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Retiring nurse graduates

Stephanie Waller Wojczynski, recently retired from her 18-year school nursing career.

by Bobby Anderson
Staff Writer

After nearly 33 years in nursing, Stephanie Waller Wojczynski, RN, went to the Northwest Classen senior prom this spring before graduating in May.

She wasn't earning a diploma or degree, those had already come in bunches over the last few decades.

Waller Wojczynski's commencement was the beginning of her retirement after 18 years of school nursing.

"So far I'm really enjoying it," she said of her retirement. "I've had a lot of time to do things I haven't been able to. One big thing is my mom moved in with us. She needed extra care and it's given me time to take care of her so it's a win-win situation."

She became an LPN in 1984 and then transitioned to RN in 1989. She earned her BSN in 2000.

"I kind of went the long and winding road," she laughed. "From the time I was a little kid I always



wanted to be a nurse. My mom still has a picture I drew when I was five years old in kindergarten of what I wanted to be."

School nursing came into her life at the right time.

She originally entered Oklahoma City Public Schools in 2000 when her husband was ill and unable to watch the kids.

The school nursing hours allowed her to be free when her kids were out of school.

"After I had been doing it for a few years and he passed I remarried and found I really, really liked it because it's a lot more challenging than anybody would guess. It's amazingly challenging," she said. "Essentially, for a lot of these kids, we are their only health care provider. A lot are uninsured and with the Affordable Care Act the working poor can hardly

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OKLAHOMA'S NURSING TIMES

Where elders come first

DON dedicates herself to residents

by James Coburn
Staff Writer

When Karen Hoard was in nursing school she wanted to work in pediatrics, but the first job she had was with Grace Living Center.

Hoard, RN, DON, Grace Living Center Wilshire. "The elders are all my grandma and grandpa. Some of them are younger than me. We're all brothers and sisters but most of them call me mom."

She has worked for 14 years. She also worked at the Grace Living Center Brookwood in Bethany for a short time. Hoard earned a Bachelor of Science in Nursing degree at the University of Central Oklahoma and

has been a nurse for 23 years. She earned her LPN while she was in school and has served in nursing homes for most of her career.

Grace Wilshire employs a lot of long-term staff who have worked there almost as long as Hoard. Working with the same people day in and day out brings the staff together like family, Hoard said.

"You get to know them better than you do somewhere where there's a lot of turnover," she continued. "If you come in and stay for 90 days you usually stay unless there's an outside issue."

Grace adheres to an excellent philosophy of placing the needs of elders first. The staff is there to make the residents happy and to keep them safe, Hoard explained.

"We care for them with a passion. That's what we do," she said.

All of the residents are their own person and each has a special spot. The nursing staff adapts to the elders by figuring out their quirks, she said, in order to take care of them. They learn to love each individual resident in the manner they need to be loved.

One of the gentlemen is a greeter at the front door. Hoard said he comes into her office nearby 20-40 times a day.

"He does the same thing every time. I answer the same thing every time," she said. "But to him that's important. So my door is open and he comes in and asks me if daddy's coming. Daddy is dead and he knows that, but he always asks it. And he always asks if the boys and girls are coming."

"That's his thing, but he's the greeter. He does a very good job of it. His sister is here."

The Grace staff has family at the Wilshire home, including the administrator's brother and a CMA's mother. Hoard said they have had residents that the staff has worked miracles. One gentleman came to Grace with the prognosis of living three



Karen Hoard, director of nursing at Grace Living Center Wilshire says as long as the nursing staff has the philosophy of doing what's right for the elders — why would they go anywhere else?

days. Three years later, he was still living at Grace.

"And he was happy," she said. "And it's my goal to make them happy as long as I can."

When Hoard was a nursing school student, they always had a meeting at the end of the day. She recalls a bad day when she worked in pediatrics with sad cases. So she would look at her teacher and say, "How do you do it? How do you go home at the end of the day and let them stay there?" Her teacher told her, "God put you in this place to take care of them the best that you can."

That is what Hoard does. She cares for the elders the best that she can while they are at Grace. And so does her staff, she says. They go above and beyond their line of duty when there is a need.

"Fixing their hair; making sure they have their lipstick on," Hoard said. "(The elders) want to have their lipstick and their jewels. And we make sure that's done."

"They adopt them as their own. The elders belong to them as part of

their family."

Each nursing staff member will find someone who is their special person. The give of their heart and their time to all of them. Employees coming to work merely for a paycheck never last. The other workers make sure of that.

"They test you when you come in — the staff does. They make sure you're here for the right reasons."

Nursing staff must be able to work hard and perform their jobs, anything that's needed to take care of the elders. Sometimes that's hard, Hoard said, especially for the CNAs.

"They have the hardest job. They are the roots of the tree," Hoard added. "And without the roots you can't get anything. You can't grow. They provide a lot of love and compassion and time to care for the residents."



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RETIRING

Continued from Page 1

afford that. "And we have those who might not be in the country legally and that's not my job to figure out. My job is to take care of the kids."

The kids were always the reason she showed up every day.

From the funny to the tragic, school nursing ran the gamut for Waller Wojczynski.

Her first year as a school nurse brought her into the courtroom. A middle school girl came into her office one day and told her that her mother was selling her to older men for drug money.

She immediately notified the police. A few months later she was summoned to court after the biological father sued for custody.

"That was stressful," she said.

During flu seasons, she could see upwards of 40 children a day.

One fall afternoon she was called to her elementary school where the entire office staff was home sick with the flu.

"There was one clerk working the office and there was a line of kids down the hall," she said. "We

sent home more than 100 kids that day with fevers over 100."

Waller Wojczynski often split her time between several schools. She spent eight years at NW Classen.

As the health care provider for literally thousands, you can imagine the paperwork.

One spring break she worked almost an entire week entering shot records at home.

"I'm not complaining about having to do it at home because that freed me up to take care of the kids when I was at school," she said. "The most important thing was taking care of the physical needs of the kids," she said. "It was drop everything if a kid came in with a physical need but it was crunch time to try to get that paperwork done."

Prom was a chance to see many of the kids she had nursed their entire school career.

"The students treated me like I was a rock star," she laughed.

As May wound down so did her 33-year nursing career.

She broke down the NW Classen nurse office one last time and broke down herself more than a

couple times.

"That was kind of a mixture of sadness and laughter because I kept coming across things that would remind me of funny stories," she said. "The feelings are indescribable really. I was kind of overwhelmed those last few days thinking this is the last time I would be here."

Coming up, she plans on visiting her three kids. Her oldest son, 39, lives in Portland, Maine and is an IT professional with Dell Computers. He and his wife have her only two grandkids, twin boys.

One daughter, 26, and a son, 22, are also out on their own working on their careers.

Later this month she plans a trip to her hometown in Michigan. Her husband's mother also turns 96.

Friends will be met, dinners will be had.

As for the future, Waller Wojczynski sees herself giving a lot of flu shots this fall.

She's toying with the idea of a hospice role.

But school nursing will always have a special place in her heart.

Smith Named Mercy Vice President of Medical

Dr. Chad Smith has been named vice president of medical affairs for Mercy Hospital Oklahoma City. In his new role, Dr. Smith will lead communication and coordination initiatives for physicians and medical staff services. Dr. Smith previously practiced as an OB-GYN at the University of Oklahoma Health Sciences Center, where his roles included medical director of labor and delivery, medical director of perinatal patient safety and medical director of perinatal quality improvement. In addition, Dr. Smith serves as medical director of the Oklahoma Perinatal Quality Improvement Collaborative for Oklahoma Healthcare Authority.

His role with Mercy begins July 10.

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CAREERS IN NURSING

ALWAYS WITH A SMILE: LPN LOVES WORK AND FAMILY

by James Coburn - Writer/Photographer

Phoebe Carson knows where her home is as a nurse. The licensed practical nurse has worked at Golden Age Nursing Center on and off for eight years.

"I tried to leave but I keep coming back," Carson said. "I love it here. At this point now, I won't be anywhere else."

Her smile shows why she stays. Carson loves the residents she knows as part of an extended family. She loves the staff and enjoys working with her coworkers.

"They're just like my second family," she said. "And the management, our DON and our administrator, they're really good with us. They have a caring attitude toward us, and you can tell they genuinely care about their staff. And you don't see that too often in work places."

Carson graduated from Platt College in Moore and has been a nurse for nine years. She was a

CNA for 10 years before she went to nursing school and has always worked in nursing homes.

"Working as a CNA I got a chance to work with a lot of great nurses," Carson said. "And those nurses actually inspired me to want to become a nurse."

She admired their attention to patient care blended with a caring attitude, she said. The way they handled themselves professionally made Carson excited to become a nurse. One of the nurses she worked with at Baptist Village was Patricia Norton, RN. She saw in Norton many of the qualities she would adopt as a nurse.

"For one, you have to have patience," Carson said. "And you have to have that caring attitude. I know if you don't have those two things, patience and a caring attitude about people -- it's not going to work. You're not going to make it."

She said her work is more than

a paycheck because you develop a family with the residents. You develop a bond.

"It's so close, it's unbelievable to me. When you have a death I cry just like the family does. You're so close with them," she said.

Carson said the residents have a will to keep living to do what they can do to their fullest ability every day. The old stereotype is that nursing home are the last stop before death, she continued.

"That's not necessarily true," Carson added. "They have an active life here. They live their life here. And so that inspires me to make me want to do more for them to keep them active living day to day."

Carson joins everybody together for the common good as a team. She cannot do her job without the certified nurse aides, she said. Carson said they are wonderful to work with as the eyes and ears of the facility. Too often CNAs are overlooked in

the nursing industry.

"But me being a CNA at one time, I know what it feels like on that end," she said. "They go above and beyond every day."


Carson said she has seen the CNAs at Christmas going from room to room, placing outfits and making sure they match so that the women are pretty and the men are handsome.


"I've seen a couple of them. They're staying with the resident as they are taking their last breath," Carson explained.

Everyone has a place at Golden Age. Every facility becomes short of staff at times, Carson said. But nobody carries the burden at Golden Age.

"Everybody jumps in and we help each other," she said. "It amazes me how strong they are. They don't complain. They just do it. They get the job done. We all do because that's


Continued on next page


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Phoebe Carson, LPN, Golden Age Nursing Center says the environment where she works from the owners to the residents keep her happy.

what we're here for."

Carson leaves Golden Age during her time off knowing the residents are being cared for with loving hands, she said.

At home, she is also big on family time. Her son is 22 and away from home. But Carson has nieces and nephews who are younger who love their aunt.

"I spend a lot of time with them," she said. "My nieces and nephews love me and I love them. So we do a lot of family things together.

They go to the lake or to a movie. Sometimes they stay the night.

And when Carson returns to work, she is glad to see her other family.

"My vacation time was during last year. It was a week long. You know after those first couple of days I'm ready to go back to work," she said. "I'm happy to see them always. They make me smile."



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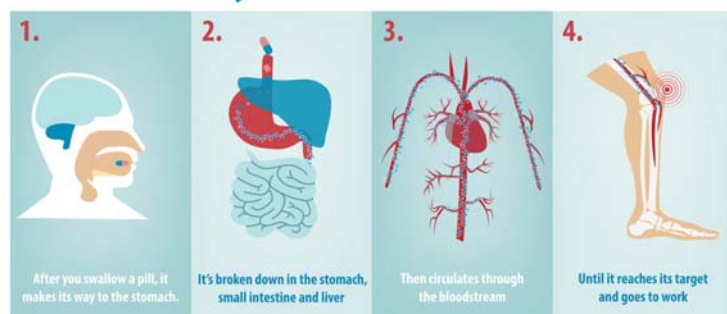
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Med-ucation: How smart are the drugs we take?

The Journey of a Pill



Americans spend an average of almost \$1,000 each year on pharmaceuticals ranging from pain medications to antibiotics. But have you ever wondered how those pills know where to go once they're in our bodies? "Actually, they don't," said Oklahoma Medical Research Foundation President Stephen Prescott, M.D. "Drugs have no idea where to go when you take them."

Luckily, your body has a system that is smart enough to get medicines exactly where they're needed.

When you swallow a pill, it travels through the stomach and small intestine into the liver, which breaks it down and releases the remnants into the blood stream. "All organs and tissues in the body will be supplied with blood, and the medication goes along for the ride," said Prescott.

Even though drugs travel in the blood throughout our body, said Prescott, each drug is designed to target certain protein molecules called receptors. In the case of a

pain medication like ibuprofen or acetaminophen, they search out specific receptors generated by pain and inflammation as they course through the blood stream.

"Think of it like a lock and key," said Prescott, a physician and medical researcher whose work focuses on blood vessels and circulation. "The medicine is like the key, and it looks throughout the body until it finds the lock where it fits."

At the target spot—say it's a sore knee in the case of ibuprofen—the drug molecules latch onto the target receptors as they flow by. "It's not until it binds to that specific target the drug does its job," said Prescott.

Once the drug gets hits the target and gets into the cell, this is when good things happen. The reactions between the drug and the target within the cell produce the desired effect—with ibuprofen and a sore knee, that would be a reduction of inflammation and pain—wherever it's needed.

Conversely, Prescott said, this also is when side effects pop up, "Drug molecules also can bind to areas other than the target, especially if the two are closely related," he said.

This is precisely what happens with chemotherapy drugs. "They search for fast-growing, rapidly dividing cells," Prescott said. "So they find cancer cells, but they also find hair cells, which is why many patients undergoing chemotherapy lose their hair."

Administering drugs locally can decrease side effects and drug toxicity while maximizing a treatment's impact. For instance, topical antibacterial cream for a skin infection or a cortisone injection of a painful joint can avoid some of the side effects these medications create when they flow throughout the bloodstream.

Still, said Prescott, many medications can only be administered in a way that results in having them circulate through the entire body.

"Plus, most of us prefer pills to shots," said Prescott. Researchers at OMRF and throughout the world are working to develop "smarter" methods such as gene therapy to deliver therapy in a more targeted fashion. "Until that happens," said Prescott, "we'll have to live with dumb drugs."



Oklahoma Medical Research Foundation President Stephen Prescott, M.D.

Senate Bill Would Give Millions to Drug Companies

A new column from the Center for American Progress estimates that under the Senate's health care repeal bill, the Better Care Reconciliation Act (BCRA), opioid producers would gain millions of dollars in tax breaks, while millions of Americans would be stripped of health coverage and those suffering from the opioid epidemic would see costs skyrocket.

This includes pharmaceutical companies that are currently being sued by attorneys general in states including Ohio, Missouri, Mississippi, and Tennessee for fraudulent behavior concealing the epidemic.

Meanwhile, the BCRA would cut more than \$700 billion from the Medicaid program and rip coverage from millions of people. For the estimated 220,000 people with opioid abuse disorder who have coverage through Medicaid expansion or the individual marketplace, the BCRA would put their coverage at serious risk, making it virtually impossible for them to receive the treatment they need. The severe federal cuts to Medicaid would also make it challenging for states to continue to address the crisis.

"Senators supporting this Senate health care repeal bill have their priorities all wrong. They want to decrease care and increase costs for those suffering from the opioid epidemic, while giving away millions of dollars to opioid producers. And efforts to bribe senators with last-minute funding miss the point: There's no way to counter the damage of ripping Medicaid away from those who need it most," said Sam Berger, senior policy adviser at CAP. Other provisions in the BCRA would allow states to repeal essential health benefits, which under current law require insurance companies to provide coverage for substance use disorder treatment. Prior to the Affordable Care Act, 45 percent of plans in the individual marketplace did not cover substance use disorder services.

According to the nonpartisan Congressional Budget Office, under the BCRA, opioid producers stand to receive a tax break through the repeal of a fee on manufacturers and importers of brand-name prescription drugs.

The size of each company's tax cut depends on their drug sales in any given year, but a look at past payments suggests the magnitude of the tax breaks opioid manufacturers could see. For example, Janssen Pharmaceuticals paid a fee of \$220 million in 2014; Allergan paid a fee of \$161 million in 2015 and \$154 million in 2016; Endo paid a fee of \$4 million in 2016, \$11 million in 2015, and \$16 million in 2014; and Cephalon paid a fee of \$40 million in 2014.



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Okc, 405-463-5695 Keith Ruminer/volunteer
coordinator/chaplain

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC
Pat McGowen, Vol. Coordinator, 405-947-7705, ext.
134; Tulsa - Samantha Estes, Vol. Coordinator,
918-425-4000

Centennial Hospice: Becky Johnson,
Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice:
405-879-3470

Comforting Hands Hospice: Bartlesville:
918-331-0003

Companion Hospice:
Steve Hickey, Vol. Coordinator, Guthrie:
405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare,
Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol.
Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol.
Coordinator, 405-632-9631

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Coordinator-Shelly Murray

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Faith Hospice of OKC: Charlene Kilgore, Vol.
Coordinator, 405-840-8915

Frontier Hospice: Amber Cerney, Vol.
Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers
Parkway Suite 400 OKC OK 73108 405-943-0903

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of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol.
Coordinator, 1009 N Meridian, Oklahoma City, OK
73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol.
Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen
Cleveland, 405-214-6442; OKC: Vol. Coord. Tricia
Woodward, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator
405-701-2536

Hope Hospice: Bartlesville: 918-333-7700,
Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt,
Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa:
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918-224-7403

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Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson,
Dir. of Marketing, 877-274-0333

Humanity Hospice: Sala Caldwell, Vol.
Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol.
Director, 918-392-0800

Indian Territory Home Health & Hospice:
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Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa,
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LifeChoice Hospice: Christy Coppenbarger,
RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry
Boston, Volunteer and Bereavement Coordinator
405-801-3768

LifeLine Hospice: April Moon, RN Clinical
Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol.
Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway,
Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659
Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa:
918-412-7200

Palliative Hospice: Janet Lowder, Seminole, &
Sabrina Johnson, Durant, 800-648-1655

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Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw:
877-418-1815; Muskogee: 866-683-9400; Poteau:
888-647-1378

PromiseCare Hospice: Angela Shelton, LPN -
Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw,
Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman,
Chickasha; April Burrows, Enid; Vol. Coordinators,
580-213-3333

Russell Murray Hospice: Tambi Urias,
Vol. Coordinator, 405-262-3088; Kingfisher
405-375-5015; Weatherford-580-774-2661

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Sequoyah Memorial Hospice:
Vernon Stone, D. Min. Chaplin, Vol. Coordinator,
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Sooner Hospice, LLC:
Matt Ottis, Vol. Coordinator, 405-608-0555

OSDH Announces Rule Changes for Hospitals and Ambulatory Surgical Centers

New design and safety standards for hospital and ambulatory surgical center construction will go into effect Oct. 1. The standards administered by the Oklahoma State Department of Health (OSDH) were adopted by the State Board of Health in February and approved by Governor Mary Fallin June 13.

The changes in OSDH standards for hospitals and surgical centers update building requirements to meet current national guidelines and Medicare and Medicaid safety codes. The revisions incorporate design, construction and safety innovations and improvements for health facilities. The changes replace OSDH design guidelines last updated in 1995 and safety codes last changed in 2000.

A new process for self-certification of plans will shorten the time required for OSDH approval of design and construction plans. Facilities and their architects and engineers will have the option to attest that their plans and specifications meet OSDH requirements. A facility meeting the criteria for self-certification may start construction as soon as 21 days after filing an application with OSDH. A self-certified facility accepts responsibility for making corrections if OSDH later finds the construction project does not meet guidelines and codes.

The amended rules establish a formal process for OSDH to grant exceptions and waivers of national guidelines. This change

allows hospitals and surgical centers additional flexibility to make improvements in design and construction not contemplated in the current national guidelines.

The rule changes are a result of a collaborative effort between OSDH, the Oklahoma Hospital Association, the Oklahoma Ambulatory Surgery Center Association and experts in architecture, engineering, law and project management to increase the speed of health care construction projects from "concept to market". Since 2015, the group has developed and tested improvements in design and construction reviews for Oklahoma health care facilities and OSDH.

The changes will be codified in Chapters 310:615 and 310:677 of the Oklahoma Administrative Code maintained by the Secretary of State. The final rules will be published in the Oklahoma Register Sept. 1, and will be effective Oct. 1. Click here to access the Register.

Copies of the rules and supporting documents adopted by the State Board of Health are available at these links:

- *Hospital rule changes
- *Ambulatory surgical center rule changes

For more information, facilities should contact Terri Cook, Administrative Programs Manager, Medical Facilities Service at (405) 271-6576. Media inquiries should contact the Office of Communications at (405) 271-5601.

Special Event: Perioperative Update

The University of Oklahoma Health Sciences Center Fran and Earl Ziegler College of Nursing

OU/Tulsa Schusterman Center, Room 1C114, 4502 East 41st Street, Tulsa, OK
74135 - Monday, July 17, 2017, 8:30 am to 5:00 pm

Keynote Speaker: Claire Everson, RN, CNOR, CCAP
Surgical Services Education Coordinator
Henry Ford Macomb Hospital

Topics: * Nurse sensitive interventions in the prevention of surgical site infections.
* Incidence of perioperative pressure injuries and how safe patient positioning can positively affect outcomes. * Malignant hyperthermia: What is new? What is the same? * Fire safety...the fire triangle hasn't changed. so why do fires still occur? * I didn't go to work today to find my name in the newspaper tomorrow.
* The year of the healthy nurse...am I?

6.5 Continuing Education hours will be awarded upon completion

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health

INTEGRIS Cancer Institute Holds 23rd Annual Art Show

It is the distinct pleasure of the Troy and Dollie Smith Wellness Center at the INTEGRIS Cancer Institute to invite you to our 23rd annual art exhibit dedicated to the curative powers of creativity and to all whose lives have been affected by cancer.

The exhibit showcases all forms of art including fiber, graphics, oil, watercolor, mixed media, photography, pottery, sculpture, writing and poetry. Register art by Monday, July 10, 2017. Deliver art by Friday, July 21. Pieces will be displayed from July 27 through Sept. 8, 2017.

Artists of all ages wishing to express how their lives have been affected by cancer will have their work on display. The pieces are individual or collaborative, done by professionals as well as first-time artists. This will be our biggest show yet, with more than 200 pieces of art.

OPENING RECEPTION:

Artists, cancer survivors, families and friends will be recognized at the 23rd annual Celebration of Life Art Show and Opening Reception on Thursday, July 27, 2017, from 5:30 to 7:30 p.m. at the INTEGRIS Cancer Institute, 5911 W. Memorial Road, Oklahoma City, OK 73142. To RSVP for the event, please call 405-951-2277.

I N T E G R I S
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**Vicki L Mayfield, M.Ed., R.N.,
LMFT Marriage and Family
Therapy Oklahoma City**

*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

When your drug of choice is: Love

First hit. Body tingles, soul shivers. Colors bleed vibrant. Time stands still. Everything suggests divine presence. Second hit. Worries fade away, replaced by euphoria. Obsession begins, craving more. Third hit. Calm, happiness, contentment. Need a bigger dose to feel. Need a bigger dose to think. Need a bigger dose to function. Fourth hit. Can't live without it. Too much time between hits. Getting fidgety. Moral compass points only to the next hit. Insanity lingers. Fifth hit. Fatal.

Is this the cycle of a drug addict? Or a human falling in love? Turns out, it doesn't matter. The brain can't distinguish the differences.

"This is the chemical formula for love:



dopamine, serotonin, oxytocin. It can be easily manufactured in a lab, but overdosing on any of them can cause schizophrenia, extreme paranoia and insanity.

Let that sink in.

Phase I: CONSUMPTION

Making contact with that special person who makes time stand still, causing huge quantities of dopamine to be released in the nucleus accumbens. The drug addicts brain, after just one hit of their favorite substance, behaves in a similar way, causing the same dopamine release.

Phase II: REINFORCEMENT LEARNING

The drug addict begins taking larger and larger amounts over a longer period to sustain the high. The love addict creates a release of endorphins, activating opioid receptors just as the drug addict experiences.

Phase III DRUG SEEKING

After several dates, the bond becomes stronger as oxytocin and vasopressin are released. The oxytocin system helps code the beloved as "an object of care." Dopamine, oxytocin, serotonin and vasopressin simultaneously engulf the brain and body in maddening waves. For some this neurobiological climax is the point of no return ---an unparalleled high.

Phase IV TOLERANCE

While the euphoric excitement that comes with a new relationship subsides, a subdued sense of contentment replaces it. Episodes of boredom could ensue. A sensation of not being able to stay away from the partner results in several failed break-up attempts.

Phase V WITHDRAWAL

As the relationship comes to an end, a withdrawal-induced anxiety with symptoms such as compulsive phone checking, sweaty palms and increased heart rate. There is depression, anhedonia and lots of junk food. Even though their behavior was unforgivable, the brain protests and remembers them positively.

Phase VI RELAPSE

If the chemical wiring is very strong, a positive motivational state will drive the subject back towards the subject of addiction. And the cycle repeats itself.

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Dana Shaw, CNA

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Anayo Chukwueke, RN

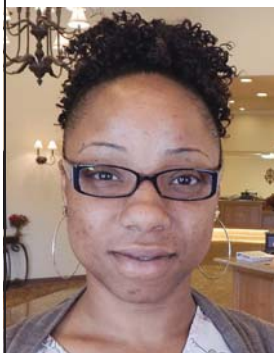
Each week we visit with health care professionals throughout the Metro



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"I've never been anywhere. I would like to go anywhere like Hawaii."



Shantice Gissandaner, CMA

"I would go to Columbia, just something fun and entertaining to go to."



Shantell Burrus, CNA

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