IAAP
The Indiana Association for Addiction Professionals
A NAADAC Affiliate

May 2011

CONNECTIONS
The Newsletter for Addiction Professionals

President's Message

By Ron Chupp

It is springtime in Amish country. The flowers are blooming, the trees are budding, the birds are singing, the new colts are playing in the fields, and the sun is shining. Springtime in Amish country means watching horse-drawn plows start to work the earth in their slow, methodical manner. There is a subtle elegance to watching the Amish work the land as they have done for many years. The work is arduous and the days are long. Unfavorable weather conditions can create serious delays; problems in getting crops planted on time, and affect the crops viability to survive until harvest. There is no guarantee that all of the hard work will pay off in the fall. Despite the hardships, the Amish way of life continues as it has for hundreds of years. When you ask Amish farmers why they continue to use this ancient technology, they respond with "That's the way we have always done it."

There is a subtle elegance to watching modern humans utilize ancient technologies to till the earth and raise food. This occurs especially when others are using the latest in modern technology down the street, around the corner and, sometimes right next door. I watch as the modern farmer is able to accomplish in mere hours what it takes the Amish farmer days or weeks to finish. Modern equipment uses computer systems, GPS, and automation to pinpoint precise levels of need for seed, fertilizers, and weed killer. Modern technologies are able to utilize the latest science to bring maximum yields with less effort and investment. Granted, there is a considerable amount of money tied up in modern technology. It takes time and effort to master all the nuances of computer graphics and modern farming techniques. But the increased yields and the ability to feed increasing numbers of people seem to make the investment worthwhile.

I have watched as addictions counselors continue to utilize 30 year-old technologies to work at recovery in a slow, methodical manner. The work is arduous and the days are long. Unfavorable conditions can create problems in establishing sobriety, and affect the clients' viability to survive until they manage to achieve abstinence. There is no guarantee that the work will pay off. Despite the hardships, addictions counseling continues as it has for decades. When you ask an addictions counselor why they continue to use this old technology, they often respond with, "That's the way we have always done it."

Whereas there may be subtle elegance to watching modern humans utilizing old technologies to help others recover from this horrible disease, there are people working down the street or around the corner who are using the latest in modern addictions technology and methods. These modern practitioners often accomplish in a short period of time what it takes the "Amish" counselor years to finish. Modern methods such as Motivational Interviewing and Dialectical Skills Training are being utilized to bring maximum benefit with less effort. Granted, there is a considerable amount of money and time expended up in mastering the modern technologies. But, the increased success rates and the ability to reach increasing numbers of people make the investment worthwhile.

The Mission and Purposes of IAAP are quite clear and include the following: To advance the science of addictive diseases through research, study, and scholarship; To elevate and maintain the standards of education for licensure and/or certification required to counsel people with addictive diseases; To offer educational and training opportunities to addictions-related professionals by offering and

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promoting trainings, conferences, and other educational forums; To elevate and maintain the standards of ethical and professional conduct in the provision of addiction services.

Although our licensure bill will go a long way to promoting modern technologies and methods of addictions counseling, we are not going to stop with licensure. As your President, I will continue to advocate for the members of our profession to develop more modern and more effective approaches to the delivery of addictions services. Then we will truly be giving *only our best*.

Ron Chupp, LCSW, LCAC, NCAC-II, ICAC-II
IAAP President

Governor Signs Second Chance Legislation!

Governor Mitch Daniels signs HB1211 into law

Second chance legislation restricts access to criminal records after 8 years for non-violent class D felons and misdemeanants HEA 1211 Arrest Records.

HEA 1211would allow persons with criminal records the opportunity to petition the court and request that access to those records be restricted. The bill encompasses two parts. The first provides that a person charged with a crime may petition the court to restrict disclosure of any records related to the arrest if the person: (1) is not prosecuted, or if charges against the person are dismissed; (2) is acquitted of all criminal charges; or (3) is convicted of the crime and the conviction is subsequently vacated. In layman's terms, arrests not leading to a conviction will remain accessible to law enforcement, but restricted from general public inquiries. It is up to you to petition!

The second part of HEA 1211 provides that eight years after the date a person completes his sentence, satisfying all obligations imposed, he or she may petition the sentencing court to restrict access to the arrest and criminal records.

It's a great time to be part of the Indiana Addictions Issues Coalition! We stand poised to move addition public policy initiatives forward in the next legislative session. We represent your voice and we thank you for your interest and continued support as the IAIC works to change minds, attitudes and beliefs about addiction and recovery here in Indiana. If you are not already a member won't you please join us today as we spread the word that Recovery is Reality.

How can I help? Partner with us by becoming a member. A variety of individual and corporate membership levels exist. More information is included in our IAIC Membership Fact Sheet.

To help make a difference today, online registration with secure online credit card billing is available. For security reasons, please register via the website of our parent organization MHAI (Mental Health America of Indiana) at www.mhai.net under the membership tab.

Best Wishes,
Jill Matheny
Indiana Addictions Issues Coalition
www.recoveryindiana.org
317-638-3501 x 231
Because recovery is reality!

I Had the Strangest Experience This Afternoon

I was having one of those "Am I really accomplishing anything at all in this field?" days. Well, actually, more like several of them in a row. You know—those days we all have when we begin to wonder if what we are doing is really, honestly, helping one single person to make the changes they want so earnestly. During my long commutes, I had been silently thinking about some past, entertaining a mental picture of a few, wondering how they are doing now, several years after I had last seen them. The clients who kept popping up in my memory were a handful who really, sincerely wanted to find peace, with only marginal success during the time we spent working together. They so fiercely struggled to find that one missing piece that would be the magical turning point in their lives. They really *wanted it*. I really *wanted it for them*. They worked. I worked. We worked together. And still, that lasting peace and serenity remained just out of reach. Relapse. Processing. Encouragement. Support. A different strategy. A new approach. Following proven intervention methods. Then…relapse.

And so, this afternoon, with that little cloud of self-doubt following me, I stopped at the grocery store. I was in the middle of searching for the best-looking broccoli when I caught a peripheral glimpse of a nicely dressed young man riffling through the celery. "Hey! Is that really you?" exclaimed a voice nearby. I paid little attention, assuming two old friends had reconnected. "I mean, you're Lisa, right?", implored the same robust voice. I turned to see the young celery-searcher smiling at me. The eyes were familiar, as was the voice. It was a client I had worked with several years ago. At the time, he was struggling to break free of a miserable relationship with alcohol and heroin. I remembered him as a sincere, earnest person. Our sessions were filled with his angst and desperate search for meaning in his life. Though unfamiliar to me dressed in a dark business suit, I recognized those dark eyes with which I connected so many times. We talked and hugged. He described the events since we last talked, and joyfully spoke about his ongoing sobriety, which brought a new job, a wife, and a beautiful new baby. He thanked me for our time together. I reminded him that he did the work needed to change, and that I was glad something we had talked about together had been helpful to him. "Oh", he said, "I don't really remember much about what we talked about—what I remember most was a look you had. It keeps me going sometimes".

A look? What kind of "look"? I worked so hard to keep those "looks" from my face, or at least from the awareness of my client! "Apparently", I thought to myself, "I'm not as successful with that skill as I had hoped". I turned back to him—"A 'look'? I asked hesitantly, not certain I wanted to hear his response. "Yeah", he explained further, "you had this look of, well, *faith* in me somehow. I didn't feel like I could ever make it, but there was a certain look on your face that just looked so *hopeful* for me--like you just knew I'd get there someday. That's what I remember about you".

I felt embarrassed. I had minimized an important point—maybe the most important point—about working with our clients. We effect the most change simply by being there—really being there *with* our client, *for* our client, and *in faith* with our client. I had forgotten and was so focused on tasks, tactics, strategies and approaches, and not nearly enough in *relationship*. I had gotten caught up in the technical skills of helping, and put faith and hope on the back burner. I am so grateful for the gift I was given this afternoon. My client gave me the gift of simplicity. He reminded me that real change belongs to the client. He offered the gift of realizing that we so often take for granted the real magic of relationship that it gets lost in theory and technique. One sincere look can mean more than ten theories of effective treatment. The magic happens when we really, sincerely, walk in faith with our clients.

I guess it wasn't such a strange afternoon after all.

Submitted by: Lisa Steiner, IAAP Board Member

Stepping Out of Your Comfort Zone

In the 12-step program, Step 3 states, "Made a decision to turn my will and my life over to the care of God as I understand Him". For those just getting started in their recovery, this is suggesting to them the following:

"Your life is unmanageable when you attempt to run it; just look at the chaos as evidence. There is a better way, but you need to be willing to let go. As evidence, listen to the many others who have gone before you in the 12-step meeting rooms who are willing to let go and let God." It is after thorough examination of one's life, which the realization comes that it is time to surrender through acceptance.

It is not my intention to breakdown Step 3. However, I am suggesting as we continue on the journey that we call 'life', Step 3 goes much deeper than just overcoming one's issue.

For the past 14 and one-half years, I have been employed with a great community mental health center, Park Center, Inc., in Fort Wayne. Over those years, I have gained much knowledge and experience through employment, higher education, and trainings. Little did I know that the God of my understanding was making all of this available to me to prepare me for what He has was about to call me to do.

Each of us has at least one story in which we are presented with a challenge of letting go of something and taking that leap of faith. Put in another light, being presented with the words of stepping out of one's comfort zone. After all, this is the only way to grow. Isn't this the very thing we share with our clients?

On March 14th, 2011, I stepped out of my comfort zone as a direct-service provider, and became Clinical Director of Rescue Ministries of Fort Wayne. I believe that after much prayer and deliberation, the words of my God became very clear, hearing, "It is time. Go."

Coming from the state-driven mental health system and stepping into the God-driven ministry to the homeless, I have welcomed and adapted to this change. The past experiences of providing therapeutic services, teaching students at a local college, being sought for clinical guidance from peers, and becoming a leader in the Addiction Profession and in the church I attend, has prepared me for the role of Clinical Director.

In this role among other responsibilities, I have the chance to mentor and advise other professionals, many of which are pursuing addiction credentialing. And isn't this an expectation of seasoned Addiction Professionals?

In conclusion, serving my God has provided me with an opportunity to grow professionally and spiritually. The challenge remains for each us; what is or has been the God of your understanding been preparing you to do?

Brent A Stachler, MS, LMFT, MAC

Brent A Stachler, LMFT, MAC, ICAC II, NCGC II
IAAP Past President

Bath Salts/Plant Food/Mephedrone/MDPV

What is it?

The bath salts and plant food are mixtures of designer drugs. These powders usually contain *methylmethcathinone* (aka: mephedrone or 4-MMC) and/or *methylenedioxypyrovalerone* (aka: MDPV). They are similar to cocaine and methamphetamine in that they are powerful mood-altering stimulants that are prepared and snorted in a similar way.

What are other names for this substance?

The bath salts are sold under such names as Ivory Wave, Red Dove, Bliss, Bubbles, and Vanilla Sky. The plant food is sold under the name "magic."

What are the effects and symptoms of using these substances?

The effects of mephedrone and MDPV are powerful energy boosts and activity while high. A man in DeKalb County was kicking in doors with his bare feet while high on this substance. When taken in larger doses, MDPV can lead to muscle spasm, then users may begin to engage in meaningless repetitive motions and behaviors (tweaking). Some high dose users have had hallucinations and profound paranoia.

Symptoms will present as a central nervous system stimulant influence. Pupils will be dilated. Reaction to light will be slow. Heart rate will be accelerated outside the normal range. Blood pressure and body temperature will be elevated. Skin will appear flushed. The mouth will be dry. Speech will be fast and thoughts and dialog will jump back and forth between subjects and discussions. There is the potential for seizures and other nervous system disorders when these drugs are taken. There is substantial potential for chronic, even addictive, use of these drugs.

The length of a high can vary, but experiences so far indicate a span of effects that last for 3-4 hours. Users report that when a high starts to abate, those effects drop off very quickly. Afterwards, users also report feeling out of sorts, slightly blue, or depressed.

Are they dangerous?

Use of these substances has been linked to many hospital visits. Several deaths have been associated with the use of these substances. Directly on the packaging, it states, "Not for human consumption."

Why are they so popular?

- They are legal – not currently regulated by the DEA
- They are easily available on the internet and are showing up in convenience stores.
- They sell for approximately $20 to $50 per three gram bag.

Has mephedrone been banned in other places?

Many states have enacted legislation to outlaw MPDV, including Kentucky. In Louisiana, MPDV was outlawed by an emergency order after the state's poison center received more than 125 calls in the last three months of 2010 involving exposure to the chemicals. Abroad, Great Britain banned "bath salts" when several people died after ingesting them.

Contact Kelly Sickafoose, your Community Consultant, at 260-486-9954 or **kelly.sickafoose@comcast.net** for more information, or if you have any questions.

Governor's Commission for a Drug-Free Indiana

Figures from the American Association of Poison Control Centers show at least 2,700 people have gotten sick from synthetic drugs since January, compared with fewer than 3,200 in all of 2010. At that rate, medical emergencies stemming from synthetic drugs could rise nearly fivefold by the end of 2011, according to the AP. The drugs are suspected in at least nine deaths in the U.S. since last year. One of the most popular synthetic drugs, bath salts, are crystallized chemicals that users snort, swallow or smoke. In the first three months of 2011, poison control centers received more than 1,400 calls for bath salts, compared with 301 in all of 2010. In Indiana, there were 206 calls to Poison Control centers regarding synthetic marijuana in all of 2010, and 248 in the month of January 2011. An 18 year-old boy in Iowa committed suicide while on K2 after telling his friend he "felt like he was in hell." He had no history of depression or other psychiatric problems. In Allen County, a treatment provider reported that a client overdosed on bath salts.

A new government strategy aims to cut the use of prescription painkillers by 15 percent in five years. The plan includes doctor training, promoting prescription databases in all states and increased focus on rooting out illegal 'pill mill' clinics through aggressive enforcement of the laws against pill mills. The plan will include a requirement that doctors who prescribe oxycodone and other opioids undergo training on proper prescription practices. The plan, called Epidemic: Responding to America's Prescription Drug Abuse Crisis, also includes a media campaign about the dangers of opioids. A major part of the proposal will be a push for prescription drug databases in every state. Now 35 states have prescription drug monitoring programs, and eight more states, including Florida, the epicenter of the pill mills, have authorized databases that are not yet running.

The MEDTOX DAR Hotline has experienced a surge in inquiries about Kratom abuse. Kratom is a medicinal plant that is grown and harvested in Southeast Asia. Thailand and Malaysia are principle sources for this drug; Bali is the genesis for the most potent Kratom in the world. Processed like marijuana, Kratom leaves are plucked and then dried before being prepared as a powder or oily resin.

Kratom crushed leaves or powder can be prepared as a tea or warm beverage, or can also be in capsule form. The drug can be sour tasting, and as a result, Kratom tea drinkers must add flavoring to the beverage to offset the bitterness. The effects of Kratom are dose dependent; with 3 to 5 grams of crushed Kratom leaf (or ½ teaspoon of Kratom 15X powdered extract) needed to get high. Some Kratom users choose to smoke the crushed leaf material in a hand-rolled cigarette. Burning Kratom smells similar to burning marijuana. A Kratom high will last some 2-3 hours with the euphoric effects coming in waves. The initial effects from Kratom are exhilarating and motivational; a later phase is more sedating and relaxing.

Kratom displays pharmacological similarities to Salvia divinorum, but the ultimate psychoactive effects are noticeably different. *Mitragynine* is the major alkaloid found in Kratom, 7-hydroxymitragynine is a minor alkaloid in Kratom that exhibits opiate-like analgesic effects that are similar or greater than morphine. The effects described as relaxing, anxiety reducing, and euphoric are most likely attributable to Kratom's activity at the *delta* and *mu* opiate receptors. In fact, there are anecdotal reports from many users that Kratom is an effective therapy for treating the symptoms of opiate withdrawal. Many users have successfully weaned themselves off of prescription opiates through the use of Kratom. It stands to reason however that if Kratom is effective in ameliorating the effects of opiate withdrawal, then it is likely to cause opiate dependency if it is used over an extended period of time. Although there have been sporadic reports of users who have developed Kratom addictions, it is unclear whether or not true opioid mediated dependencies have occurred.

Symptoms of Kratom intoxication include: pulse, blood pressure and body temperature- near normal; Romberg internal clock- distorted; pupil size- near normal (constriction in high doses); and pupil reaction to light- slow.

Like Salvia divinorum, Kratom is considered a dietary supplement. It is not a controlled substance; it is legal to possess. Head shops and internet Kratom stores are experiencing brisk sales of its various Kratom products. Kratom is exhibitive of an emerging trend that transcends methods of modern toxicological monitoring. Kratom has been around for nearly 10 years, but only in the last year or two has it attracted widespread attention. With the emergence of K2, bath salts, and plant food as drugs of abuse, Kratom's popularity has surged. Because it is viewed as a legal, safer alternative to other designer drugs, Kratom use will continue to grow and spread.

Contact Kelly Sickafoose, your Community Consultant, at 260-486-9954 or **kelly.sickafoose@comcast.net** for more information, or if you have any questions.

Certified Clinical Supervisor Renewal Training

Date: June 17, 2011
Cost: $50.00 (Please make checks payable to IAAP)

Title: The Discrimination Model of Clinical Supervision: Planning for Purpose and Practice.

Presenter Bio: Don P. Osborn is Director and Professor of Graduate Addictions Counseling and Executive Director of the Addictions Studies Center at Indiana Wesleyan University. He is licensed in Mental Health, Clinical Social Work, Clinical Addictions and Marriage and Family Therapy in Indiana. He is completing his PhD in Counselor Education and Supervision at Indiana State University and serves as the President of NAADAC, and is a Senior Fulbright Scholar with the NAADAC Trainers Academy.

Workshop Description:

- *Registration Opens: 8:30am*
- *Morning Session: 9:00am – 12:00pm*
  This workshop will cover the Discrimination Model of clinical supervision and the purpose of supervision. Participants will understand the distinct supervisor roles of the model in the practice of supervision with supervisees. In the model attention will be given to identification of the focus of supervision needs of the supervisee, and the appropriate application of the specific role of supervision. The session will be delivered by instruction and balanced with open discussion of participants.
- *Lunch 12:00pm – 1:15pm*
- *Afternoon Session: 1:15pm – 4:15pm*
  The afternoon session will focus on issues to be considered related to the clinical supervisor in planning for supervision. Content of the session will focus on issues related to competence and ethics in conducting clinical supervision. The session will be delivered by instruction with balanced participant discussion of shared experiences and group problem solving.

Participant Materials:
PowerPoint will be utilized in part of presentation with professional reference. Yet to accentuate the learning experience, participants would be advised to bring their own writing materials to document items they find salient to their knowledge and understanding.

Location:
Indiana Wesleyan University – Indianapolis Education Center
3777 South Priority Way South Drive
Indianapolis, IN 46240

Certified Clinical Supervisor Renewal Training Registration

Name:_____
Address:_____
City, State, Zip:_____
Email:_____ Certification Number:_____
Method of Payment: ☐Check ☐Credit Card (add $5 convenience fee)
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BENEFITS OF NAADAC/IAAP MEMBERSHIP

- 33 free CE's via NAADAC's web-site: 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.
- 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.)*
- New avenues for job opportunities and advancement with higher levels of certification.
- A 20 percent discount on all Hazelden Publishing and Educational Services (PES) resources.

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Register Today!
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More information inside!