring addiction to sustained recovery and a return to exemplary professional performance and personal health. The dimension of prolonged support that is such a unique dimension of professional assistance programs takes on added importance as Scimeca’s protagonists describe the challenges of sustained recovery over the years in the face of stigma, discrimination, illness-induced pain, divorce, death of a loved one, break-up of intimate relationships, relocation, loss of sponsors, and seemingly inevitable but usually fleeting bouts of anger, self-pity, resentment, and fear.

The stories in *From Unbecoming a Nurse to Overcoming Addiction* vividly convey the reality and lived experience of

long-term recovery. The stories reveal how these wounded healers transformed their own lives and then amplified their lives of service in their chosen profession, in their recovery fellowships, and in their communities. These are the stories of 29 people who got well and then got better than well. In a world of ever-briefer treatment where addiction professionals are more likely to see the recycling faces of the actively addicted than the faces of long-term recovery, these are important stories for us to experience.

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