2015 Reunion

We love reunions. The ones that we’ve had in the past have brought people together who are continuing to grow in recovery and totally enjoying life. Among the best things about my role is that I frequently hear from alumni. People ask about each other, unfortunately, I’m limited with what I can pass on. But at a reunion people can see each other and share experiences, strength and hope.

The problem has been that very few alumni have attended. Those of you who have attended are likely to agree that the dinners were wonderful and that it was terrific to see each other. So many people are doing well.

So I would like to ask alumni to send me (mweiner@seasidepalmbeach.com) or Monica Pape (mpape@seasidepalmbeach.com) your suggestions for a venue and perhaps best time of the year.

We have been thinking about a really nice picnic with really good food, entertainment, and the joy of seeing each other. Monica is shooting for 500 people. Let’s see how close we can get.

Stay Connected!

Michael Weiner, Ph.D., CAP
The Birth of a New Medical Discipline
By: Dr. Michael Weiner

Last quarter, we included an article “The Times They Are A-Changin’” in the newsletter. Among the most significant trends in the history of treatment and recovery is the emergence of Addiction Medicine as an independent discipline. For a very long time, our field has been heavily influenced by religious (The Oxford Group) and moral (temperance movement) factors. It must be noted that, along the way, many dedicated people helped millions of people with an addictive disease get well. It’s just that cultures change and the more treatment and recovery evolves from medicine, the further away we get from stigma and shame.

The attached article entitled “Birth of a new Discipline” that appeared in the September 2014 issue of the Journal of the American Medical Association (JAMA) is very significant. People who recently completed treatment at Seaside may already be working with a physician certified by the American Board of Addiction Medicine (ABAM). Those of you who are not can easily locate an Addictionologist in your area by going to www.abam.net.

Personally, I can tell you that going through life’s events, both positive and negative, can make a world of difference if you go through them with an Addictionologist on your medical team. How difficult is it to maintain recovery through various prescribed medications, sleep disorders, surgeries? Addictionologists can help many of us achieve long-term recovery.

Excerpts from the September 2014 issue of the Journal of the American Medical Association (JAMA) are below.

In 2007 the American Board of Addiction Medicine (ABAM) was incorporated.

Addiction Medicine: The Birth of a New Discipline
Patrick G. O’Connor, MD, MPH1; Robert J. Sokol, MD2; Gail D’Onofrio, MD, MS3

Substance use is highly prevalent, a substantial cause of morbidity and mortality and accounts for over $500 billion in economic costs in the United States annually. The 2012 National Survey on Drug Use and Health (NSDUH), which surveyed Americans 12 years or older, reported that 32% binge drink and nearly 7% reported heavy drinking over the past 30 days. In addition, 9% of those surveyed reported illicit drug use during the past 30 days, and heroin use increased by 79% since 2007. Opioid overdoses are on the rise, now exceeding deaths from motor vehicle crashes. Similarly, the global impact on disability and mortality of substance use and the phenomenon of addiction that often follows is enormous.

Individuals with specific substance use disorders and addiction interact frequently with the health care system, offering opportunities to intervene. The evidence base of research supporting the effectiveness of prevention and treatment of addiction is growing. The effectiveness of pharmacotherapies such as naltrexone in treating alcohol use disorder and methadone and buprenorphine in treating opioid use disorder has been demonstrated in numerous clinical trials. Despite these advances, treatment is often only modestly effective and may be ineffective for many individuals. In addition, evidence-based therapies for specific substances, such as methamphetamine, remain elusive. Thus, much work remains to be done to assure more successful intervention strategies for patients in need.

The Development of Addiction Medicine

Addiction medicine began as a multidisciplinary specialty in the 1980s when ASAM initiated a credentialing examination in conjunction with the National Board of Medical Examiners. In 2007 the American Board of Addiction Medicine (ABAM) was incorporated as an independent board and assumed this examination in support of its mission to promote physician training and certification in addiction. The ABAM board of directors reflects the multidisciplinary nature of addiction medicine and includes 8 specialties: emergency medicine, family medicine, internal medicine, obstetrics and gynecology,
pediatrics, preventive medicine, psychiatry, and surgery. The examination was first offered in 2008 and has been offered every 2 years since. In addition to holding an unrestricted medical license, candidates must be certified by an ABMS board (or be eligible), document 1 year of addiction practice or complete a 1-year ABAM-accredited fellowship, and complete 50 hours of continuing medical education in addiction over 2 years. Presently, there are 3094 ABAM diplomates.

The ABAM Foundation convened a national consensus conference in 2010 to define the field of addiction medicine, document its required competencies, and establish fellowships designed to meet ACGME standards. In 2011 the first 10 fellowships were established; 9 were added in 2013 and 4 in 2014. These 23 programs are sited at leading institutions across the country, and ABAM has set a goal of having 50 programs by 2020. Both the NIAAA and NIDA have supported the establishment of these fellowships, and the National Center for Physician Training in Addiction Medicine was established in 2013 with major foundation support to further their development. Because of limited federal support for physician training, alternative sources for fellowship training have been needed; unfortunately, funding has been insufficient to meet the demand.

Future Directions in Addiction Medicine

The recognition of addiction medicine by the American Board of Medical Specialties is a major goal. An ABMS-compliant Maintenance of Certification (MOC) program has been implemented, and ABAM leadership has had meaningful conversations with several primary ABMS boards in order to support the field as a new subspecialty in the “family of medicine.” The opportunity that addiction medicine offers to provide state-of-the-art addiction treatment through a multidisciplinary cadre of specialty physicians who are integrated into the fiber of the health care system is one that can greatly benefit our patients. Addiction specialty leaders and practitioners are committed to a vision that the addiction treatment gap will be closed and that the health of the public will be improved by ready access to high-quality care. Addiction medicine offers the opportunity to promote this vision by greatly expanding addiction physician specialists to include physicians from internal medicine and other specialties who can bring their unique perspectives and skill to bear in treating patients in need of their expertise. Beyond bringing their expertise to more diverse patients in a broader array of clinical settings, addiction medicine also offers the opportunity to expand research on addiction in order to promote the development of more and better treatment approaches for patients seen in a broad array of health care settings who are suffering from addiction. Finally, the integration of addiction specialty physicians throughout the health care system will serve to raise the level of education and understanding of approaches to identifying and treating patients with addiction throughout the medical community.
Staff Bios

Some of the Seaside staff wanted to take the time to introduce themselves and provide some insight as to their background and accomplishments.

**Jeannine Bellon-Piliero**  
Primary Clinical Therapist

Jeannine joined Seaside in 2014 as Clinical Support Therapist and soon took on the role of Primary Clinical Therapist in early 2015. Prior to joining Seaside, Jeannine spent 18 years in the pharmaceutical industry working in various specialist and managerial roles, as well as serving as a liaison to the FDA. After experiencing a life-changing event, Jeannine found a calling to this field and came to a new understanding of human suffering, realizing that no matter the tragedy or challenge one may face, hope is never lost and that we each possess the resiliency, within ourselves, to change our lives and come out of the darkness and live the life we were meant to. Jeannine decided to spend the next half of her life helping others who had lost their way and struggle with addiction. Jeannine has earned a Master’s in Social Work from Barry University with a concentration in Clinical Social Work. She previously earned her Bachelor of Arts in Psychology from Saint John’s University in New York. A former native New Yorker, she now lives in Boynton Beach, FL with her husband and young daughter.

**Scott Gallo**  
Therapist

Scott comes to Seaside from Boston, MA, where for many years, he had his own struggles with addiction. After starting his own recovery, Scott began working in the field of addiction in the Boston area, and since that time, he has had the opportunity to work in many treatment settings with people from all backgrounds and cultures. Scott began his graduate work at Harvard University’s Graduate School of Education and then went on to specialize in Mental Health Counseling, receiving a Master’s Degree from Cambridge College in Cambridge, Massachusetts. Scott is a Certified Addiction Professional and a Registered Mental Health Counselor in the state of Florida. Presently, Scott is studying at Carlos Albizu University in Miami, pursuing a Doctorate in Clinical Psychology. Scott brings to the Seaside team a wide range of experience working with groups and persons with co-occurring disorder. His personal experience battling addiction gives him faith in everyone’s capacity to emerge from the darkness and shine in the light of recovery.
Janet Alexander
EMDR Therapist
Janet is a Licensed Marriage and Family Therapist with a Bachelor of Science in Human Development and Individual Studies from Penn State. She also holds one Master’s Degree in Spiritual Psychology from Santa Monica University and another in Marriage and Family Therapy from St. Thomas University. Janet practices psychotherapy with a specialty in trauma-informed care techniques. She became especially interested in trauma-informed treatments after her studies in brain-based education and other neuroscience techniques. Janet has helped patients struggling with substance abuse disorders, domestic violence, depression, anxiety, grief and loss and borderline personality disorder. She is trained in EMDR (Eye Movement Desensitization and Reprocessing), trauma-focused CBT (Cognitive Behavioral Therapy), and Trauma Incidence Reduction (TIR). These psychotherapy techniques help people suffering from unresolved traumatic events, anxiety, post-traumatic stress, disturbing memories, and other emotional distress gain distance and relief with consistent and long-lasting improvement.

Elisabeth McAllister
Clinical Support Specialist
Elisabeth “Brett” McAllister is a new addition to our clinical support staff. Before joining Seaside, she worked at Nova Southeastern University in their administrative department, and at the same time attended classes there for her Master’s Degree in Mental Health Counseling. She graduated in July 2014 and is very excited to be starting a new career path at Seaside. Brett is drawn to the hope that Seaside’s positive, uplifting atmosphere gives to our patients and their families and enjoys seeing people embrace responsibility for their actions and as a result, the healing and growth that takes place when this happens. She is inspired by the current research trends in neurobiology and integrative psychotherapy approaches such as EMDR for addiction treatment, and is looking forward to learning more about these. In her free time, she enjoys spending time with her husband of 25 years and her 2 daughters, and snuggling with her dogs at the end of the day.
I Saw the Signs!

The following piece is in an excerpt from “Follow Your Bliss”, the blog of Ashley Webb Dane, a mother of two teenagers who has been in recovery for five years. She is committed to carrying the message of the spiritual aspect of recovery and the empowerment of women in recovery.

I write often about the element of play and the importance of keeping the spirit of rambunctiousness as an integral part of recovery. I continue to write about it primarily because it remains so pivotal, and yet easily lost in the seriousness of sobriety. And sobriety aside, life is challenging no matter what else you might have going on.

Like any challenge, the experience one has is based on the spirit of the endeavor. It’s fairly text-book, and we all know this. You can look at a mountain and say: “I have to climb that?” or you can look at the mountain and say: “I get to climb that!” We all know this; most people in recovery will espouse this, but when it comes to living, breathing and being an example of this doctrine, we all find life grabbing us by the short and curlies at times. We get emotionally hijacked. We feel victimized by circumstances beyond our control. And that whole mantra and way of being to which we all aspire goes directly out the window.

It happens. We are human, after all; what we do is err. But we get to learn from our erring ways, and hopefully we do. Recently I found myself clenching my emotional fists. For weeks I was white knuckling it. My mind was curled into a tight ball and very little light was getting in. One gets used to this posture, and if one isn’t careful, like our moms used to tell us when we crossed our eyes and made faces, “If you aren’t careful, your face will freeze and stay like that!”

Thankfully we have the option of getting out of it before we become frozen and narrow minded, but we still need to be mindful. We become brittle and frozen when we do not exercise our emotional flexibility. Playfulness is exactly the thing that keeps us supple and vibrant.

As I said, I had a couple of weeks recently where my life circumstances had changed, and my schedule became more hectic, including the addition of two hours of driving to my already busy day. I had discovered I owed the IRS a huge amount of money. I had a list of grievances. I was feeling sorry for myself. And then I saw a sign, literally.

I was driving to work after dropping my daughter off at school, still getting used to the new routine, when I whipped by one of the many construction signs that one can’t miss, as construction in Los Angeles is happening everywhere all the time, and always on the route you most want to go. It’s absurd, really.

This sign, however, said, “World Peace.” Then it said, “Make people laugh.” Then it switched to, “One smile at a time.” Finally it read, “Also, construction.”

I couldn’t really believe it the first time I saw it. I was driving and there was no one to turn to and say, “Hey! Did you see that?” But even so, it had an immediate effect. My outlook changed. It became lighter, because someone had taken the spirit of playfulness to another level, and because I needed a sign and I got one. I was infected by it.

All it took was a little boost, and I got my bounce back. I don’t ever want to go flat, lose my humor, and value victimhood over freedom. All bondage is of our own creation. It’s just how we see it.

I love that someone changed the sign to read something fun and thoughtful. It’s the spirit of the person who did that which infected me more than the sign itself -- that someone found it important enough to stop and play with all the people who would drive by that sign and see it - honoring that impulse, as it were - is what really inspires me.

How liberating is that; to step outside of the demands of life and just goof around with others? How much fun must that have been for that person? And lest I forget, my Higher Power will make sure to remind me, and I love that. I count on it, and I am never let down.
From: 
Wit and Wisdom of Anonymous Alcoholics 
By: Sharabi 

COMMON AA ADVICE: 
Don’t sit there…
Do something! Go to a meeting!

COMMON BUDDHIST ADVICE: 
Don’t just do something…
sit there!
From all of us at Seaside, we hope you enjoyed our newsletter. We are welcoming contributions to the next one. Contributions can be an article, letter, joke, or whatever you would like to share.

Please e-mail contributions to:

mweiner@seasidepalmbeach.com
mpape@seasidepalmbeach.com

More than anything, we wish you well in your continued recovery!

Call 24/7 (888) 997-3274
seasidepalmbeach.com