Are You Teachable?
By Brett Nelson LPCC

I remember someone, with about 15 years of sobriety, once saying that when he first came to AA, his sponsor told him no one could teach him anything because he already knew everything. He said he couldn’t stay sober until he “became teachable”. When I first went to AA meetings, I couldn’t see how the people in those meetings had anything to offer that would help an intellectually sophisticated person like me. I couldn’t understand how THEY, many of whom had been sober for years, could have anything to teach ME, who couldn’t stay sober for a few days. I wasn’t teachable.

We enter recovery with a mind clouded by years of minimization, rationalization and denial built up in the course of our addictions. As an old Chinese saying puts it, “If you work on your mind with your mind, how can you avoid an immense confusion?” I can’t fix me with what’s already broken. So to even make a start on sobriety, we have to become willing to allow others with successful experience to guide us. In the beginning an alcoholic’s or addict’s thinking is usually riddled with delusion, distortion, misunderstanding, resentment, negativity, shame and guilt. That’s why people say “The inside of my own head is no place to go alone”. It’s pretty dark inside, and we need help to avoid getting lost in there.

So our best thinking brought us to our knees. Alcohol has a way of eventually making us teachable if we have the capacity to become honest. But we can go through a lot of misery, and spread a lot of misery around, before we get to that place – 5 years in my case. By the time the Twelve Steps and Twelve Traditions was published, thirteen years after the Big Book, AA members had learned that alcoholics didn’t have to hit such low bottoms to recover. Bill Wilson was always searching for ways to succeed with more alcoholics. He wrote that they had learned that sometimes the bottom could be raised “to the point where it would hit them”.

One of the ways that happens is with substance abuse treatment. It doesn’t cure anyone – lots of people relapse after treatment and some never do sustain a recovery. But treatment can give people a big running start on recovery, with good medical care and a load of good information on the disease of addiction and the process of recovery. It helps people get over that difficult threshold of honestly facing the drinking and drugging, and the behavior that went with it. Because of that, it increases your odds of staying sober considerably. I’m convinced that good treatment usually saves someone 6 months to a year’s worth of hard work in recovery (if they’re ready, and sometimes even if
they’re not) – 6 month’s to a year of more fragile and tenuous sobriety with a higher risk of relapse. I’m often amazed at the change in people when they return from a good treatment program – at how clear a grasp of the disease and what is required for recovery they have, and how ready they are to follow through with the necessary action. And even then, it’s just a start, like first grade. We have to continue to be teachable to continue treating the disease.

So let a little light into the darkness and allow yourself to consider the guidance being offered by people who have some success doing what you’re trying to do. We may be very intelligent, but that doesn’t mean we’re wise. Only those who are teachable can learn. The eventual result is a “return to sanity” in the sense of being able to think for ourselves with some degree of clarity. Being teachable doesn’t mean letting other people tell you what to think for the rest of your life. By the time we reach the 11th step, the Big Book says that when we are spiritually fit, “...we can employ our mental faculties with assurance, for after all God gave us brains to use”, and “What used to be the occasional inspiration gradually becomes a working part of the mind”.

Brett Nelson is a Licensed Therapist contracted to MTP. His experiences and expertise in the field of substance abuse and recovery are a great asset to the participants in MTP. Mr. Nelson is a frequent contributor to this newsletter.

MTP WEBSITE

http://www.monitoredtreatment.com

The MTP Website, monitoredtreatment dot com provides information about MTP, and other information of interest. Each day that a random drug screen is called it is placed on the website. This information is kept on the website, so it is a good way to know when your color was called to test. Make it a habit to check the site regularly.

SED RAISES FEES

In August 2002, SED raised the fees MTP pays for urine drug screen testing by 3%. The Executive Committee, of the MTP Board of Directors, decided not to pass on that increase to participants. However, the Executive Committee will watch the bottom line, to make sure that this doesn’t put MTP in the red. If that were to happen, the percentage could be passed on to participants.

BILLING

If a payment is not received by the end of the billing period (last day of the month) you will be sent a yellow “past due” notice and a $10.00 late fee. The second month you will receive a blue “2nd notice” a “warning” asking you to bring your balance up to date, with another $10.00 late fee, by the due date of the 15th, or services will be suspended. The third month is a pink notice of Suspension and you will need to pay off your balance due and pay in advance for all future services. If future payments are not made, you will be discharged and not be eligible to re-enter MTP until the over due amount is paid.
FROM THE MTP BOARD OF DIRECTORS

Ernest Dole, Pharm D. was elected President Elect at the August 2002 Board meeting. Dr. Dole is Chief of Pharmacy at Lovelace Medical Center. Prior to this position at Lovelace, Dr. Dole was with the College of Pharmacy at the University of New Mexico. Dr. Dole has been a long time advocate for MTP, and had brought MTP to UNM to speak to students at the college of pharmacy.

The MTP Board of Directors is made up of volunteer professionals who have an interest in supporting the belief that health professionals benefit from having an opportunity to work on their recovery with other health professionals. The board provides the MTP Program with oversight, steering and feedback. A major focus of the Board is to monitor the financial status of the program, and making periodic changes in fees or expenses as deemed necessary for the success of the program. The Board meets quarterly.

The goal of the Board for this year is to increase the visibility of MTP with more outreach, training and introductions to professional associations.

Board Members are: Cynthia McConnell RN, MBA, President; Ernest Dole, Pharm D., President Elect; Randy Marhsall, Secretary-Treasurer; Patsy Duphorne PhD, RN, Immediate Past President; William Boehm MD; Larry O’Brien DVM; James Pollock MD; Robert Lucero DDS; Chris Gallagher MD; Willie Grace RN; Ernie Dole RRh, PhD; Stuart Willis MD; Timothy Grenemeyer D.O.

The newsletter is now available on the MTP Webpage in .pdf format. If you don’t have .pdf format you can download it from the website.

JCAHO PHYSICIAN HEALTH STANDARD

The Joint Commission has developed a standard, for hospital medical staff affairs, to implement a policy to identify and manage matters of individual physician health that is separate from the medical staff disciplinary function. MTP can assist hospitals in drafting policy, choosing a committee, training or assisting the committee, as well as providing monitoring for physicians who are being followed by the committee. For more information contact MTP at 505-271-0800 or email at mtp@swcp.com.

FAMILY PROGRAM?

MTP over the years has tried to have a family program for the family members of participants involved in MTP. Once again the MTP Staff is looking into this issue. We would like your feedback on whether you would be interested in a family program and at what price? Please let the MTP Staff know if this service would be a benefit to you or your family. Respond by email at mtp@swcp.com or by mail to the MTP office.

RANDOM DRUG SCREEN MESSAGE IS RECORDED BY 6 A.M.

MTP Staff
Jaye Swoboda, M.D., Medical Director
Mary Miesem, LADAC, LPCC Program Therapist
Jon Thayer, MA, RN, CARN Administrator
Nancy Lewis Program/Outreach Assistant
Brett Nelson, LPCC, Therapist
Lane Leckman, M.D. Consulting/Supervising Psychiatrist
David Rasmussen, CPA, P.C. Accountant
FROM THE MEDICAL DIRECTOR

URINOLOGY 101-“Or is it really the water”
The problem of dilute urine specimens in a monitored treatment program

I realize that we live in a desert, and we are all constantly being advised by health experts to drink a lot of fluids. When treating people with diarrhea to URI’s, I frequently recommend drinking “more non-alcoholic and non-caffienated beverages than your bladder can handle”. However, in treating an addiction population, “pushing fluids” can result in a dilute urine specimen.

Just participating in urine drug screen testing can be a simultaneous blessing and hassle. You get up early, call the random line, and then try to arrange a urine donation within a busy day; not to mention shy bladders, traffic problems, prostate quiver, and worries about whether that poppy seed bagel will show up, or that your relapse will be detected. Therefore, you end up with that habitual over hydration pattern, of three “big gulp’s” every afternoon (us addicts rarely do things in moderation).

MTP has seen an increase in the number of dilute urine’s (usually two or three a week). Sometimes these reflect a pattern, warning of relapse. Sometimes there is a benign explanation. But, there is an increasing need to research dilute results and why.

As we look at our urine monitoring process, from a CQI perspective, and even entertain the idea of using different methodologies, it is important to develop or revise some standards. Dilute is defined as a urine creatinine of less than 20 mg/dl and a specific gravity of less than 1.003. Specific gravities are run only if the creatinine is low. If the creatinine is less than 5 mg/dl and the specific gravity is less than 1.001 or more than 1.020, clearly the urine is substituted. Some states interpret dilute urine as positive with no questions asked, some states will repeat the screening on that specimen with no or lower cutoffs, and still other states will do DNA testing to verify that it is human urine from the presumed patient!!!! However, this is expensive, and creates the aura of a detective agency rather than a treatment program.

We recommend the following to reduce the possibility that you will be caught in the dilute urine quandary. If we spent less time engaging in dialogue about why your urine is dilute, we’ll have more time to do meaningful treatment.
1. Call the random line early in the day, the message is online by 6 a.m.
2. Drink only enough on collection days to satisfy thirst.
3. If you have a medical condition (diabetes insipidus, prostate disease, shy personality, and psychogenic polydypsia), provide documentation to us that you are getting treatment for it.
4. Be aware that a dilute specimen in context with other things, like missed groups or urines, or back to back dilutes, or a dilute specimen that suggests a pattern of “non-diligence”, will definitely be major cause for concern. If not coupled with some honesty, for MTP treatment clients this could result in an increase in testing, return to weekly group, a “four day assessment,” or even referral to inpatient treatment. For clients involved in the Diversion Program, the information is passed onto the Diversion Program.

If you have questions about this, feel free to contact MTP either by phone or email.

Jaye Swoboda, M.D.
EDUCATIONAL INTERESTS

CME COURSE AVAILABLE ON THE INTERNET. “Physician Stress/Burnout”
www.texmed.org followed by clicking on Education/CME.
The course developed by the PHR committee, is the first AMA-PRA category 1 course offered on the Internet by TMA(Texas Medical Association). The goal of the course is to educate participants about stress and burnout in the physician population.

Care for Caregiver: Behavioral and Emotional Problems. Homestudy or Internet Study.
Participants will learn about non-substance abuse-related disorders, including symptoms of emotional stress. For presentation or home study packet, contact Linda Kuhn, Texas Medical Association 800-880-1300. To access the course on the Internet go to the TMA Web site at www.texmed.org; click on Education/CME; then click Continuing Medical education.

Health for the healer A physician’s enrichment workshop. Univeristy of Alabama, Birmingham, School of Medicine.
Any physician seeking self-improvement and insight into problematic behaviors should attend this informative workshop. Up to 32 hours of Category 1 CME credit. For more information contact Frank Barker at 205-975-3101 or email fbarker@uabmc.edu

Please submit conference, workshop or CEU information to MTP by calling 271-0800 or email to mtp@swcp.com

NETWATCH

There are many places on the internet and world wide web where information about chemical dependency, recovery, mental health, health and medicine can be found. Some may be of interest while some others may not. Information will be updated as it is made available to us. If you have any website information, please pass it on to us.

- MTP: http://www.monitoredtreatment.com
- NM Medical Society: www.nmms.org/nmms
- State physician health programs: www-psybsd.uchicago.edu/~Larry/statprog.htm
- Web of addictions: www.wel.com/user/woal
- Gamblers anonymous: e-mail isoain@gamblersanonymous.org
- NIDA-What’s new: www.nida.nih.gov/whatsnew.html
- Mayo Health Info: www.mayohealth.org
- Continuing Education by HomeStudy; Institute of Addiction Awareness www.FORCEUS.com
- Books That Change Lives; from the Life Issues Publisher www.hci-online.com
- International Nurses Society on Addictions information about the organization, addictions, current events involving treatment etc, as well as many links to other sites of interest. http://www.intnsa.org
- Continuing Education for Nurses on line. www.nursingceu.com
- Recovery Works Resource Center www.addicts.org/recoveryworks
- Recovery & Sobriety Resources www.medicaledge.com
- Continuing Education www.addiction-ed.com/cont_ed.htm

MTP GROUP SCHEDULE

MTP provides facilitated support groups, random urine drug screen testing, advocacy and education.

Groups: MTP groups are 90 minutes and facilitated by licensed staff members, either one or two therapists or a therapist and the Medical Director.

Weekly group times are:
Tuesday: 11:30 am, 4 pm and 6 pm
Thursday: 12 noon, 2 pm
Recovery 2 Group meets Thursday 6 pm
Monthly group is either the 1st Monday at 6:30 pm or 3rd Friday at Noon.
To get involved in a group, please contact MTP.
MTP PROVIDES THE FOLLOWING SERVICES FOR HEALTH PROFESSIONALS:

- Continuing Care Treatment
- Monitoring
- Consultation
- Education
- Evaluations

For Information Call (505) 271-0800

MTP
11930 Menaul Blvd, NE, Suite 113
Albuquerque, NM 87112

Inside this issue:  Fall 2002
- Feature: “Are You Teachable?” by Brett Nelson
- Change of Policy & Procedure
- Message from the Board of Directors
- From the Medical Director- “Urinology 101”
- Other information