

In this issue #37:

Message from the President

Sarge and I

Language Matters

Upcoming Trainings

Cultural Competency and Us

AATOD Update

Letters from the Editors

Come Join Us

Next OTPG Meeting

Alliance Recovery Center Decatur, GA
April 18th, 2019

Board Members:

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real help = real hope

OTPG QUARTERLY APRIL 15, 2019

Message from the President

By Brook Etherington, MA | President, OTPG



Happy Spring everyone! I hope 2019 is off to a good start for you. I believe that 2019 is going to be another transformative year for our field, for one very important reason; CARES 33. On Friday, March 29th, I attended the last day for training for the CARES academy. This cohort of peers are all in

recovery using, or having used, medication assisted treatment as part of their pathway. This CARES academy was designed specifically for people in recovery who take medication and the challenges and experiences that are unique to them. To my knowledge, Georgia is the first state in the United States to train a group of peer specialists who are in recovery using MAT, to assist other peers who are trying to achieve recovery with MAT. How spectacular and innovative is that?!

I'm also particularly excited and proud because I personally watched several the new CARES achieve recovery in my programs.

You always feel proud and fulfilled when you see someone achieve recovery in your program, that's why we do what we do. BUT, when that someone chooses to put their recovery to work for themselves, and begins to give back to their community, I'm not sure proud is even the word to describe that. Society tells us that our addictions are one of the worst parts of who we are. These people have taken what they have been told is the worst part about them, and turned it into one of the best parts about them. It's truly remarkable.

I have been working with peer specialists in my programs for a little over a year now. And I must tell you that it has changed my perspective on what we do and how we do it. I've really come to see the value that peers can bring to an opioid treatment program.

I encourage you to explore the idea of adding a CARES to your team. You now have group of peers who have lived experience with MAT who are trained and ready to work and give back to their communities.

**Go get them! Best Wishes,
Brook Etherington, MA | President, OTPG**

Sarge and I

By: Antonio

The year 2018 was about as rough a year as I can recall experiencing. That's a bold statement considering the fact that I spent 2005-2006 in Baghdad, Iraq slugging it out with Al Qaeda & the Taliban, memorializing friends and witnessing horrors that continue to traumatize me today. It was these very traumas that contributed to me falling into a deep state of depression. I managed to isolate myself for months at a time...cutting off most communication with family and friends. I got hired at 2 pretty good jobs, only to lose them shortly after I started. It was HELL and I saw no way out. I was ready to give up, give in and give out. Unbeknownst to many, I even began to consider suicide. I just couldn't bare the weight of despair anymore!

Fortunately, for me, I have a great and caring team of individuals in my corner. They include an awesome group of women. I call them my "Triple Team!" My wife Myra, my mother Momma Coley and my therapist Leslie Sitkoff-Sheridan. Each of them had a voice in and were apart of a constant echo of support but it was the decision of one of them that would lead me down a path towards happiness. A path I thought was forever out of my grasp.

In December 2018, after months of helplessly watching me suffer, my wife discovered a Veteran owned dog breeding/training company called Top Dogg. Top Dogg is a company owned and staffed by Veterans who are all bonded by military service and mental health struggles. Through them I'd be given, free of charge, a Service-Dog named Sarge. The bond between Sarge and I was instant and unmistakable! The second Sarge came around the corner and leapt into my arms...I knew that a path to happiness had finally been lit again. I had hope!

We have so many things in common that it's often hard to separate the canine from the human. We're both grumpy in the morning for example. More importantly, we both got here today

continued on page 2

continued from page 1

Sarge and I By Antonio

through second and even third chances. A rescue dog, Sarge found his way into the Gwinnett Jail dog training program before landing with Top Dogg and then myself. He was actually placed with 2 other veterans but refused to bond and submit to them as owners until we met.

My life has changed in so many ways. No longer do I spend days or even weeks at a time in bed. No way! There's no time for that when Sarge is barking at you and pulling on your arm, begging you to take him to the dog park. It's almost impossible to keep a frown on your face watching him chase his tail, 20 times in a row. It's the funniest thing you'll ever see, so funny that I'm laughing now as I write this. Things are far from perfect. No sir! I am an Addict and not even a golden brown, beautiful, playful and loving canine can change that. What he has changed is my outlook. My hope. I can see a way out and I'm taking it. My counselor, Leslie, has a saying about recovery. She says that we each have an addiction man and recovery man on either side. Each is trying to influence you to their side. I'd like to add a third...Sarge. He's not on either side, rather he's right out front, guiding me out of the darkness.



Me and Sarge! RoadDawgz!

Language Matters

By Marielle A. Stair, LCSW

"Hi, I'm an addict" is a common introduction in a Recovery support meeting or even in a counseling session. Other phrases like junkie and druggie, or ex-addict follow closely behind. Even counselors, myself included, are prone to use words and phrases like relapse, clean/dirty drug screen, battling/suffering, non-compliant. This language contributes to the societal stigma that addiction carries, promotes shame and isolation, and too closely mirrors the language of addiction. We desperately need to change the language we use in Recovery.

Why do we need change?

We are in a time of crisis in our society, a time when our families are vulnerable and devastated by loss. Shatterproof.org recently highlighted data from the Centers for Disease Control and Prevention (CDC) reporting 72,000 Americans died in 2017 from drug overdoses, the most recorded in a single year. They estimate that drug overdoses contribute to an average of a 197 deaths per day. Now more than ever, we need strength and hope! The person in recovery is trying to forge a better life, better than the one they lost in addiction. We need to see and hear hope, strength, and empathy- language is the conduit for these graces. The language of Recovery needs to become one of acceptance and inclusion, promoting healing and Restoration.

Language Matters continued

Let's start today!

Here are some examples to help you start making a positive change:

Instead of: Addict, junkie say:
Person with a substance use disorder

Instead of: Ex-addict say:
Person living in recovery

Instead of: Battling/suffering say:
Person living with an addiction

Instead of: Non-compliant say:
Chooses not to

Instead of: Relapsed say:
Had a setback

Instead of: Stayed clean say:
Maintained recovery

Instead of: Dirty drug screen say:
Positive/healthy drug screen

Source: The National Council for Behavioral Health "Language Matters" handout, provided by CARES at the Hazelden and Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) sponsored training in Atlanta titled, "Creating and Sustaining a Culture of Recovery", August 2018.

I want to leave you with a quote by Johann Hari,
"The opposite of addiction isn't sobriety.
It's connection. It's all I can offer. It's all that
will help (you) in the end. If you are alone,
you cannot escape addiction. If you are loved,
you have a chance".

Language is a powerful tool in Recovery, let's start using it to offer connection and hope.

Upcoming Trainings:

-The Anxiety and Stress Management Institute has several CEU offerings. Please visit their website to learn more: <https://www.stressmgt.net/workshops/>

-Ridgeview Institute in both Smyrna and Monroe has CEU opportunities. Visit their website for details: https://ridgeviewinstitute.com/hosp_info_calendar_prof-html/

-CEU Creations offers multiple, affordable CEU events per year: <https://www.ceuc creationsinc.com/>

-CEU Attachment Theory and Addiction – Podcast by Atlanta LCSW Alyce Wellons: <https://www.alycewellons.com/store/ceu-podcast-attachment-theory>

-TrueYou Southeast Offering CE Offerings: <https://trueyousoutheast.com/ceu-classes/>

-Emory is offering therapy group for females ages 18-25 with problematic substance use interested parties can contact Emory at 404-727-7090 or addictionservices@emory.edu

-Supervision: From Theory to Daily Practice at Crescent Pines Hospital, 05/10/2019. The program will be \$60 per registrant. Cash and checks are the acceptable forms of payment. Seating is limited. Please register via email at sandra.juric@uhsinc.com.

Cultural Competency and Us

By Carlton Knight LPC, CAADC, NCC



Recently I had the honor of sitting on a panel discussion focusing on cultural diversity within the mental health field at a college in middle Georgia. Interest in the topic drew a crowd of over 200 people ranging from high school students to local community members. The panel organizers provided me with questions and I prepared by reflecting on my personal interactions and experiences, including

those concerning LGBTQI issues, societal inequities, and the opioid epidemic. Once on stage, the other panelists and I realized that the presented questions and theorized notions only scratch the surface of the progression needed within the field.

During the audience Q&A section of the program I was asked why I chose to become a counselor. My answer was simply, "because I didn't see anyone like me". Born and raised in Dublin, Georgia, I am what some call an older millennial. I did not have a full conversation with a counselor until I reached high school, and growing up in a rural micropolis, the options for mental health services were limited, especially when looking for a counselor of color. Expressing thoughts and feelings growing up, as a Black male was not necessarily promoted. I, similarly, to others, was told that if I had a problem I was "too blessed to be stressed" or told to "just pray about it".

At the conclusion of the panel, a number of African American students approached me describing similar experiences, including how they were not encouraged to seek counseling based on cultural dynamics. They also shared the emotionally draining and exhausting experience of feeling like they must represent their entire minority group in all spaces. Often times, they feel their thoughts and feelings are dismissed, or there is no space in which they can be heard on a continual basis within a constructive forum.

Conversations with these students offered me a brief glimpse into the experiences of other groups. As mental health counselors, we strive to create a comfortable therapeutic environment for our clients, specifically those of underrepresented communities. Once in a therapeutic space, a client is more inclined to become vulnerable and participate in the cathartic process. It is one thing to have an hour counseling session in an office; it is another to create a space that provides a safe and emotionally secure environment.

There is more than one way to create an open and safe space, but one in particular is offering more community conversations on mental health, particularly in underrepresented communities. These conversations would help challenge social and cultural stigmas surrounding mental health and provide psychoeducation information and opportunities. The field would also benefit greatly from counselors exploring their worldviews and acknowledging any gaps they might have in order to improve their connection with clients from differing backgrounds. Most importantly, Counselors should act as advocates for our clients to improve resources and change policies within our field to better support various marginalized groups. For example, if there is a disproportionate amount of people of color participating in the mental health field; current therapists could help create programs which provide opportunities for clients and non-clients to learn more about the field, including becoming a mentor or speaking to diverse groups about their experience. My experience speaking on this panel fueled my desire to continue to encourage and support my community in a way that promotes self-care through mental health and dismantles stigmas. It is important to become the change that one wants to see and to encourage others to become the change they want, as well. Theorizing is not enough. Application is key.

AATOD Update what you need to know

By Stacey Pearce | OTPG AATOD Board Delegate

Happy Spring everyone! I started my Spring travels with an AATOD Board meeting in mid-March, where I also completed visits with legislators' staff on the hill. Our conversations and education efforts were all directed at the criminal justice system and its impact on MAT patients. As usual, we all had a PowerPoint that was printed and a four-page infographic that were both chock full of great facts and up-to-date information. We were able to talk about Rhode Island's success with their jail-based MAT, and provide figures on the increased risk of overdose after release from jails and prisons. Representative Kuster from New Hampshire has two bills that have not been introduced into the current Congress: the Humane Correctional Health Care Act, which would allow for individuals to maintain Medicaid while incarcerated, and therefore be able to pay for treatment; and the Medication-assisted Treatment Corrections and Community Reentry Act of 2019, which provides a total of fifty million dollars to correctional facilities that implement a MAT program. The first bill is great as is and AATOD fully supports it, but the second bill has some issues we were advocating for change on. It only requires the facility to use one antagonist and one opioid agonist or partial agonist. As most of us know, that means they'd go with Vivitrol and buprenorphine. Since we also know that people need choice and not all people respond the same to medications, the ability to have all three federally approved medications is key! Since the bills haven't been introduced, there's still plenty of time for changes and advocacy. I reached out to many Georgia legislators and was able to schedule meetings with Senators Perdue and Isakson and Representative Hank Johnson, Jr. I wish I could've visited with more, but others contacted never replied. I'll be returning in June and hope to focus on Representatives that I haven't met with before, if you'd like me to try and schedule an appointment with your representative let me know. I will begin the process in early May and make phone calls early and often, so hopefully I'll get a better response!

During the actual board meeting, we discussed the upcoming AATOD Conference at length. I think we're going to have some wonderful trainings, exciting plenaries, and it's always nice to see our colleagues from around the world. Walt Disney World isn't gonna know what hit them once 2000 medication assisted treatment providers descend! I recently checked the Coronado Springs Resort's website and there were no rooms available, so you better go ahead and book your room through the AATOD block link as soon as possible! The Coronado Springs resort is currently undergoing renovations and a new 15-story addition called the Tower is being built, so I think we're in for a treat come October. Room rates of \$219 - \$269 per night are fantastic, and that price is available a couple days before and after the conference.

There was also an update on Medicare, since MAT will be covered beginning January 2020. Some of the staff at CMS working on rate setting have visited a clinic in Washington DC and another in Baltimore Maryland. From what the providers relayed, they were asking great questions about how we do things, discussed bundled rates and what to include, and were interested in understanding our industry. At the current time, it seems that the rate will be bundled and set at either the Tricare reimbursement rate, or the state's Medicaid rate, whichever is higher. Once these rates get set, it should do well for industry in regards to private insurance as well.

I hope to see everyone at the April and July OTPG meetings, and don't forget to get your room and register for AATOD at Walt Disney World October 19-23, 2019.

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

Letters from the Editors

Hello, we wanted to take a moment to introduce ourselves and tell you about our hope for the OTPG Newsletter moving forward.

I'm Shannon Corda and I'm so excited to be working on this with Erica! I'm an LCSW and CAADC, and I am also a Certified Trauma Treatment Professional. I've been working with Alliance Recovery Center in Athens since September and am honored to be a part of the ARC family. My passions are in trauma, addiction, and women's issues specifically, but I am particularly focused on helping the silenced find their voice, whatever that means for them. I believe this newsletter can be a powerful tool for sharing experiences and ideas with one another and I cannot wait to see what lies ahead.

I'm Erica Acebo-Johnston, your second editor, and pumped to get to work on this with Shannon. I'm a LCSW, CAADC and EMDR trained trauma therapist that has been employed with Alliance Recovery Center since 2013. I'm passionate about MAT, Harm Reduction, education and advocacy and I hope to have the opportunity to share that with the OTPG Community moving forward. My hope for the newsletter is to increase engagement! I know many of you are doing some really amazing work with your clients and we want to know all about it! I want the newsletter to be a place where OTPG members can go to be inspired to try something new and to connect with each other. OTPs can often feel really separate, we tend to operate in our own little worlds, but how much more effective could we be if we came together and took the time to learn from each other? Does your OTP run groups? Tell us about them! Have a burning question? Ask us, we'll see if we can answer it. Are you or your clients artists? Share it with us! Let us know what you're up to! Shoot us an email at otpgnewsletter@gmail.com.

Come Join Us! become an OTPG member

The annual membership dues are listed below 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.

www.otpggeorgia.org



Get to know the OTPG board members visit www.otpggeorgia.org

The benefits available to members of OTPG:

- Four free one CEC trainings during 2017
- Access to free hotline maintained by Jackson-Lewis PC, labor and employment law specialists
- 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"