

Holidays at the Clinic



The holiday season is fast approaching and here at the clinic, it requires a certain level of preparedness. There are several important pieces of information to remember during this time of year, including changes in dosing hours, transportation availability, take homes, and callback exceptions. Here are some of the main points to keep in mind:

- ◆ Dosing hours on Thanksgiving (11/24), Christmas Day (12/25), and New Years Day (1/1) are 7:00-9:00am for methadone and buprenorphine.
- ◆ SSTA and GMTA will not be transporting clients on Christmas Day or New Years Day; speak with your counselor soon to come up with a plan if you will need to come to the clinic on those days
- ◆ You may be eligible for a special holiday take home that would let you not come in on these days; your counselor will be able to tell you if you can receive one. You will need an approved lockbox in order to pick up a take home, so try to bring it in as early as you can to have nursing check it and go over the take home agreement with you.



◆ Don't forget to request callback exceptions for holiday travel plans ASAP! As always, these must be in a minimum of one week ahead of time, and don't forget many counselors will be away from the office for the holidays, and may not be able to process last-minute requests!

And of course, have a healthy, safe, and happy holiday season, from all of us at the Chittenden Clinic!

Features:

- ◆ Holidays at the clinic and in the community!
- ◆ Client submissions
- ◆ An interview with our new case manager
- ◆ Information on a new jobs program
- ◆ New support group for families
- ◆ Tips on handling frustration

Inside this issue:

Client Submissions	2-3
Holiday Recovery Events	4
Group Highlights	5
Interview with Paula	6-7
Methadone– Fact or Fiction?	8-9
Tolerating Frustration	10
New Staff Highlights	11
Recovery Word Search	12

Client Submissions

The Other Side of the Desk

Have you ever thought just a wee little bit,
Of how it would seem to be a misfit,
And how you would feel if you had to sit,
On the other side of the desk?

Have you looked at the man who seemed a bum,
As he sat before you , nervous... dumb,
And thought of the courage it took to come,
To the other side of the desk?

Have you thought to yourself, "It could be I,
If the good things in life passed me by,
And maybe I'd bluster, and maybe I'd Lie,
From the other side of the desk?"

Did you make him feel he was full of greed,
Make him ashamed of his race or creed,
Or did you reach out to him in his need,
To the other side of the desk?

May we all have wisdom—and lot's of it,
And much compassion and plenty of grit,
So that we may be kinder to those who sit
On the other side of the desk.

Anonymous

Testimonial to 12 Steps

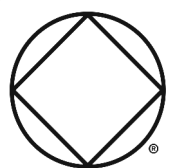
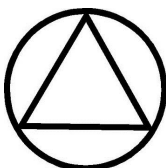
After 20 years in recovery, I can say the 12 Step program does work. If you look beyond the "Higher Power" and substance abuse references, the messages are simple. Nothing complex or hidden meanings. So what is it about? It is a good way to live life.

I deal with the public, and will often think of a step to help me get through the day. Even though I have long-term sobriety, the basic messages of Methadone Anonymous still help me 20 years on.

All of us need some guidance and beliefs of all types to get through life. And the 12 step program can help, now and later on in our recovery.

These two 12 Step sayings have helped me considerably over the years:
"Don't take other people's inventory."
"Grant me the serenity to accept the things I cannot change, courage to change the things I can,
and wisdom to know the difference."

Anonymous



Client Submissions (cont'd)

[Untitled]

You know that feeling you get sometimes... the one where you're about to fall asleep and your body does a big jolt? It feels like you're falling off a cliff. It's very uncontrollable, unexpected, and once it happens, it's hard to fall asleep. That is what I think about when I try to imagine what being addicted to drugs feels like. That jolt is that feeling of being sucked in and controlled. The jolt is powerful, wakes you up, and makes you feel alive... much like a drug will do to you. For that split second where you feel like you're falling off a cliff, being alive feels so much better than sleeping.

Sleeping... which once was normal, turned into jolt after jolt, cliff after cliff. Pretty soon the jolt takes over and peaceful sleep becomes a stranger. But over time, the jolts start to become expected. The rush from falling off a cliff was no longer making you feel alive. Instead you wake up just to realize you've already hit rock bottom.

I want to ask you this question:

Who is going to be there for you when you hit bottom?

Once you reach bottom, the only way to go is up. I extend my hand to you in hopes you take it and let the ones you love you guide you back to safety. Surround yourself in the comfort of your family, the people who stand by you through the hardships in life. I know you have it in you. You've already taken the first step; let the rest follow.

I want you to love yourself again. I want you to respect yourself enough to walk away from anything that no longer serves you, grows you, or makes you happy.

I want you to realize your worth. You have no idea how much you are loved.

I've never stopped caring about you.

“Through the pain, struggle, and heartache, we naturally bring transformation and allow ourselves to breath in the essence of life again.”

I love you.

Love,

Your Sister

Written by the sister of an anonymous client

Sober Holiday Events in the Community

The holidays mean a lot of different things for everyone. But something that's important for every person in recovery to remember during this time of year is that people often encounter additional triggers. Fortunately, there are a lot of great community events going on in our area where people can find support. Here are a few that you can check out if you're looking for some sober holiday cheer!

Early Riser's Harvest Dinner

November 10

Cathedral of the Immaculate Conception

20 Pine Street Burlington

Meet & Greet 5:00 PM, Dinner 6:00 PM, Meeting 7:00 PM

Please bring appetizer or dessert to share

Sweetwater's Thanksgiving Dinner and Coat Drive

10:00-6:00

Church & College Street Burlington

Complimentary Thanksgiving dinner, and donated winter coats

Alcoholics Anonymous Christmas Dinner

December 25

St. Anthony's Church

Pine Street & Flynn Avenue Burlington

All day

Alcoholics Anonymous New Year's

December 31-January 1

St. Anthony's Church

Pine Street & Flynn Avenue Burlington

All day/night

Meetings every other hour, food and refreshments



*By Brian Hofmann,
Case Manager, SRD*

Creative Expressions Group

Have you seen posters around the clinic advertising the Creative Expressions Group? Have you seen people working on art projects Friday mornings and wondered what that's all about? Well, look no further, your questions will be answered! Creative Expressions Group is a group held at 11:00am on Friday mornings at the San Remo Drive site, where we meet for conversation, support, and to work on fun projects. Check out some of what we've made below! If you're interested in joining us, please talk to your counselor about a referral.



Dreamcatchers



Decorative, Halloween-themed jars are shown in progress



Paper flowers in decorated "pots"

Together in Recovery Group

When someone is struggling with a substance use disorder, it can have a ripple effect on family and friends. Getting support can be a first step. Family and friends may feel guilt, fear, anger, sadness, a sense of loss. Participating in a support group can reduce the feeling that you are alone, can increase general knowledge about addiction and can stimulate work necessary to begin healing unsteady relationships. Together in Recovery group at the Chittenden Clinic offers family and community members affected by opioid use a place to come together. If you know someone who might need help sorting through feelings or gaining knowledge about opioid use and medication assisted treatment, let them know about this group.

What: Together in Recovery

When: 3rd Tuesday of the month from 5:30-6:30 p.m. Next session: Nov. 15

Where: 75 San Remo Drive

Who: Call Jenn Spagnuolo at 488-6456 with questions

Interview with Paula, New UHC Case Manager

Martha enters Paula's office without knocking and without offering a beverage or snack to the new employee, Paula.

M: Hi! It's me, Martha. I've worked here for a while, and I'd like to interview you!

P: Okay....but what about?

M: Just to get to know you a little and find out what you do here.

P: Oh, okay. I thought you wanted to borrow something...do you want to sit?

Martha remains standing awkwardly for the length of this interview

M: Nope. ...Well, You're a case manager right? Oh and how long have you worked here?

P: I'm definitely a Case Manager, and I think I started working at the Clinic on Aug. 22nd.

M: Huh. What did you do before this job?

P: Oh, I worked at Vermont Health Connect, helping people get insurance over the phone.

M: Wow. I'm guessing that was wicked stressful.

P: Not really. Oh, I also worked for a while at Burton Snowboards.

M: I don't snowboard, but I've seen their sweatshirts. (FYI: M applied for a job at Burton, and remains annoyed that she was rejected).

P: I don't snowboard either, but I do run, and dance, and do Bikram yoga, which is a type of yoga done in a swelteringly hot room where you sweat like crazy. I love it.

M: I'd never do that. I like a nice walk, though. So...back to you...What made you want to work at the Chittenden Clinic?

P: Well, I went to school a while ago and studied Mental Health Counseling and also learned about addiction studies in school. I decided it was time to use what I'd learned. And I'd heard good things about the Chittenden Clinic.

M: Cool. Thanks for working here!

P: You're welcome. Maybe I should tell you more about what I do here?

M: Right. Right. Back to you...

P: Mainly, I help people access different community resources. Like housing, employment, getting their driver's license reinstatement, signing up for Medicaid...I walk people through programs that will help them. Sometimes it's hard to tackle all the steps without someone helping.

M: I hear you. Can you help people who've been in jail and don't know where to begin? With getting employed?

P: I can. There's a cool program called Offenders Workforce Development – which is specifically for people who have been incarcerated and are looking to get back into work. A lot of people think that if they have felonies they'll never get a job, but that's just not true.

M: Sometimes it just takes longer, or knowing how to go about it, right?

P: Absolutely.

Interview with Paula, New UHC Case Manager (cont'd)

M: Where is Offenders ---?

P: It's at 200 Church Street, and they have meetings every week.

M: When?

P: On Tuesdays, they meet from 10 to 11am, and then there is another group (that's just for women that meets after that one from 11:30-12:30pm.)

M: Can you just drop in?

P: Sure, of if you like, contact **Christine Longmore** (see info. below).

M: It's been nice chatting with you Paula. Anything else you want to share with the Chittenden Clinic Community?

P: Ummm. I love Thai food, and I plan to re-organize the bulletin boards, so that they'll be easier to read and get information. So...Look for that!!!

M: One more thing --- how do people get in touch with you? Do they have to be referred by their own Counselor?

P: No! Just stop in my office --- I'm just past the group room, or call me at 488-6457.

M: Cool. Thanks for your time. Also, if you ever need a pencil, I've got lots back in my office.

P: Thanks! (*Whispers to herself, "Who uses a pencil anymore???"*)

Offender Workforce Development (Employment Program)

Through collaboration with VABIR, a CJC-based employment specialist helps job seekers with criminal records develop the skills and resources they need to gain employment. This program helps people who are currently under supervision and have been released from prison in the last 1 to 2 years, and it facilitates placement by working closely with local businesses and employers.

Offender Workforce Development (OWD) meetings are held every Tuesday from 10:00am to 11:00am and are open to both men and women. There is also a women's only meeting every Tuesday from 11:30am to 12:30pm. These meeting are held at the Burlington CJC located at 200 Church Street in Burlington. At these meetings individuals will receive weekly job listings/job leads, general job search support, help with interviewing, resumes, cover letters and much more. After the meeting there is opportunity to schedule a one on one meeting to get more individualized assistance.

For more information, contact;

Christine Longmore, VABIR Offender Workforce Development Specialist at (802) 865-7574 • clongmore@burlingtonvt.gov or

Maghon Luman, Offender Reentry Resource & Employment Assistant at (802) 865-7155 • mluman@burlingtonvt.gov.

Methadone– Fact or Fiction?

Methadone maintenance has been used in the United States for approximately 50 years as an effective treatment for opioid addiction. However, because methadone clinics serve people with addictions, they are widely stigmatized and rarely talked about openly. Because of this stigma, methadone and methadone clinics are shrouded in rumor, myth and misconception. It's important to dispel these myths so that people looking to get help are not discouraged from seeking treatment, and people already in treatment don't doubt their decisions. So, let's clear up a few of the more common myths about methadone clinics.

Myth: Methadone will get you high.

Reality: If you're looking for a high, you'll be disappointed with methadone. When you first start treatment, you may feel lightheaded or sleepy for a few days, but you will quickly develop a tolerance to these effects. Expect to feel "normal" when you're on methadone.

Myth: Methadone will make you sick.

Reality: The only time you might feel sick from methadone is at the beginning of your treatment, when your dose might not be enough to keep you free of withdrawal symptoms. In most cases, if you do feel sick, it's mild. Your dose will be adjusted and you should feel better within a few days. When you're on methadone you can catch a cold or any other illness just like anyone else, but you're much less prone to illness than illicit drug users. People on methadone are less likely to use needles, and more likely to eat well and take good care of themselves. When you're on methadone you won't wake up sick every morning. If anything, methadone will help you to get well.

Myth: Patients who are on a stable dose of methadone, who are not using any other non-prescribed or illicit medications, are addicted to the methadone.

Reality: Patients taking methadone are physically dependent on it, but not addicted to it. Methadone does not cause harm, and provides benefits. People with many common chronic illnesses are physically dependent on their medication to keep them well, such as insulin for diabetes, inhalers for asthma and blood pressure pills for hypertension.

Myth: Long-term use of methadone damages the liver, the thyroid gland and the memory.

Reality: Long-term use of methadone is safe. It will not damage your internal organs, and when you are on the correct dose, it will not interfere with your thinking. If you have a medical condition such as hepatitis or cirrhosis of the liver, methadone maintenance treatment can improve your access to medical treatment, and help you to manage the illness.

Myth: Methadone rots your teeth and bones.

Reality: This is a common myth, and although it's not true, the reasons behind the myth deserve some consideration. One of the side-effects of methadone, like many medications, is that it gives you a dry mouth. This can make your teeth more prone to the production of plaque, which is a major cause of gum disease and tooth decay. To protect your teeth, follow the dental routine recommended for everyone: brush and floss every day, rinse your mouth with mouthwash, go to the dentist at least twice a year, and cut sugar from your diet. Drinking plenty of water can also help to relieve dry mouth. If you're on methadone, and you feel like your bones are rotting, it's probably because you're on too low a dose. Bone ache, which may feel like bone "rot," is a symptom of methadone withdrawal. When your dose is adjusted correctly you should not experience any aching or other symptoms of withdrawal.

Myth: Methadone makes you gain weight.

Reality: Not everyone gains weight when they go on methadone, but some do. This is usually because methadone improves your health and appetite, and so you eat more. If you've been using drugs for a long time, you

Methadone– Fact or Fiction? (cont'd)

may be underweight and need to gain a few pounds. Even though the methadone drink is not “fattening” like sweets and fatty foods, methadone can slow your metabolism and cause water retention, which can lead to weight gain. You can control weight gain by choosing healthy foods that are high in fiber such as whole grains and fruits and vegetables, and by exercising regularly. If you nourish your body, you’ll keep the pounds off, and more important, you’ll feel good.

Myth: It’s easy to get off methadone / It’s hard to get off methadone.

Reality: How could these both be myths? Well it isn’t easy to get off methadone, but it doesn’t have to be hard either. The symptoms of methadone withdrawal come on more slowly than those of heroin withdrawal, but with methadone, the withdrawal process takes longer. When you are ready to go off methadone, your dose will be “tapered,” or gradually reduced, usually at a rate that you determine.

Myth: People on methadone are still addicts, even if they don’t use any other drugs.

Reality: People who take methadone as a treatment for opioid dependence are no more addicts than are people who take insulin as a treatment for diabetes. Methadone is a medication. Methadone treatment allows you to live a normal life, work, go to school, or care for your children.

Myth: Methadone is a cure for opioid addiction.

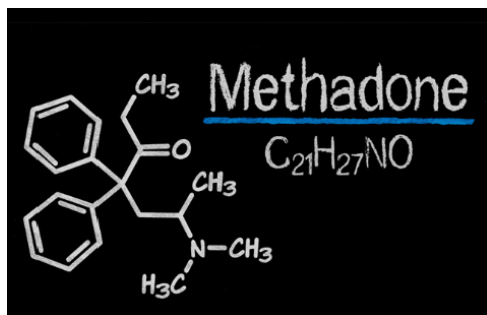
Reality: Methadone is not a cure; it is a tool that helps you to repair the damage caused by dependence, and to build a new life. Like any tool, you have to use it. Just as a builder uses a hammer to frame a house, or an artist uses a brush to paint a picture, you can use methadone to help you steer clear of drugs. Methadone will make the job easier, but it won’t make it easy.

Myth: Methadone is not advisable in pregnant women.

Reality: The evidence over the years has shown that a pregnant woman addicted to opioids has the best possible outcome for herself and her fetus if she takes either methadone or buprenorphine. A pregnancy’s outcomes are better for mother and newborn if the mother remains on methadone than if she tapers off and attempts to be abstinent during pregnancy. Methadone does not cause any abnormalities in the fetus and does not appear to cause cognitive or any other abnormalities in these children as they grow up. Babies born to mothers on methadone will experience neonatal abstinence syndrome, which occurs in most newborns whose mothers were taking opioids during pregnancy. This syndrome is treated and managed somewhat easily and outcomes for the newborn are good—it is not a reason for a pregnant woman to avoid methadone treatment. Mothers on methadone should breastfeed unless there is some other contraindication, such as being HIV-positive.

Myth: Methadone makes you sterile.

Reality: This is untrue. Methadone may lower serum testosterone in men, but this problem is easily diagnosed and treated.



Excerpted from www.crchealth.com,
www.drugfree.org, and www.camh.ca.
Shared by Bruce Lancer,
Senior Clinician, SRD

Tolerating Frustration

One of the fastest ways to make yourself miserable about an event in your life is to tell yourself, "I can't stand it." When you feel especially anxious about an event in your life, or are especially angry at someone else, or even when you just feel bored out of your skull, take a minute and search your thoughts: is there an "I can't stand it" floating around in there? Frustration is the experience of having the fulfillment of a particular goal or desire blocked. "I can't stand it" is an expression of frustration intolerance-that is, we recognize that an obstacle has been placed in the way of achieving what we want, and we consider this to be unbearable. Frustration intolerance causes us to either give up on our goals, or make ourselves unnecessarily miserable in the event that our desires become temporarily or permanently unachievable.

Frustration intolerance is especially problematic for individuals struggling with substance abuse, because using is often a fast and easy temporary fix to dealing with life's discomforts. Example: One evening, a client gets nagged over and over by her boyfriend. She tells herself, "What a pain! I can't stand it when he acts that way." As a result, she experiences resentful anger, and has the urge to engage in a self-defeating behavior (using) to relieve her discomfort. What if she had decided to instead tell herself, "I really hate it when he acts so obnoxiously, but I can definitely stand it without using, and it is worth it to do so"?

Frustration intolerance is a problem for clinicians, too. When I don't see my therapy produce the results I would like for clients, I sometimes find myself thinking, "I can't stand that my therapy isn't always effective enough to produce the results I want!" If I give in to that frustration intolerance, the odds are good that I will give up on some part of my clinical work when it simply needs some more patience and practice. Better, then, to tell myself, "It's highly undesirable that this intervention hasn't paid off yet, but it's only very unfortunate-not unbearable-and it's worth it to stick with it."

The reality is this: unless "it" literally kills you, there's nothing you "can't stand"-just things you totally dislike or find incredibly bothersome. And if "it" did kill you, then you wouldn't need to "stand it" anymore. Whenever you think "I can't stand it" about something in your life, the odds are great that you're screwing yourself, since it has a real tendency to become a self-fulfilling prophecy. To put it another way, if you let yourself believe you absolutely can't stand something, then you will likely give up at trying to tolerate it-even if bearing it would be to your advantage.



How do you raise your frustration tolerance? One important way is by not letting yourself off the hook when you find you're engaging in this sort of crooked thinking. Seriously ask yourself, "What's the evidence that I can't stand this?" (Hint: there is absolutely none. There's only evidence you don't like it. Don't confuse the two!) Challenge your thinking and come up with a saner thing to tell yourself: "Yes, getting up at 5:30 in the morning to take the bus to the clinic every day is a royal pain, but nobody ever said life was easy. I don't have to like it, but I can sure as hell stand it, and it's worth it to do so because I can lead a more stable life."

*By Daniel M. Peyser
Clinician, UHC*

New Staff Highlights

Over the past few months, the Chittenden Clinic has been pleased to add several new staff members to our team, please help us welcome them when you see them around the clinic!

- Kelsey Vivian has joined us as a new Admin staff person, and will be working primarily at UHC.
- Paula Chetti (see interview) is UHC’s new Case Manager.
- Jeremy Kasparian, already a Howard employee, has joined us as a Case Manager at SRD.
- We are happy to announce that we have 4 new Clinicians joining the SRD team! They are (in no special order) Emily Farmer, Jacqueline Esancy, Elizabeth Ballou, and Samantha Rhoads.
- In addition, we have several new nurses, who will be working at both clinics. Our fulltime nurses are: Aliah Fisher, and Lindsey Parah. Working part-time are: Harold Diaz, Kelly Freebern, and Lauren Heath.
- And finally, but surely not last, we welcome our newest security staff person, Shaun Benoit!

Recovery Word Search

E U E T S A U A A L W U G H Y G Y U P M
 K D C Q U Z A T S G N I V A R C T P K Y
 Y V N T R O P P U S E C W O W H F V J G
 V H E P H T Y S C V N N F B O U E N G O
 W Y W M E L N H J L Q F O U X N R N Z F
 N E F L J O R E O K K V G X O T Z M S K
 G M R T S Q P W M S D H D D O N R R H A
 N S I F J U M L R E T K A X J B E U B O
 I P E A W Y T O E S G H C K S B U S Y N
 L E N W Q L S G T W T A B G G C T S H Y
 E T D N P N L O G E I F N C K I X V I R
 S S S N O T P J M W I I T A N D H U E J
 N E X P E P I S U N H T B E M Q R C F Q
 U V S W I W P E S T N A N M K E O U O S
 O L F N K N L E E A A C G C O V S B Y G
 C E G Z E T C I T N E M T A E R T A W L
 O W I X E A I Q F J R M R R G D W T C S
 P T A M L M N Y X E P S Y M O D E E R F
 Y G J P Q T W B Z D M O T I V A T I O N
 Y E M T G R O U P S L G S V U P P H S J

RECOVERY
 MOTIVATION
 NEWFRIENDS
 SUPPORT
 TWELVESTEPS
 CRAVINGS
 THOUGHTSTOPPING
 ABSTINENCE
 METHADONE
 SUBOXONE
 PEOPLE
 PLACES
 THINGS
 SPONSORS
 TREATMENT
 GROUPS
 COUNSELING
 CASEMANAGEMENT
 FREEDOM
 NEWLIFE



HOWARD CENTER

Help is here.

UHC Location:

1 South Prospect St.
Burlington, VT
Phone: 802-488-6464

Dosing Hours:

Mon - Fri: 6:00-10:00am (methadone)
6:00-8:45am (buprenorphine)
Sat - Sun: 7:15-10:00am (methadone)
7:15-8:45am (buprenorphine)

SRD Location:

75 San Remo Dr.
South Burlington, 05401
Phone: 802-488-7380

Dosing Hours:

Mon - Fri: 6:00-11:00am (methadone)
6:00-10:00am (buprenorphine)
Sat - Sun: 7:15-10:00am (everyone)

Meet the Newsletter Staff:

Brian Hofmann, Editor in Chief
Bruce Lancer, Columnist
April Mentzer, Columnist
Tess Mulder, Layout Editor
Abby Parker, Copy Editor
Marne Stothart, Columnist
Jessica Wilder, Columnist

Have Ideas? Submissions? Questions? Great!

- All submissions will be published anonymously.
- At SRD, please talk with Brian H. about the submission process.
- At UHC, please talk to Abby P.
- We look forward to hearing from you!

“Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending”
- Carl Bard