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OTPG 9th Annual Conference

Lake Lanier Islands,
Georgia
September 23, 2016

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OTPG Conference Issue 2016



real help = real hope

An OTPG Conference Note

By Joelyn Alfred | Lakeland Centres Treatment Center



Come join the Opioid Treatment Providers of Georgia for the 9th Annual Fall Conference as we celebrate this year's theme of "Treatment Beyond the Symptoms: Medication, Counseling & Family Support." An opportunity for educational exploration awaits you! The arena of conference activities will

include numerous educational opportunities. We urge you to take advantage of the wisdom of your colleagues and peers and saturate yourself in the knowledge that the conference has to offer. We proudly welcome the well renowned Valentin Bonilla as our keynote speaker. **September 23, 2016 will be here before you know it, so share the good news. Tweet it, Facebook your friends and affiliates, or just pick up the phone. It doesn't matter how you do it, just do it. Come join OTPG and help make a difference!**

For More information: Visit www.otpgeorgia.org download the registration form.

A late fee will be applied after September 16th.



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Words of Encouragement

By Jerry Scott | Reliance Treatment Center of Statesboro

He sat across the desk from me with the same grin that he always had on his face as he came to see me for his weekly counseling sessions. Several of my patients seemed to dread the day that they were flagged to see me, but he seemed to look forward to our weekly counseling sessions. His long hair was rarely what could be regarded as clean and he had patches of wispy facial hair that he called a beard. He had experienced some traumatic events as a child that I had never heard of in my years of experience as a Child Protective Service Worker early in my Human Services career. These events left him as a genuine loner. His support network was almost non-existent. Like so many of my patients in Medication Assisted Treatment, he had exhausted his family with his drug use and they rarely spoke to him. He called himself the black sheep of the family.

This session was unlike any I had ever had with him; today I had good news. After we greeted each other I told him, "My friend I have good news for you." "What's that", he replied in a tone that suggested he thought I was being less than genuine. I handed him the sheet of paper I had in my hand and said "Here are the results of your last urine drug screen. It's your first negative screen." He broke into a broad smile and jokingly said, "Now how the hell did that happen?" We had talked about his positive drug screens for over a year and each time I encouraged him to work toward stopping his use so he could begin to enjoy some take home doses. He knew how hard he had worked to have the privilege of finally holding that piece of paper. Without thinking about what I was saying, and how moving a few words could be to him, I said, "I'm proud of you." The smile disappeared and he stared at me for a few seconds that felt like minutes. He then dropped his head and began to sniffle, then wiped his eyes with his hands. His sniffing soon tuned to weeping, but after a few minutes he was able to compose himself. As I passed him the box of tissues from my desk I said, "I'm sorry pal, I didn't mean to upset you. What just happened there?" He managed a forced smile and replied, "You didn't do anything. Do you know how long it's been since somebody told me they were proud of me?" I assured him I didn't know how long it had been and that all I knew was that I was genuinely proud of him. Something changed for him that day because in future sessions I had the privilege of handing him many of those sheets of paper that documented one negative drug screen after another.

One of my standard statements that I make to new employees is "We all need on-going training and we all need to read about current events in Medication Assisted Treatment, but if you'll just listen to the patients you'll

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Words of Encouragement continued from page 1

By Jerry Scott | Reliance Treatment Center of Statesboro

get the best substance abuse treatment education available.” The young man that I mentioned in the previous paragraph taught me a great deal that day. Patients in Medication Assisted Treatment respond better to positive feedback than when we point out their failures and shortcomings. People have pointed out their failures for years before they come to us for treatment, and look where that has taken them. Like you, I have more work to do than I can accomplish most days but one thing I take time to do is remind our patients when they have done well. I don’t wait for them to reach major milestones in treatment, because many of them may never reach those milestones. I watch for little things like first negative drug screens and the first time I sign off on a phase up. For some patients, I leave a brief handwritten note at the front desk when they have a full two weeks without an absence. We talk about looking for the positives in staff meetings and I ask the staff what they have done to point out the positives in our patient’s lives.

Recently I signed off on a patient’s first phase advancement. He had been in treatment for more than a year and had recently just started having negative drug screens. Honestly, in the previous year I don’t think I had ever seen him smile. When I signed off on his phase advancement I did what I do for most other patients, I wrote a brief note and left it at the front desk for him. Though I expected him to crumple it up and think it foolish of me to do such a thing, I still made the effort to encourage him. Soon after he received my

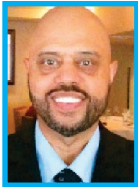
note I passed him in the hall. He stopped me to thank me for my note and told me how much it meant to him. The most important thing he shared with me that day was something I had never seen him do, smile.

I have worked in Medication Assisted Treatment for 10 years now and one thing I have found is that there is never a shortage of times when our patients fail to meet what is expected of them. They have a tremendous amount of drama in their personal lives; issues with probation, difficulty holding on to a job, and many of them struggle with authority figures at work and in most other aspects of their lives. It is often difficult to find the “wins” but they are there if we look for them. They are not always major victories, but I have found that if we take time to point out the little ones, the big ones are much more likely to happen.

Patient retention is an issue that we all face. I find that little things like notes of encouragement and recognizing what many would see as small accomplishments helps patients to see our staff as people who care. It is much easier for our patients to come to a place where they feel they are cared about. Once again, I find myself realizing that our patients aren’t so different from us. If we go to a business where we are treated with indifference, it is unlikely we will return. Can we really expect more from our patients?

An interview with our conference keynote speaker Valentin Bonilla Jr.

By Brook A. Etherington | Alliance Recovery Center | Decatur, Conyers & Decatur, GA.



Valentin Bonilla Jr. is a Physician Assistant and a veteran of the medication assisted treatment (MAT) field with over 40 years of experience. Mr. Bonilla is our keynote speaker at this year’s conference at Lake Lanier Island on September 23rd. We spoke during his drive home from work at an opioid treatment program in New York City one afternoon in August.

BE – Hello. Can you introduce yourself and give us a little background information about yourself and what you do in MAT?

VB – My name is Valentin Bonilla Jr. and I’m the chief physician assistant at the Mount Sinai Beth Israel Opioid Treatment Programs and I also cover as the chief physician assistant at what we call the Stuyvesant Square Chemical Dependency Unit where we manage inpatients and outpatients for detox and rehab.

I’ve been in the field for 40 years. I was actually the very first PA hired by the Beth Israel methadone program and I’m still there. I became the chief PA about 24 years ago and I have a number of PAs that I supervise in the OTP and the inpatient unit. I’m also the program’s opioid overdose prevention program director. I train the responders who then train the patients to become opioid overdose prevention responders.

BE – You’ve been in this field for 40 years, what drew you to medication-assisted treatment?

VB – Honestly, when I became a PA it took me about 3 months to get a job. I put my resume out there all over the place and I ended up getting called by 3 places. One was the Addiction Research Treatment Corporation (ARTC), which was a large methadone program New York. The Beth Israel program also called me, but the Beth Israel job started a week earlier. But more importantly, I was very intrigued and inspired by the person who interviewed me 40 years ago, Dr. Melissa Freeman, who by the way is still a practicing physician at Beth Israel. I really liked what I heard from her. I loved the whole idea of the care and compassion that went into taking care of our patients, who I already saw as being under served.

I did a rotation in PA school in surgery and I thought I wanted to do surgery. I was a corpsman in the military, and I was very much involved

with actual trauma care in Vietnam. But it dawned on me that surgery was something you did on people who were asleep and not necessarily on people who were noticing your efforts. Whereas when you deal with people who are fully awake, they really care about the fact that you care about them. That makes a big difference. And right from the beginning I fell in love with it (MAT). I fell in love with the patients.

BE – So the person-to-person interaction is very important to you.

VB – Absolutely, more than anything else. And the satisfaction that I got from providing care to those people was my reward.

A lot of patients would tell me no had ever treated them like this.

Although I have to say when I first started doing this, I was probably treating them based on my clinical experience with very little knowledge of addiction treatment. With the patients I learned that the most important thing to go by is the patient. My presentation in September speaks to the fact that we actually have, right in front of us, what we need to have to be able to provide the best treatment, and some how we over look that.

BA – What would you say are indicators of successful treatment? What treatment components are necessary to provide an optimal scenario for successful recovery?

VB – I think as clinicians we should provide care to our patients like we would provide care for any other condition. More important than is anything is how the patient feels. Because of the bias toward the type of conditions they have, the less likely they’re going to present themselves to treatment before they’re suffering. They tend not to want to go see anyone because they feel there’s a stigma toward them. Often they feel a stigma toward themselves.

We have had some patients come out of the closet with their sexual preferences and yet they don’t tell their family and loved ones that they’re in a methadone program.

They can have very low self-esteem because they think it’s their fault that they suffer from this illness.

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An interview with our conference keynote speaker

Valentin Bonilla Jr. Continued from page 2

By Brook A. Etherington | Alliance Recovery Center | Decatur, Conyers & Decatur, GA.

The whole idea behind treatment for me is to get them to feel and function normally. A lot of times the patients will think that it's best not to take certain medications even though they're suffering and not functioning normally. The idea is to understand that it's ok to take some thing (medications) in order to make them feel and function normally if it works. And most medications for opioid treatment are very safe when provided by individuals who know what they're doing.

BE – You have a medical background, but it sounds like you do quit a bit of counseling during the course of treatment.

VB – I'm also a CASAC, a credentialed alcoholism and substance abuse counselor. I've always been into caring for people rather than providing care to people. Providing care isn't that difficult because a lot of it is in the book. It tells you this is what you do under these circumstances. But caring for the actual person is what I'm about. I feel good when you feel good. I like to think that the patient in front of me is the most important person in my life while they're with me. When you provide treatment that way, people feel that. They feel good because you feel good about what you're doing for them, and everybody gets goose bumps.

BE – I'm sure that helps alleviate some of the stigma that they feel toward themselves.

VB – Absolutely. Because this isn't about what you do or where you come from, this is about me taking care of you. Unfortunately in treatment, many of us tend to see our patients as perpetrators of their illnesses, when in fact they are the victims. People say that they brought it upon themselves. I'm not exactly sure what that means, because if that's the case then we bring everything that happens to us on ourselves. I don't know if that's any different than getting into your car and winding up in an accident because you drove.

BE – From your experience, how has the field changed in the past 40 years?

VB – There's more of an understanding. But unfortunately there's more stigma, because even though there's more of an understanding of the disease of addiction, some how people still try to separate this particular disease from other diseases. People still don't see it as the same even though they say they recognize it as a disease. They look for differences between addiction and other diseases rather than similarities. If you understand it to be a disease, then why does it have to be different? Why can't it be like any other disease?

BE – Do you think we're doing enough to address the stigma associated with MAT? Is it still a growing problem?

VB – I think it's a growing problem because more people are seeing addiction, but that's also a good thing because more people understand it. Because of the technology we have these days, you know things get out there yesterday, but before no one knew that certain information existed unless you were right in the middle of it.

When you have people who are so out of control that they wind up doing things that they ordinarily would not do in order to feed a desire, you end up seeing criminal activity and these individuals are now seen as criminals.

BE – Where would you like to see the MAT field in the future?

VB – That's a very good question because I don't really know if I'd rather see the field anywhere different than where the field is, but I'd like to see the understanding of the need for caring for these people to increase a hell of a lot more as opposed to locking them away like criminals.

BE – What makes you hopeful?

VB – I'm always hopeful. Especially when I'm seeing patients. I spent some time working for Rikers Island and I noticed that many of the patients who come through there, come through there for minor crimes. Shoplifting, etc. Yet some how they're treated like criminals just

like the same way someone who might have killed someone might get treated.

I've had people who I treated at Rikers Island come up to me 2, 3 years later and remind me of how I treated them and how they felt about care that I provided for them.

BE – Were you providing primary care or care for addiction at Rikers Island?

VB – I would write for the medications to treat addiction but I would also speak to them about what addiction is and a few of these patients came back to me and said "listen I'm not back in jail because of you." That's unbelievable. It's unbelievable that somebody could tell me that a few years after coming out of jail, that you turned my life around, in jail!

BE – I would say experiences like that are definitely enough to keep you hopeful.

VB – Absolutely. That's all it takes for me. Every time a person looks like they feel good because of something I did, it makes me hopeful. But it's not something that I did; it's something we all did. It's something we all do. When I look around, I see these nurses; nurses are my favorite people, always smiling while they're treating the patients in the methadone program. It doesn't get better than that. And the patients, they see that. They feel that. They're happy to come in just for those few minutes to speak to that nurse behind the window who says 'hello', 'how are you?' 'Take care of yourself'. That goes a long way.

BE – Sometimes I think we loose sight of the fact that we might be the only smiling faces that person sees all day and how that can really make an impact.

VB – Absolutely.

BE – To wrap up, I'm going to veer pretty far off course. What's your favorite band or musical group?

VB – Hmm that's a very good question because I was never one who can name bands, but I love all sorts of different music. When I'm working out I love really, really fast Latin music, but when I'm sitting around I like soft classical music. But I don't know if I have a specific favorite band or music group.

BE – Favorite movie?

VB – My favorite movie was Aliens originally then it became Avatar when it came out.

BE – Last one. You're on death row, what are you having for your last meal?

VB – Seeing as how I don't eat meat, it would probably have to be a seafood dish. Something saucy.

BE – Thanks so much for speaking with me. We look forward to seeing you in September.

On SALE NOW!

The OTPG video "Exploring the World of Opioid Addiction" is for sale. \$40.00 for non-members of OTPG and \$10.00 for member clinics. Call Brook Etherington (404) 377-7669 or email betherington1@gmail.com

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By Christina Diamond | LMFT, CAADC
Alliance Recovery Center

**Mastering Diagnosis, DSM-5 & ICD-10,
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Tucker, GA – Thursday September 15th, 2016
Atlanta, GA – Friday September 16th, 2016
www.pesi.com

**09/30/2016 – Atlanta, GA - Focused Brief Group Therapy: An
Integrative Interpersonal Approach**
Oglethorpe University Library/Dolive Theater
<http://atlantagps.org/wpsite/>

**10/04/2016 – 10/06/2016 - NASW Georgia 25th ANNUAL
CONFERENCE**

Weaving Threads of Resilience and Advocacy:
The Power of Social Work
Atlanta Marriott Century Center
www.naswga.org

**10/05/2016 – 01/08/2016 – Atlanta, GA - 9th Annual Freud
Meets Buddha: Mindfulness, Trauma and Process Addictions**
[https://vendome.swoogo.com/freud-meets-buddha-atlanta/
agenda](https://vendome.swoogo.com/freud-meets-buddha-atlanta/agenda)

**10/14/2016 – Columbus, GA - Treating Trauma Patients Who
Also Abuse Substances**
Kendra Hayes, LPC, NCC, CCAADC, CCMHC
Talbot Recovery Campus, Columbus, GA
www.talbotcampus.com

**10/19/16 – Macon, GA - Substance Use Disorders & Depression
High Impact Training & Counseling, Inc.**
<http://www.angermanagementofga.com>

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and are based on the current patient census of
your facility.

- 0-149 patients: \$250
- 150-299 patients: \$500
- 300-499 patients: \$1,000
- 500+ patients: \$1,500

Please visit our web site
for more information on
membership.

OTPG 9th Annual Conference.
Lake Lanier Islands, GA
September 23, 2016
9:00A.M. – 5:00 P.M.
Conference CEC's are
approved by NAADAC, GACA
and ADACBGA



Get to know the OTPG
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The benefits available to members of OTPG:

- Four free one CEC trainings during 2016
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- Membership with the American Association for the Treatment of Opioid Dependence (AATOD)
- Discounted education opportunities
- Affiliation with community organizations
- Updated state and federal information to include statistics, changes to regulations, available funds, etc.
- Chance to network within our industry
- Ability to purchase discounted copies of "Exploring the World of Opioid Addiction"