

# CONNECTIONS

The Newsletter for Addiction Professionals



## President's Message

By Angela Hayes

I hope this message finds everyone well. I am pleased to report that IAAP had a successful spring conference with our guest speaker, Dr. C.C. Nuckols. We had 121 registered participants, 18 of those were students and 41 were non-members of IAAP. Our goal is to increase membership, and hopefully some of the nonmembers will complete membership applications and join our wonderful professional organization.

In April I was asked to participate in the NFAR-ATTC Certification/Licensure Board Meeting in Alexandria VA. The NFAR currently has a grant through SAMSHA to explore standards for clinical supervision for substance abuse via tele-health. Various states participated with representation from the various state licensing/credentialing boards present. It was interesting to hear how other states are pursuing licensure of SA as there are not too many who have this standard in place. It appears that some have both certification and licensure so they were interested to hear that IN requires a license to practice as a SA counselor and certification is no longer a requirement. We are finding that states that do not have licensure in place are looking toward the IN model as it is one of the most comprehensive models in place of SA clinicians.

*Continued on page 2 see PRESIDENT*



### ARE YOU UPDATED?

Please contact us to update your address & email to avoid missing important information!

IAAP Central Office  
3125 Dandy Trail, Suite 110  
Indianapolis, IN 46214  
Office: (317) 481-9255  
Fax: (317) 481-1825  
Email: [iaapin@centraloffice1.com](mailto:iaapin@centraloffice1.com)  
[www.iaapin.org](http://www.iaapin.org)

### INSIDE THIS ISSUE

Page

- 1-2 President's Message
- 1-2 A Message from your Editor in Chief
- 2 2015-2016 IAAP Events Calendar
- 3 Marketing Committee  
Conference & Continuing Ed Committee  
Words of Wisdom
- 4 Please Pay It Forward, a Message from...
- 5 Recreational Drug Use New Highs  
Heroin Best Tx for Resistant Opioid...  
A Sober Chuckle...RX: Laughter  
Advertising Opportunities  
Important Newsletter Update
- 6 Researchers Develop First Validated Method...  
Resource: Indiana State Medical Association

### IAAP NEEDS YOU!

*Look Inside this issue for Exciting Leadership  
and Advocacy Opportunities to Gain Skills  
and Support Addiction Professionals.*



## A MESSAGE FROM YOUR EDITOR IN CHIEF

This year has renewed my goal of gaining ground in "de-cluttering" my office and home. Yeah, sounds formidable, doesn't it? But I'm determined, and have had to admit "I" am the biggest obstacle to such a change! That's right, and you can see I'm blushing in embarrassment.

Strangely, once I realized that, I could move ahead with a plan, and the first decision was to practice saying "NO". Saying, "Yes" to too many opportunities, too many great projects, or too many people is a recipe for failure. I've also found that sometimes I chip away at my own resolve until I wind up doing something I didn't want to do but I eventually couldn't say no....to myself. Aren't we human's funny?

*Continued on page 2 see EDITOR*

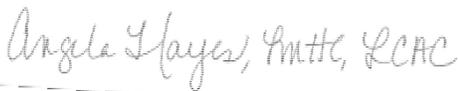
*PRESIDENT Continued*

I have mixed feelings about using the internet to do clinical supervision and more importantly providing direct services. Obviously, if you provide these services one must be mindful of the various state laws and other issues that will vary when practicing across states. I guess I am just old school and prefer face to face interactions. But, as it was clearly pointed out in this meeting, these changes are coming and we as a professional organization want to be a part of the development and implementation of such programs to better serve are members and to make sure that methods of practice are ethical for our clients. I will certainly keep you all posted on the development of such programs.

In terms of housekeeping notes, IAAP will be holding a CCS training on July 10th and our fall conference on September 25th & 26th. The topic for the fall conference will be the DSM-V and we will have more information to come on the speaker for this conference. I hope to see you all there!

Have a safe and great start to your summer everyone!

Best wishes,



Angela Hayes, LMHC, LCAC  
IAAP President

*EDITOR Continued*

I read some research conducted around this very phenomenon. In one group, they were given a simple temptation and told to say, in the face of that temptation, "I can't do (that)." The other group was told to say, "I don't do (that)."

What happened?

\*Participants told to say, "I can't," gave in to the temptation 61% of the time. \*Participants told to say, "I don't," gave in 36% of the time.

Pretty cool, huh? There was more to the study but in the interest of time, I can say, try it. Instead of saying "I can't..." say: "I don't....." have time right now, I don't offer a sliding fee scale for my services.....I don't relax my quality standards.....I don't miss workouts/my walk. And may your success in meeting your goals for change inspire you!

Live well. Laugh often. Love much. -Kay



**2015 IAAP Events Calendar**

**REGISTER TODAY!** - [www.iaapin.org](http://www.iaapin.org)

**IAAP Certified Clinical Supervisor Training**

**July 10, 2015**

*Theories of Counseling and Addictions:*

*Best Evidence, Techniques and Skills for Clinical Supervision*

with Don P. Osborn, PhD

**Next Certification Committee Meeting:**

**June 20, 2015**

**Save the Date!**

**IAAP Annual Fall Conference - September 25-26, 2015**



**2016 IAAP Events Calendar**

**IAAP Annual Spring Conference - April 8-9, 2016**

**IAAP Ethics Training - July 15, 2016**

**IAAP Annual Fall Conference - September 23-24, 2016**

## Marketing Committee

Marketing Committee will meet June 7<sup>th</sup> with a primary intent to review IAAP's Mission Statement with the intent to affirm and continue its use or to present to the Board a re-written statement for their discussion.

This committee works toward attracting new members who will benefit from our education program and the opportunities to network with other Addiction Professionals. We strongly urge and invite anyone reading this newsletter to give serious consideration to get involve at the board level, this includes students. We also invite any among you have reached a level of professional success to contact the IAAP office about sponsoring publicly or anonymously any of our conferences or trainings.

Please consider how you will improve your professional skills, we are here to help you.

Jeanne Hayes  
IAAP Marketing Committee



## Conference and Continuing Education Committee

July 10, 2015 we will be sponsoring a Certified Clinical Supervisor Training workshop with Dr. Don Osborn as our speaker. The registration forms have been emailed. Please look for it and register as soon as possible to secure a spot. I encourage everybody to attend so that we are able to adequately and ethically supervise interns and staff. This is wonderful training for everybody in the field as we all model and mentor others in some way.

Save the date for our 2015 fall conference, which will be held on September 25 and 26. On day one of the conference the topic is DSM-V and our speaker will be Frances Patterson. Day two will focus on trauma and Ron Chupp will be the presenter.

Thank you to all who came out for our spring conference! We had a wonderful turn out and I hope to see many of you this fall as well. Anybody interested in sponsoring a break or lunch, or if you have an idea of any agency that is willing to sponsor, please contact the marketing committee with this information to make this a successful event. I appreciate the feedback from all of the participant's providing ideas for future conferences. We will be working on topics for the next spring conference soon. We hope to plan well in advance to allow people time to adjust their schedule. If you know of a speaker who can provide training please forward that information to me. The sooner we set the conferences up the greater the likelihood we will have a good turnout. Thanks to all who have assisted in working on these conferences.

I continue to need committee members. You may reach me by email at [peggy.payonk@regionalmentalhealth.org](mailto:peggy.payonk@regionalmentalhealth.org) if you are interested in joining the conference and education committee.

IAAP is a NAADAC Approved Provider.  
Provider #: 515



All educational training programs are reviewed for content applicability to state/national certification standards.

## Words of Wisdom

*"Talent is God given. Be humble. Fame is man-given. Be grateful. Conceit is self-given. Be careful."* John Wooden

*"Success comes when people act together; failure tends to happen alone."* Deepak Chopra

*"Your existence has many doors, and each serves a purpose that ultimately helps define who you are."* Dodinsky

## Please Pay It Forward, a Message from Your Immediate Past President

My dear colleagues and precious membership of IAAP:

This recent Spring Conference gave me a very pleasant surprise as I was honored with a life time achievement/service award from IAAP. As I said, when accepting this award, this honor belongs to all of you for making this award possible.

I thank you for allowing me to serve you in the past elected positions on the old Certification Board, on the Board of Directors and twice as your President. Your confidence in me as your servant has humbled me and made me very grateful. The very first service job I was given at our state affiliate conference in New Mexico was to be a greeter/hospitality person at the door (I still treasure this and try to greet everyone at our conferences). Yes, it is true that since 1988 (whether in N.M., CT., or IN.), I have served on every state affiliate committee and ended up chairing many, however, the personal classes, trainings, consultations, mentoring and sponsoring are truly my favorite to do. This became a valuable experience and asset. For when we founded IAAP IN 2005, based on my committee experience, I was able to write out a basic outline of by-laws, policies and procedures for all our current committees and hand all of it over to Ron Chupp who eloquently perfected our by-laws as they are today and each of you voted these as official IAAP By-Laws. For me every service and experience leads to further service and improvement and interconnection within our membership. In every bit of service, it brought me closer to the "WE" of our existence as a professional addiction recovery membership. By each of you "The WE" giving me the honor and privilege to serve, I grew further in the understanding of "US as a professional membership association" willing to be at the forefront of education, training, mentoring, sponsoring and professional ethical networking and support. I have experienced from each of you how very important it is for each of us to be the "top of the line" licensed clinical professional - all because "we" believe and profess that our clients (those we humbly serve) deserve only the very best in recovery. Yes, Only Our Best!

I like paying it forward and hope others follow suit. By giving of ourselves in service, IAAP will continue to grow into the wonderful "WE" of professional membership which advocates the best education, training, ethics, and thereby, serves our recovering population in the best professional way. It is in active service "We" believe in who we are as professional members in IAAP and what we do professionally to improve the recovery process. The award I accepted honors each of you for your life time of dedicated service to our professional membership and everyone in that recovery process served by a professional clinician .

My final gratitude is this : if each of you, in this spring time award given me, want to give thanks for my and your years of service, then PLEASE, PLEASE, PLEASE sponsor a student (studying to be an addiction recovery professional ) with a student membership to IAAP and bring this student to the next conference to meet all of us. PLEASE pay it forward and pass along the gratitude.

Only Our Best,

*C. Albert Alvarez, LMHC, LCAC, MAC, CGP.*

Albert

Your immediate past president



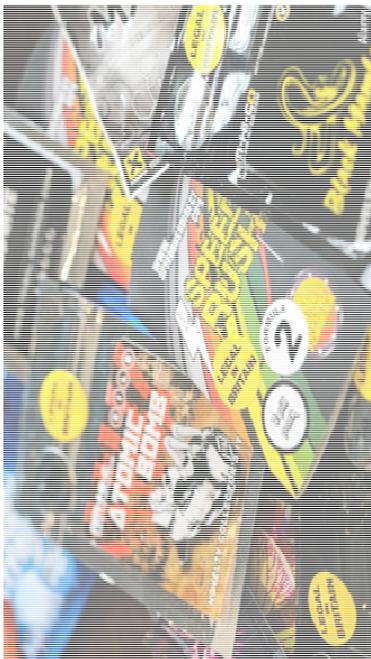
## Recreational Drug Use New Highs

Source: The Economist

"WHEN he first sees her, Raf is sitting on a washing machine about to swallow an eighth of a gram of what is apparently a mixture of speed, monosodium glutamate and an experimental social anxiety disorder medication for dogs." So begins "Glow", the latest novel by Ned Beauman, a British author. The scene captures a global reality: in much of the world, traditional mood-altering substances such as cocaine and heroin are in decline. But a pharmacopoeia of synthetic drugs is rapidly taking their place.

Read More:

<http://www.economist.com/node/21602729/print>



## Heroin Best Tx for Resistant Opioid Addiction, Expert Says

Source: Medscape

By Liam Davenport

Individuals with heroin addiction for whom conventional therapies have failed should be offered heroin-assisted treatment to avoid relapse involving use of illicit heroin, argues a Canadian expert.

Martin T. Schechter, MD, professor, School of Population and Public Health, University of British Columbia, Vancouver, Canada, cites several trials indicating that heroin-assisted therapy is both effective and cost-effective in the most vulnerable patients.

"Conventional therapies such as methadone maintenance should remain the preferred treatment for patients with heroin addiction and should be readily accessible," he writes.

"But heroin assisted therapy should be offered to patients who have not benefited from conventional treatments, provided that the diamorphine is prescribed by physicians at specialized clinics that can assure safety."

The opinion piece was published as a personal view in the BMJ on April 14.

Read More:

<http://www.medscape.com/viewarticle/843539?src=emailthis>

## A SOBER CHUCKLE ... Rx: LAUGHTER



Be sure to watch the whole clip—don't stop when the credits come on!!

<http://vimeo.com/25845008>

BOB, The Hamster



## Advertisement Opportunities

Place your ad here!



New opportunities are now available to advertise in the IAAP electronic newsletter! If you would like to place an ad or if you want more information on how to advertise with us in our electronic newsletters, please contact Stephanie by email at [stephanie@centraloffice1.com](mailto:stephanie@centraloffice1.com).



## IMPORTANT NEWSLETTER UPDATE:

In order to help the association **GO GREEN**, the IAAP newsletter is going to become electronic!

Beginning with this issue of the IAAP newsletter, members will now see their newsletter in their email inbox! If you would prefer to receive a printed copy, please contact Stephanie by email at [stephanie@centraloffice1.com](mailto:stephanie@centraloffice1.com).

Thank you for showing IAAP your **electronic support!**

## Researchers Develop First Validated Method of Detecting Drugs of Abuse in Exhaled Breath

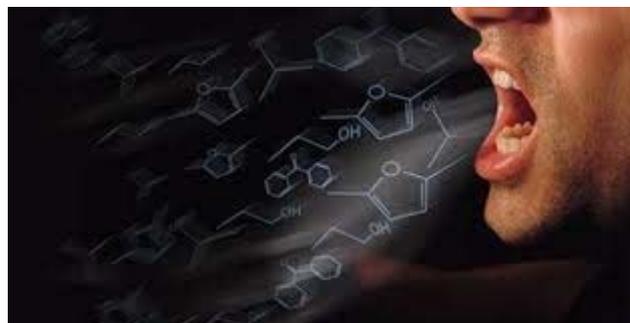
Source: Medical News Today

Drug testing is most commonly performed using urine samples. The methodology and regulations for reliable urine testing are well developed and can be considered the current gold standard for drug testing. However, one problem with urine testing is related to the methodology of sample collection, often perceived as inconvenient and privacy-overriding by those undergoing the test. As such, a group of researchers from the Department of Laboratory Medicine at the Karolinska Institute in Sweden have worked on developing a more donor-friendly alternative to urine testing for drugs by focusing on exhaled breath.

Professor Olof Beck, lead researcher of the study, and his team have developed the first fully validated and robust screening method for the routine measurement of drugs of abuse in exhaled breath. The procedure involves a simple method of sample collection and preparation, which is followed by a highly sensitive analytical technique known as LC-MS (Liquid chromatography-mass spectrometry). The drug groups which are identifiable following the technique include: amphetamines, methamphetamines, cannabis, cocaine and heroin.

Read More:

<http://www.medicalnewstoday.com/releases/290539.php?tw>



### Resource: Indiana State Medical Association

This is one time I hope none of you need the information I'm supplying you. But here is a resource if you ever need to report a physician or dentist whom you believe has an alcohol or drug abuse problem. Candace Backer is very helpful, and works diligently to get these professionals the help they need.

Indiana	Services	Phone: (317) 261-2060  Email: <a href="mailto:cbacker@ismanet.org">cbacker@ismanet.org</a>  Website: <a href="http://www.ismanet.org/resources/assistance/">http://www.ismanet.org/resources/assistance/</a>
	<ul style="list-style-type: none"> <li>• Substance use disorders</li> <li>• Mental health</li> <li>• Behavioral health problems</li> <li>• Sexual misconduct and/or boundary violations</li> <li>• Physical illness</li> <li>• Referrals for marital counseling, stress management, etc.</li> </ul>	
	Populations Served	
	<ul style="list-style-type: none"> <li>• Physicians</li> <li>• Physician families</li> <li>• Dentists</li> <li>• Residents</li> </ul>	 <p><b>ISMA</b> INDIANA STATE MEDICAL ASSOCIATION</p>

**President**

Angela Hayes  
[ahayes58@ivytech.edu](mailto:ahayes58@ivytech.edu)

**President Elect**

Steve Stone  
[sstone@whitecountyindiana.us](mailto:sstone@whitecountyindiana.us)

**Past President**

C. Albert Alvarez  
[caa492011@hotmail.com](mailto:caa492011@hotmail.com)

**NAADAC President**

Kirk Bowden  
[kirkbowdenphd@gmail.com](mailto:kirkbowdenphd@gmail.com)

**Treasurer**

Phil Schortgen  
[pschortgen@recoverycenterofaadp.org](mailto:pschortgen@recoverycenterofaadp.org)

**Secretary**

Theresa Rader Wilson  
[tjrw60@gmail.com](mailto:tjrw60@gmail.com)

**Committee Chairpersons**

**Membership Chair**

Stewart Ball  
[sbtbms89@yahoo.com](mailto:sbtbms89@yahoo.com)

**Certification Chair**

B. Kay Bontrager  
[kay.b@recovery-connections.net](mailto:kay.b@recovery-connections.net)

**By-Laws Chair**

Ron Chupp  
[r1mcchupp@juno.com](mailto:r1mcchupp@juno.com)

**Ethics Chair**

Rob Morgan

**Conference Chair**

Peggy Payonk  
[pegy.payonk@regionalmentalhealth.org](mailto:pegy.payonk@regionalmentalhealth.org)

**IAAP Newsletter**

**Editor in Chief**

B. Kay Bontrager  
Fax: 1-800-282-4819  
[kay.b@recovery-connections.net](mailto:kay.b@recovery-connections.net)

**Managing Editor, Publisher**

Stephanie Waddell  
[stephanie@centraloffice1.com](mailto:stephanie@centraloffice1.com)

**IAAP**

3125 Dandy Trail, Suite 110  
Indianapolis, IN 46214

[www.iaapin.org](http://www.iaapin.org)

(317)481-9255

**REGISTER TODAY!  
Certified Clinical  
Supervisor Training  
April 10-11, 2015**

With Don P. Osborn, PhD  
[www.iaapin.org](http://www.iaapin.org)



**BENEFITS OF NAADAC/IAAP MEMBERSHIP**

- 33 free CE's via NAADAC's web-site: [www.naadac.org](http://www.naadac.org) - (*Medication Management for Addiction Professionals: Campral Series and Blending Solutions*).
- Free access to NAADAC's online Career Center at [www.naadac.org](http://www.naadac.org).
- Assistance with referrals concerning ethical or legal questions or complaints and two free hours of help on a Legal Assistance Hotline provided by NAADAC's liability company with malpractice insurance available through the Van Wagner Group.
- Free subscription to NAADAC's official magazine, *Addiction Professional*, which is published six times annually.
- Peer support and network opportunities through national and state conferences and workshops.
- Reduced rates for continuing education including the qualification course for the U.S Department of Transportation's Substance Abuse Professional.
- Reduced rates for publications such as the *Basics of Addiction Counseling: A Desk Reference and Study Guide*, used by experienced professionals and as a guidebook for preparation for certification exams.
- Access to the *NAADAC News*, the association publication only available to NAADAC members.
- Substantially reduced rates for professional Certification and re-certification as National Addiction Counselor (NCAC) or Master Addiction Counselor (MAC). *Please note that certification is not included in NAADAC membership but is a separate process. (Certification is not a requirement of membership in NAADAC.)*
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