

Advice for Life

Blackouts

CONTINUED FROM F1

continued for three months. We talked candidly in the car about our family history with alcohol and my own situation. My dad, though proud of my decision to seek help, rarely spoke about it in depth with me. He had grown up in a stoic environment in which hardships weren't really discussed.

In the group therapy rooms, I saw for the first time how addiction could ruin your life. I was, by decades, the youngest person there, but otherwise no different; it was only a matter of how much I still had left to lose.

When I returned to school in January, months sober, I felt strong. But I hadn't prepared myself to return to loud drunken gatherings orbiting a keg. Rehab had offered no lessons on sobriety in college, where drinking sometimes seemed the only reason for existing.

I made it a month before I cracked open a Natural Light. For most of second semester I lied to my parents that I wasn't drinking — and I blacked out every night.

And then came the time when my face was stuck to the couch in that dark basement. I awoke with a bright light shining on me and a man's voice behind it.

"What's your name?" the voice asked. I didn't answer. Three cops stepped forward with flashlights; one put cuffs on me. The other two rolled me onto my back. A cop helped me up, looked at my wrecked face and muttered, "Jesus" before taking me to an ambulance.

The paramedics asked me if I had taken any drugs. I wasn't sure. I fell back asleep and woke up in a hospital bed with an IV in my arm. I mined my subconscious for clues until a doctor came and stood beside me. In his look I couldn't decipher where sympathy ended and aggravation began.

"You college kids," he said. "Do you know what you did?"

I did not.

"You really scared the hell out of that family. The father almost stabbed you." Wide-awake now, I asked what had happened. He explained that my blood had a nearly lethal alcohol content of 0.37 percent. I'd broken into a home in the middle of the night and wandered through the rooms, including the bedrooms of two young children, until their father heard me and called the cops. The police found me on the basement couch covered in blood, urine and vomit.

Faced with expulsion or voluntary withdrawal, I chose the later. But first I had to attend class looking like the Terminator after his human visage chipped away. My classmates sought the humor in it; it was all epic, legendary. But nothing like this ever happened to them. A friend explained between cackles that it had been a professor's house I had broken into. She was the head of the English Department; I was an aspiring English major.

THE CHANGE

My dad picked me up. I went back to the same outpatient rehab for another three months and briefly took Antabuse, a medication that makes you violently ill if you drink alcohol while using it. I took a two-year hiatus from school, during which I worked as a garbage collector, traveled and attended community college in Santa Barbara,

California (because it was on the opposite coast and sounded warm).

Over those two years, moving around and meeting new people, I learned to introduce myself as a nondrinker and take whatever reaction I got. I practiced on ephemeral friends, in environments that didn't matter, without attending meetings or "working on my recovery" in any organized way. But the circumstances of my last drunk left little ambiguity: I was a person who couldn't drink. I was nervous about returning to my college, but when I did, as a junior, I found that my friends, who were now seniors, respected the change I'd made.

My first week back, at a meeting led by a dean and a public safety officer, the officer warned us not to let freshmen drink in off-campus houses "because this one time ..." — and he launched into my story. A few seniors noticed me and snickered; the dean recognized me and shut the cop up. I learned to laugh at myself and to own my own stupidity.

A NEW IDENTITY

In the years since, I have drawn on the severity of that last night to fortify my identity as a nondrinker. Obviously, I had help and support in getting sober — and in getting through what could have been debilitating charges and legal entanglements — that many do not.

Historically, researchers tended not to study "social drinkers," those who manage not to get hospitalized or arrested, opting instead to focus on long-term alcoholics. As a college student, I suppose "social drinker" was the way to categorize me. I was a kid, and kids black out. Studies say that between 35 and 50 percent of undergraduates have blacked out at least once. Fifty-nine percent of those women and only 25 percent of those men said that one blackout experience scared them enough to change their drinking habits.

That means 75 percent of guys were not put off.

A HAUNTING INCIDENT

One incident from my hundreds of blackouts still haunts me: Late one night in high school, I woke up leaning out my bedroom window, firing an air rifle at passing cars. When I came to the next morning, I thought I had imagined or dreamed it, until I looked out my window and saw the air rifle embedded in a bush two stories below. Not until years into sobriety did I think: What if I had hit a driver in the head?

And what if on other nights I'd killed someone with my mother's car?

As for the English professor whom I had so thoroughly scared when I ended up on her family's couch? She eventually dropped the felony criminal trespass charges. I called the family to apologize. The father forgave me after saying that his kids still couldn't sleep.

His breaking voice made me realize what I had put them through, and how lucky I was: Some other homeowner might have had a shotgun.

I was finally scared. But I also cried because I felt stupid that it had taken me this long to understand. His family had given me a crucial opportunity: making it obvious I had to stop for good. All they asked in return for that gift was a new couch.

— *Yeager is a freelance writer based in New York. He is a 2014 graduate of the Columbia Graduate School of Journalism.*

"It addresses all parts of a person's healing process, well beyond just the physical aspects."

KIRK RANDALL, A PHYSICAL THERAPIST WHO HELPED DEVELOP THE DAY REHAB PROGRAM AT MARY FREE BED



Occupational therapist Amy Konwinski, left, works with Maria Jansons on a machine that targets specific movements and muscle groups to rebuild wrist and arm strength and dexterity after injury. (Submitted photo)

MARY FREE BED REHABILITATION HOSPITAL

Program responds to growing need in rehabilitation care

By Tricia Boot

A program launching this fall at Mary Free Bed Rehabilitation Hospital in Grand Rapids is helping bridge the gap between inpatient and outpatient levels of care.

Day Rehab is designed for patients who don't require — or don't qualify for — an acute inpatient rehabilitation stay, but need intensive therapy that can be provided in outpatient visits.

The cost-effective program efficiently provides "a more in-depth rehabilitation avenue" for outpatients than previously available, said Kirk Randall, a physical therapist in Mary Free Bed's Outpatient Therapy Center who helped to develop the Day Rehab program. "It addresses all parts of a person's healing process, well beyond just the physical aspects."

Participants attend a four-hour session each morning or afternoon.

One hour is allotted to each of the core components of rehabilitation — physical, occupational and speech-language therapy.

The fourth hour is left open for interacting with the rehabilitation nurse, rest or exploring other related resources, such as social work, recreational therapy, nutritional counseling or spiritual care.

"Day Rehab was developed in

response to the changes in healthcare, including decreasing acute care stays," Randall said. "We also are seeing more acute patients in the outpatient setting. Those patients need a comprehensive approach to their care to ensure a smooth transition to their homes and communities."



Randall

Sessions are scheduled from two to five days a week with a treatment length of four to eight weeks, depending on the patient's needs. Under the direction of a physiatrist, therapists and other team members hold weekly conferences to discuss each patient's progress and any areas of concern.

When healthcare professionals collaborate and routinely communicate, patients can expect better outcomes in less time, program leaders said.

"We can accelerate the recovery process by having a comprehensive group of professionals working together to meet all of a patient's needs as they work toward independence and transition back to their home," Randall said.

Day Rehab is open to patients with a variety of diagnoses, includ-

ing traumatic and non-traumatic brain injury or spinal cord injury, stroke, cancer and cardiac and pulmonary disease or debility.

Patients with general deconditioning, due to multiple sclerosis, Guillain-Barre syndrome or other diagnoses, also may be candidates. The program also is considered an alternative for patients who traditionally might have rehabbed during short-term stays at skilled nursing facilities.

Participants must be 16 years or older and able to tolerate three to four hours of therapy a day, in addition to meeting other program criteria.

A caregiver should be on site to perform health and personal care tasks, like dispensing medication or helping the patient to use the restroom.

Team members provide education and encourage family members to engage in the rehabilitation program.

"It's not a respite day facility or a place for patients to be away from family," said physical therapist Maggie Frantz. "We really encourage family involvement."

A physician referral and prescription are required to begin Day Rehab, whether the patient is a graduate of inpatient care or is coming to Mary Free Bed from an outside referral source.

WASHINGTON

Study finds link between soda and heart attacks

By Ariana Eunjung Cha
The Washington Post

Next time you're thirsty and pop into your local convenience store to buy a drink, choose carefully.

Yet another study has found links between soda and negative effects on your health.

This one is large — involving data from 800,000 people in Japan — and looked at cardiac risk. Researchers found that the more money people spent on carbonated beverages the more likely they were to suffer from heart attacks of cardiac origin outside of a hospital.

The study, presented at the European Society

of Cardiology Congress, found that spending on other types of beverages — including green tea, black tea, coffee, cocoa, fruit or vegetable juice, fermented milk beverage, milk and mineral water — didn't appear to lead to the same risk.

The battle over sugary drinks has come to a head in recent months with dueling studies and public health messaging campaigns about what soda does to your body.

In March, researchers quantified what diet soda does to your waistline, calculating that those who consumed daily and occasional diet soda were linked to nearly three

times as much belly fat as those who didn't consume the drinks.

In June, after a study in the journal *Circulation* by Tufts University researchers estimated that sugary beverages are responsible for 133,000 deaths from diabetes, 45,000 from cardiovascular disease and 6,450 from cancer, many doctors warned that people should cut down on those drinks.

In July, a former pharmacist's graphic representation on a blog of what happens to your body one hour after you drink a can of Coca-Cola went viral — spurring heated discussion about the accuracy of the analysis and the pos-

sible dangers of drinking too much soda.

Coca-Cola has been fighting back through a nonprofit that funds medical research with the message that it's not diet but lack of exercise that is to blame for America's obesity epidemic.

Saku emphasized that in the Japan study the researchers used expenditures on carbonated beverages as a proxy for consumption and that there was no way to determine a causal link.

However, he said in a statement, "the findings do indicate that limiting consumption of carbonated beverages could be beneficial for health."