IAAP The Indiana Association for Addiction Professionals
A NAADAC Affiliate

Spring 2013

CONNECTIONS

The Newsletter for Addiction Professionals

President's Message

By Albert Alvarez

INSIDE THIS ISSUE

WELCOME TO OUR PROFESSIONAL HOME.

As your new and old president of this wonderful State Affiliate of NAADAC, I welcome you again to experience our IAAP in new light, new and old friends. **This is our professional home** in which we reaffirm our IAAP mission "to ensure the provision of competent, professional addiction counseling services to everyone who needs them, regardless of the type of addiction, the person's ability to pay for services, or the person's race, gender, ethnic and/or cultural identity, sexual orientation, religious beliefs, or physical or mental impairment." We are a wonderful professional home with the following noble IAAP purposes: "To foster public awareness of addictions as treatable diseases; to promote and advocate for legal and medical reforms in the treatment of addictive diseases; to advance the science of addictive standards of education for licensure and/or certification required to counsel people with conduct in the provision of addiction services; to elevate and maintain standards of honor, dignity, and integrity of addiction service providers; to engage in any such activities as may be desirable or required to fulfill the mission and purposes of IAAP." Does this not engage you in our professional home? Does this not help you to pay it forward? I still believe "Charity begins at home." **Welcome to our professional home**.

Let me share my belief I hope you also hold dear to your heart. Being an addiction professional at home in IAAP did not happen overnight, but was nurtured long ago. Growing up in a wholesome and nurturing home, I was blessed to have parents teach me by example that "Charity begins at home." This was done not out of "duty" but out of "gratitude" for what we have to share with others. My mother taught by word and example. When given a cookie, she taught me to say "thank you" and not to stop there with a word but to look around and make sure others had a cookie or break my cookie into pieces to share. (Sound familiar? It reminds me of the recovery process and what we do as addiction professionals). This charity was not limited to family and friends. As I grew older, I have many good memories of volunteering with mother and family to help others though neighborhood and church programs. My father encouraged me, when I was in high school and college, to tutor and mentor fellow adolescents. Then there were experienced clinicians who guided me through internships and first jobs. In the late 1970's and early 80's, I remember all the personal professional rapport and counseling experience shared over those lunches and afternoon breaks. Oh yes, we talked face to face and took time to develop our growing profession. We nurtured and helped one another. This is how local committees developed and eventually state affiliates. I still believe in my home and I still mentor, encourage, motivate and make things happen.

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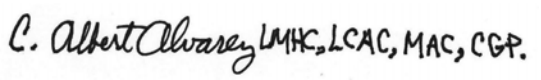
President's Message Continued.

However, it takes many of us doing this charity at home to make this IAAP stay a profession home for all of us. Let's remember to pay it forward, like so many before us. Please get involved. Please mentor a student coming into this profession. Please join an IAAP committee. Please consider becoming director on the board representing your region. In coming newsletters, on our website, at conferences and workshops, I will be asking each of you to help me to grow and maintain our professional rapport. I believe in you and IAAP.

Only Our Best,



Albert, your President
Albert Alvarez, LMHC, LCAC, MAC, CGP.
IAAP President

A Message from the Marketing Committee

The charge to the Marketing Committee is to grow the membership. IAAP's approach to professional development is at the core of how we accomplish this goal. Our basic response to membership is to create and develop ongoing excellent education opportunities, present settings for professional networking, and opportunities to learn about the wide variety of organizations in our State that serve the population of those struggling with substance abuse and addiction.

This spring we will contact all Community Mental Health Centers with the intent of expanding membership to the Addiction Professionals on their staff and to give them the opportunity to sponsor our conferences. A significant benefit of membership is the professional networking with both organizations and individuals in this field.

Jeanne Hayes
Marketing Chair

Mindfulness…Meditation and Twelve Step Recovery

Mindfulness, also translated as awareness, is a spiritual or psychological faculty that, according to the teaching of the Buddha, is path of enlightenment. It is defined further as an attentive awareness of the reality of things, especially of the present moment, and is an antidote to delusion and as such, is considered a "power."

(Wikipedia.org/wikik/mindfulness).

Meditation is defined as "A private devotional act…consisting in deliberate reflection upon some Spiritual Truth or mystery… accompanied by mental prayer and acts of the affection and of the will, and, especially formation of resolutions as to future conduct." It is a major tool for connecting to the Divine.

(Unger's Bible Dictionary)

Since the 1970's, modern psychology and psychiatry have developed a number of therapeutic applications based on the concept of mindfulness. (Mindfulnet.org. They advertise this site as having "..Everything you need to know about Mindfulness" on one website) But Mindfulness without Meditation can be dangerous, and Meditation without Mindfulness has created some of the world's greatest Bigots!

Mindfulness, to me, is teaching us to keep our personal being in scan mode…with attention to the realities around us or within us. Without going into a theological discussion of Buddhism vs. Western Christianity, let me just express that in and by itself, Mindfulness has limitations. However, practicing Mindfulness does give one a greater sense of their self and knowledge can be power. What I like about the skill of Meditation as Biblical Christianity defines it is that it directs our gaze to the Divine, to Spiritual Truth or mystery, and to prayer and to acts of the affection. How do we show love to the God of our understanding? This in turn, motivates us to make resolutions as to future conduct. Our meditation teaches us to listen to God, as we understand Him, and make choices for action according to His will, not ours, which "has been running riot." We learn to pray: "Not my will, but Thine be done." It both enables us to choose a different way and empowers us into a faith beyond the selfishness of addiction. It is the beginning of tapping into a source greater than our own. It humbles us,… to lift us higher than before.

I believe both of these concepts are intricately interwoven into the fabric of one of the greatest teaching tools at our disposal, the Twelve Steps. When we, as professionals, integrate the 12 Steps into our programs, we do so because they are not a religious program but a spiritual healing journey that has proven itself many times over. God makes Himself known through the Twelve Steps without any religious effort on our own. Because most humans are rarely present in the present moment, including our clients who walk through our door, they must be taught these skills. Are we, as their teachers, facilitators, healers, and living examples of what the benefits of these skills are? Are we living examples of how our Spiritual Truths keep us centered and in the present moment for our client's? Our families? The next-door neighbors (Whoops, have I gone too far)?

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We begin teaching clients to be mindful when they complete the First Step by listing both past and present areas of unmanageability. They resist, they ignore, they skirt around their reality. Then comes Family Week (or family conjoint therapy), and family members join to be both educated and to acknowledge their truth. As clients acknowledge their truth, and family members acknowledge their truth, mindfulness is at work bringing Spiritual principles to bear.

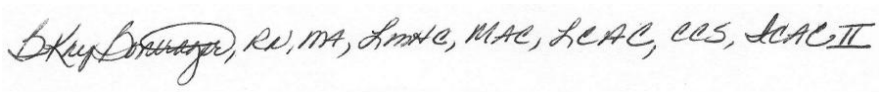
This is one area where our testimony can have powerful results. I'll never forget an incident that happened one evening when I was running an IOP program in private practice. We were on break, milling around, getting refreshments, and a man stormed into the agency, saw me, and immediately began yelling about "someone taking his parking space next to his apartment!" He was out to kill! Angry, loud, demanding, and not about to leave until he got what he wanted.

Fortunately, I was grounded and defused his anger by my response. Little was I aware of the multitude of eyes focused on that scene and drinking it all in. Later, back in class, many told me they were actually concerned the guy would start swinging, and awed by how I handled the situation. They were amazed that the man calmed down so rapidly after such a noisy entrance. It became a teaching moment on sober living and anger management when the anger belongs to someone else. I was able to share that my response was the result of working my 12 Step program on a daily basis, and that if they were serious about being able to live that way, they too could achieve that inner serenity and calm response to storms when they blew in. Thus began my passion to teach methods of mindfulness and meditation to each IOP group.

That being said, I can remember early on in my recovery, I struggled to practice meditation without feeling a failure. It seemed that my mind just would not cooperate and be still. Thus I empathize with others who experience meditation this way. It was only with persistence that I was able to achieve a meditation time that left me refreshed, grounded in the Truth of God's presence in my life. (Also convicted and confessing my faults. Yes, I have them!) Then Mindfulness keeps me focused upon a Living God whose presence is 24/7 and I am free to give "whatever comes my way" over for His will to be done.

To work the rest of the Twelve Steps requires learning both these skills as the foundation for making a commitment to recovery. Without our clients being able to incorporate these tools into their recovery toolbox, they may not be more than a Dry Drunk in the future. Mindfulness and Meditation are two tools of great importance to us as clinicians.

Respectfully submitted.



B. Kay Bontrager, LMHC, MAC, LCAC, ICCS

Helping Professionals

As helping professionals, we encounter dilemmas with discerning helping versus enabling. This dilemma arises when our hearts or emotions conflict with our ethical guidelines and values. When this happens, it becomes apparent that the provision of continued help begins to resemble enabling.

In order to fully understand the difference, it is logical to review the definition of "help." According to Merriam-Webster's Dictionary, there are multiple definitions of the word "help", but only two definitions will be referenced for purposes of this article.

One definition referenced is "to provide with what is useful or necessary to achieve an end." In the Human Services profession, it is our role and ethical responsibility to provide this help, or guidance, to allow the population with which we assist to identify a solution to the problem(s) encountered in one's life. Our role is to not solve their problems, but to elicit change from within them, and there are various theories and techniques for accomplishing this task.

The second definition of the word "help" is "to make more bearable or less severe." This definition also appears to fit with our profession. When someone seeks our services, we offer to walk with that person, providing guidance and instruction. But, this definition also has the appearance of enabling, a word that we often encounter when working with individuals.

Through training and experience, we become capable of identifying people who allow the problem to perpetuate. But, is it possible that a helping professional could also be an enabler?

My experience tells me this can happen. How many times has someone shared during a session that a poor decision was made and is hoping that no one discovers what occurred? Here are some examples: Client provides evidence of drug use through a positive drug screen, but the terms of probation require abstinence. Client breaks residential guidelines continuously despite having had numerous interventions. Client continues to miss scheduled appointments, but expresses the need and want for services. These are just a few examples I have experienced.

In each of the identified examples, emotions arise, allowing the possibility to make a decision without consulting the clinical supervisor or clinical team. We may feel good about how we managed the problem presented to us, but did we do the right thing?

One ethical principle is to do no harm. There is harm in enabling or preventing natural consequences from occurring. Natural consequences may actually be the motivation one needs to experience to initiate change. We are aware of many individuals "hitting a bottom" as a result of significant poor choices, and through much effort, these individuals now have an appreciation for the "bottom" experienced. If this is true, then it is a disservice to stop the "bottom" from occurring to the population with which we serve.

Another way of viewing enabling is to intervene or prevent suffering from occurring, suffering that is needed, because there is a spiritual lesson involved. Allowing the suffering to occur in such instances, allows for the spiritual lesson to occur, and perhaps brings to awareness the principles of the first three steps of the 12-step program. These steps may be summarized in this way: "I cannot, He can; I think I will let Him." Stating this in another way, the individual needs to surrender attempts at control and begin to accept change. As helping professionals, we are agents of change.

Brent A Stachler, MS, LMFT, MAC

Brent A Stachler, LCAC, LMFT, MAC, NCGC II, ICCS

Obituary: C. Everett Koop, MD, 96, Iconic Surgeon General

By Peggy Peck, Editor-in-Chief, MedPage Today Published: February 25, 2013

C. Everett Koop, MD, President Ronald Reagan's iconic surgeon general who waged a public war against smoking, defended the right to life of disabled newborns, and championed knowledge over prejudice to educate the nation about AIDS, is dead at age 96.

A bear of a man who insisted that public health officers wear the navy-inspired uniform of the U.S. Public Health Service, Koop elevated the image of the Surgeon General to heights not realized before or after his time.

His death was announced late Monday afternoon by the Koop Institute, based at Dartmouth College in Hanover, N.H. No cause of death was given.

Koop was often in the headlines during his tenure, but few remember his first brush with media fame: the Baby Doe law.

The law, actually a 1984 amendment to the federal Child Abuse Law, barred hospitals that receive federal funds from withholding medical treatment -- including nutrition -- from babies born with disabling conditions. The only exception: treatments judged to be futile in babies with irreversible coma.

Koop stirred the nation by publicly commenting on the case of a Bloomington, Ind. baby born with an esophageal atresia as a result of Down Syndrome. The parents of the baby, designated Baby Doe in court papers, refused surgery. Koop said the surgery was not particularly risky -- as a pediatric surgeon he claimed he performed hundreds of such surgeries. The parents' decision to withhold treatment, he argued, was made because the child had severe mental impairment.

That spurred Reagan to pledge support for the newborns, and Congress quickly followed with the Baby Doe legislation.

Koop next turned his bully pulpit on tobacco companies, successfully campaigning for a ban on tobacco ads, despite being ordered to stay silent by Donald T. Regan, who was Reagan's chief of staff. Koop told the lawmakers that tobacco was as dangerous as heroin.

Baby Doe and tobacco advertising proved to be only a warm-up for his public campaign to educate a fearful nation about AIDS.

His Surgeon General's report in 1986 introduced the nation to the concept of "safe sex" and prompted mainstream news media to drop the term prophylaxis and use the term "condoms" instead. When the White House backed away from support for a national educational campaign about AIDS, Koop found a way around the red tape and mailed the information to more than 100 million U.S. households.

After he left office, he remained in the public eye, notably with his Dr.Koop.com website, one of the first medical information websites.

Koop was a graduate of Cornell Medical College. He served as surgeon-in-chief at Children's Hospital in Philadelphia and as professor of medicine at the University of Pennsylvania School of Medicine (now the Perelman School of Medicine).

Koop was married to the former Elizabeth Flanagan and was the father of four children, Allen, Norman, David, and Elizabeth. David was killed in a mountain-climbing accident when he was 20.

Indiana Association for Addiction Professionals

Presents:

9th ANNUAL SPRING CONFERENCE

Indiana Wesleyan University Education Center - Indianapolis, IN

Feature Presentation:

Romancing the Brain into Recovery

by Cynthia Moreno Tuohy, B.S.W., NCACII, SAP

12.0 CEUs & Certification Available

Abstract

With funding from NIDA, Cynthia Moreno Tuohy worked with Danya International to conceptualize, develop, and evaluate a multi-component, multi-media tool for use by addiction and other helping professionals to assist adults and youth improve their life traumas and conflict through knowledge, attitudes and skills. Romancing the Brain skills are an intensive set of psycho-emotional-social-spiritual Cogitative Behavioral Therapy (CBT) treatments that, if followed, will result in a lifestyle change. This program will affect a "self and other" assessment of conflict style with a communication style, with the goal of behavior changes that are instilled in the brain. Some treatment sessions are based in brain research and CBT treatments that have been effective for anger and relapse-triggering problems. Other techniques are employed that unify the principles of social learning and emotional intelligence theory that mark this program as different from "anger management" programs. This program affects behavioral learning with emotional development and maturity that results in long-term changes in the brain and behavior.

Learner Objectives

- Identify at least 5 words, phrases and behaviors in the limbic area of the brain and how that hampers recovery.
- Identify at least 5 words, phrases and behaviors in the cortex area of the brain and how that enhances recovery.
- Identify the 5 stages that relationships tend to traverse through in romantic relationships. (Honeymoon, Disillusion, Misery, Awaking, Peace/Calm).
- Identify at least three other types of relationships that also traverse through the 5 stages of relationships. (self/recovery, children, work, friendships).
- Identify the four types of agreements to lead persons out of the stage of misery. (Financial, Emotional/Psychological, Spiritual, Physical/Spatial).
- Self-identify where they are in their own relationships (stages) and what they need and want in the four types of agreements.

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- 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.
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