

# CONNECTIONS

The Newsletter for Addiction Professionals



## President's Message

By Angela Hayes

Hello fellow IAAP members, I hope everyone has had an enjoyable summer. As we move into fall there will be a couple of changes at IAAP. First off I will be finishing my term as IAAP President in October and will move into the Immediate Past President role. I will be handing the honor of President over to Steve Stone, who I feel will serve this organization very well. Steve is very motivated and has great ideas for our organization.

The other change is our fall conference. Typically we have two annual conferences that extend over two days. We have received feedback from members that they would like to see a one day conference, on a Friday, once in a while. So, we are bringing Mita Johnson to Indiana on October 14th to speak on Pragmatic Treatment for Opioid Dependence. Mita is a great speaker so I hope you will join us in October!

I have greatly enjoyed serving in the role of President for the last two years. I will admit I was very nervous when I began as I am not currently a practicing clinician. Although I practiced for over 20 years and I currently teach and supervise, which is not the same as being in the trenches every day. My wonderful mentor Albert A, told me relax and bring my own flavor to the role. Always having Albert and Ron C. to call upon for questions and guidance was incredibly helpful and I want to thank them for all of their support.

*Continued on page 2 see PRESIDENT*

### ARE YOU UPDATED?

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

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### 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

It's no secret that I love to laugh. After spending 15 + years in the medical profession, and seeing that laughter actually speeds healing, (as long as you don't bust your stitches doing it) I learned to loosen up and laugh. One of my favorite characters is that old, crotchety woman, Maxine. You may be familiar with her and I hope you enjoy her contribution to our newsletter this month.

Live well. Laugh often. Love much. -Kay

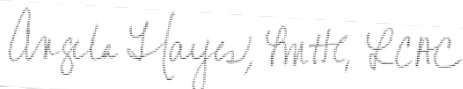
*PRESIDENT Continued*

My "flavor" was to educate those who are starting their careers in the addictions profession. Our profession is not easy to maneuver, especially since licensure has come to our great state. We want to make sure that professionals new and old to the field understand the limitations of certification and guide them on the path towards licensure so they can ethically and legally call themselves an Addictions Counselor. Education is key and I am proud of the work we have done and will continue to do in this matter.

I want to thank all of you for your support and kindness during my tenure, I have certainly learned a lot and had some great experiences. The IAAP Board of Directors who serve you are wonderful people that strive to bring education, training and ethics to all members. We need you to step up and promote the organization, join a committee or look towards serving as a Board member. Please vote in organizational elections and if you know of someone in the profession that does a great job, submit their name for recognition via an award or honor.

IAAP has a lot of potential as a professional organization. We need our members to get involved, be proactive and work with us to keep the organization growing and moving forward. Give a committee a try, you might find as I did that your path turns into a road that is filled with great experiences and wonderful people that helps you grow as a professional.

Best wishes to everyone!



Angela Hayes, LMHC, LCAC  
IAAP President



## IAAP Student Mentoring

Dear IAAP Member:

Besides history and information and our previous newsletter I sent you already, allow me to again summarize and put in a brief outline of what we do here with IAAP.

- 1.) Make sure your academic and workforce committee or your board reaches out to all your human services depts. of your state colleges/universities to offer mentoring, involvement on their advisory boards, and promotion of appropriate addiction recovery profession academic courses in line with your state licensure.
- 2.) Make sure your state membership knows how to mentor students who are interested in the addiction recovery profession (offer training or refresher through newsletter or workshop), and how to obtain a student to mentor.
- 3.) Have lower student fee to join state affiliate /NAADAC and give students some incentive to attend state workshops and conferences (all of our workshops and spring and fall conferences are free to our students who are members of IAAP /NAADAC).
- 4.) Strongly encourage your addiction recovery professionals to pay for the student fee to join state affiliate/NAADAC for the student he/she is mentoring.
- 5.) Strongly encourage your addiction recovery professionals to each sponsor and mentor a student (and try to stay with that one student through associates, bachelor's and master's level of academics and the licensure levels).
- 6.) Have student members (must be members in good standing of state affiliate/NAADAC) representing regions of the state be full voting members on the state affiliate board of directors (with elections and term limits).

IAAP Member, this is all in place in our state and is still growing and in process. I would like to see more student involvement on our IAAP committees.

Please keep in contact and I would be interested in comments, suggestions, critiques you can offer us. I hope to meet you face to face in Indianapolis this year for our Fall Conference.

Only Our Best,

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

Albert, Immediate-Past President of IAAP  
C. Albert Alvarez, LMHC, LCAC, MAC, CGP



## 2016 IAAP Events Calendar

Register Today!

IAAP Annual Fall Conference – October 14–15

Certification Meeting

September 3, 2016



### IAAP 2016 Annual Fall Conference

Register Today!

IAAP 2016  
Annual Fall Conference  
October 14th

#### Medication-Assisted Treatment: Tools in the Clinical Toolbox

Dr. Mita M Johnson  
Ed.D, LAC, MAC, SAP

Plus:

Annual Membership Meeting  
Earn up to 6.0\* CEUs

#### Course Description:

According to the US Department of Health and Human Services, the United States finds itself in the midst of an opioid overdose epidemic. The abuse of and addiction to heroin, morphine, and prescription pain relievers is a serious problem that affects the health, social, and economic welfare of all communities. The pairing of counseling with medication assists and support has been found to be effective for treating alcohol and opioid dependence. Clinicians realize that opiates and opioids are highly addicting, leading to dysregulation of normal brain chemistry and biology. This workshop will look at how opioids dysregulate a person biopsychosocially and what can be done in treatment to help a person who is working towards recovery and maintenance. This workshop is a practical nuts-and-bolts session that will assist counselors in treatment planning when they are working with a client on a MAT.

#### Schedule:

7:30-8:00 *Registration*  
8:00-9:30 *Session*  
9:30-9:45 *Break*  
9:45-11:15 *Session Continued*  
11:15-12:00 *Annual Membership Meeting*  
12:00-1:15 *LUNCH on Your Own*  
1:15-2:45 *Session Continued*  
2:45-3:00 *Break*  
3:00-4:30 *Session Conclusion*



[Click Here to Download the  
Registration Form!](#)

#### Location:

[Indiana Wesleyan University –  
Indianapolis North Campus](#)  
3777 South Priority Way South Drive  
Indianapolis, IN 46240

IAAP is a NAADAC Approved Provider.

Provider #: 88754

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

CEUs approved through the IPLA for social workers, clinical social workers, marriage and family therapists, mental health counselors, addiction counselors, and clinical addiction counselors.

**Refund Policy:** Refunds will be issued, minus a \$15 service charge, if requested on or before 10/7/2016.

## Wellness and Health for the Addiction Professional

Addiction professionals spend so much of their time, energy and thought to helping the impaired person. What is often missing in our schooling, training and conferences is education on taking care of ourselves. Addiction Professionals are skilled in identifying disorder. They will enhance their skills and personal life by spending more time in wellness. In fact, the more you know and live wellness, the easier it is to identify disorder. We teach our clients to be in the solution rather than the problem. How effective are we at practicing what we teach? Many unethical actions can be found originally rooted in unhealthy decisions and unhealthy living. Here is a brief summary to help stimulate your thoughts and interests in applying it to your skill.

**Creating and Taking Personal Action.** Start doing and taking action because it makes things happen. Make the choice and it must be for you.

**Take Control of Your Life.** You have control over your thoughts and actions. You do not have control over people, places, things or situations. List the benefits of taking control of your life and the way you think. List what is keeping you from doing the things you need to. Restoring is gradual.

**Establish Values.** The quality and depth of your self-worth is a key indicator; you must be clear about your values because they reveal who you really are.

**Getting Good Health Care.** Get good health care. Access health care. Improve your use of health care professionals.

**Lifestyle, Priorities, and Balance.** Establish balanced time management. Balance in time with work, rest, relaxation, recreation, leisure. Balance in caretaking and self-care. Balance in having just what you need and the management of it.

**Home.** Establish living arrangement that is safe and secure. Privacy and respect with support from house-mates. Establish a home where

health care providers and wellness activities are accessible. Establish plan for upkeep.

**Relationship/Love/Friendships.** Support and care toward others builds wellness. Receiving support, love and care builds wellness.

**Career.** Establish fulfillment in employment. It is crucial to connect talents with interests and passions. Establish enjoyable work and develop skills to enhance it.

**Diet.** Establish healthy diet and maintain it. Improve diet, avoid overeating, obesity and under eating. Live within Body Mass Index.

**Exercise.** Establish regular exercise and maintain it. Explore new protocols.

**Light.** Increase the light in your life by increasing outdoor activities. Add supplemental light.

**Sleep.** It is essential to establish good sleep. Develop interventions to conduct routine and balanced sleep. Proper sleep restores body and brain functioning and allows for repairs.

**Simple Tasks to Improve Quality.** Increase your exposure to colors. Arrange for more music in your life. Increase exposure to art. Increase exposure and activity with water (live near it, swim, hot tub, etc.).

**Integrity.** Integrity produces vitality. Integrity comes from keeping the promises you make to yourself and others.

**Spirituality.** It is the experience of life within the relationship with God, and the maintenance of it that provides daily purpose, meaning, relieve and satisfaction.

These are 15 categories to use for guiding one on a Wellness journey. For the purpose of a newsletter, they are but brief postings to aid in your efforts. Your health and wellness are primary to who you are and your profession.

Submitted by Steve Stone  
IAAP President-Elect



## A SOBER CHUCKLE... Rx: LAUGHTER



3 Pastors decided to take a little recreational time and go fishing. AS they were settled in their boat, one Pastor turns to the others and says, "You know, we never get to talk about the things WE struggle with. Now would be a good time to share with one another what the toughest sin is that we struggle with."

Another of the Pastors chimed in, "Yeah, you're right. OK, I'll go first. I struggle with gambling. I take off and go to the boat at least twice a month, and I play poker with a group the other two weeks, and for good amounts of money! And I don't always come away as the winner! My wife is on me about that."

The second Pastor nodded and said, "Well, I don't gamble but quite frankly, I don't like how Washington spends our tax dollar, so I quit paying taxes 8 years ago. I know God calls us to render unto Caesar what belongs to Caesar, but I just don't want to."

As they waited for the third Pastor to share his struggle, silence reigned. Minutes go by and the third Pastor sat silent in the boat. Finally one of the others spoke and said, "Ok, we're waiting to hear from you." Gosh, guys, I don't know if I should share this or not, but my greatest sin that I struggle with is gossiping, and right now I can't wait to tell your stories!

## Kudos To:

*KUDOS - DEFINITION: Praise and honor for an achievement.*

IAAP wants to recognize our members who achieve a professional goal, as in qualifying for a new level of certification or licensure, or an academic degree or a new place to put your skills to work.

At this time, IAAP would like to recognize our members, who have received their Certification this summer:

Theresa Rader-Wilson - CCS  
Kathleen Halbach - CCS



## IAAP Election Committee

Greetings from your elections committee chair,

Election time for IAAP is upon us. The ballots went out electronically via email on September 12th and need to be received back into the central office by October 3rd. If you did not receive an email, please contact Stephanie at the IAAP Central Office at (317)481-9255.

IAAP would like to thank you all who exercised their right to nominate members who you believe that can represent and support you and our organization.

Please know that we do not only want to hear from you during election time. Your voice matters to us all year long. We have come a long way but, there is a lot of work to do still. As the face of addictions is changing, and more and more people are enrolling in addictions treatment, we would like to see more members become active in committee work for the organization, as IAAP leads the charge in addictions treatment.

I, as elections committee chair would like to take this time to encourage all of our students and members who are otherwise silent to become active and to vote. Please know that your voice counts, and your ideas matter.

Only our best,

George Henry Scott Jr. M.S. ICAC - I  
[g7scott@gmail.com](mailto:g7scott@gmail.com)



## Words of Wisdom

*People are like steel.  
When they lose their temper, they are worthless.  
Chuck Norris*



## Indiana State Department of Health

### Indiana Health Alert Network Advisory—August 25, 2016

#### OVERDOSES FROM U-47700 INCREASING IN INDIANA

U-47700 is a synthetic opioid originally developed as an alternative pain medication to morphine in the late 1970s. The drug is 7.5 times more potent than morphine, making it similar to hydromorphone (Dilaudid). Because it is structurally different from morphine, and was never marked or trademarked as a drug in the US, it is legal to buy. Increasing numbers of deaths from U-47700 have been reported in the US, including recent cases in Indiana.

While several states have moved to stop the online sale of this drug, it is still readily available online, and 15-30 grams (sold as either powder or liquid) can be purchased for less than \$50. Users commonly snort or inject U-47700. Overdoses present with symptoms similar to other opioids, like heroin: CNS depression, miosis (small pupils), and respiratory depression. In addition, tachycardia and pulmonary edema have also been reported in overdose. Because of the potency of U-47700, larger doses of naloxone may be needed to reverse symptoms in patients. Naloxone (Narcan) is an opioid receptor blocker that reverses the sedation and respiratory failure that can occur in opioid overdoses. In U-47700 cases, providers may need an additional one to two doses of naloxone to reverse symptoms, and providers are encouraged to discuss Narcan availability with local partners. U-47700 is not detected in most hospital urine drug screens. If detection is required, urine samples can be sent to forensic laboratories such as AIT in Indiana (<https://www.aitlabs.com/>) or NMS labs in Pennsylvania (<http://nmslabs.com/>).

If you have any patients you think have overdosed on U-47700, please contact the Indiana Poison Center at 1-800-222-1222 and the Indiana State Department of Health Division of Trauma and Injury Prevention at 317-234-2865 or [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).

#### Advertisement Opportunities

Place your ad here!



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)

#### Words of Wisdom

*When you are all wrapped up in yourself, you will find you are an awful small package.*  
Benjamin Franklin

## Short Film Featuring Both Superheroes And Teens To Address Heroin Epidemic

The Huffington Post

August 10, 2016

Alicia Cook-Writer, Champagne Sipper, French-Fry Lover, Curly-Haired Person. Instagram: @thealiciacook

Our nation is facing the worst drug epidemic in history. That is a fact. Parents are burying their children every day. That is a fact. In response, individuals around the country are fighting back.

Jesse Heffernan is a Certified Recovery Coach. He is a creative, imaginative, forward-thinking, advocate. He is also in recovery.

"I pretty much used whatever I could get my hands on," admitted Heffernan. "Crack was the bottoming out substance in the end, though."

Now, 15-years-clean, Heffernan is part of an innovative project that will create meaningful, constructive dialogue about the opioid epidemic in a way that has yet to be explored: through superheroes.

"[Heroes Rising](#)" is a short film produced by Wega Arts, a non-profit organization based in Wisconsin. The film combines comic book style graphics, special effects, and live action. If that was not enough to set it apart, high school students have been working alongside the professional filmmakers as both cast and crew to create this short film.

Heroes Rising is about a high school quarter back, Caleb, who is offered OxyContin. By the time we meet our protagonist, many of his friends are already in the throes of heroin addiction.

Caleb transforms into Captain Solar and, along with his team, the Helios Corps, begins to fight the heroin epidemic.

The movie's official website explains that the theme of the film explores prevention and recovery efforts from facing the facts, to fighting for change, and aims to motivate the youth to view life as a process requiring conviction, courage, and positive actions.

According to Heffernan, a big comic book fan, this project is not only a creative, youthful way to approach the epidemic, but a necessary one. Nationwide resources do not begin to match the problem at hand.

"We need to create more avenues, more ways to have conversations about heroin, opiates, and recovery," said Heffernan.

Heffernan acts as a consultant on the film, from a recovery perspective, and will lead discussions surrounding the film.

"Heroes Rising is unique," said Heffernan. "Superheroes are confronting the heroin epidemic. It incorporates comic book and hip hop elements, and stars teenagers. It will resonate with multiple generations and demographics."

It is the hope of all those involved with Heroes Rising that this film becomes a heavily utilized educational tool in communities and in school districts. They hope to see this movie woven into school curriculums, shown at recovery festivals, and transformed into books.

"Anyone battling addiction is worth it," said Heffernan. "They are worth all the work, all the conversations and interventions."

The majority of the individuals putting in "the work" are the loved ones and those in recovery. Having been on both sides of this grim battle, Heffernan knows how important support systems are first hand.

"It took 101 chances for me to finally get into long term recovery," expressed Heffernan. "I am eternally grateful no one gave up on me on the 100th chance."

Filming of Heroes Rising wrapped in July 2016 and is now in post-production. The film, along with an original soundtrack, will be available nationwide.

Keep up with Heroes Rising on [Facebook](#).

Source:

[http://www.huffingtonpost.com/Alicia-cook/short-film-featuring-both\\_b\\_11387694.html?](http://www.huffingtonpost.com/Alicia-cook/short-film-featuring-both_b_11387694.html?)





## Can Indiana Trade Overcrowded Jails for Treatment Reform?

INDYSTAR

Madeline Buckley and Kristine Guerra  
July 10, 2016

Two years ago, Ashley Sorrel wore a hospital gown inside the Marion County Jail, with twigs and dirt snarled in her hair and 92 stitches stretched across her body.

Hours before, Sorrel, now 29, led Indianapolis Metropolitan Police Department officers on a high-speed chase after she was caught stealing FedEx packages from residential porches to pay for her drug habit. Sorrel crashed, and her car caught fire. She tried to run, but police canines chased her down, and an officer deployed his Taser.

This was close to rock bottom. But it wasn't her final criminal charge.

Sorrel quickly racked up another theft charge after she was released from jail, again to pay for drugs. A judge sentenced her to a year of home detention. Knowing she couldn't stay clean during the sentence, Sorrel applied for a recovery program. She said the last time she got high was July 2014.

Sorrel represents the type of offender that Indiana's new criminal justice reform seeks to help. The sweeping changes, passed in 2014, aim to make punishments more proportional to the crime by keeping nonviolent offenders out of prison. Instead, treatment programs would help defendants recover from mental health and substance abuse problems while serving their sentences in local communities.

The goal is to turn Indiana from a state that simply incarcerates to one that also rehabilitates. But is it working?

Sorrel and other recovering addicts, along with those who treat them, say the treatment process is often at odds with the legal system. The system is so bureaucratic and tangled, they told IndyStar, that the average person can't navigate from addiction to recovery.

So far, treatment programs remain underutilized in many counties. And too many inmates simply trade an Indiana Department of Correction prison cell for one in a county jail, where it is more expensive to

house offenders — potentially costing the state hundreds of thousands of dollars.

Yet lawmakers, state officials and experts are urging Hoosiers to give the reform time to work.

Some of the reform's goals — such as not sending nonviolent offenders to prison — have been achieved, said Andrew Falk, senior fellow of the Sagamore Institute in Indianapolis, who is studying the effects of the sentencing reforms.

"But the goals that most Indiana citizens and legislators care the most about — crime rates, rehabilitation of ex-offenders and our prison population — are harder to measure in the short term," Falk said, adding that it will take several years before the public sees any tangible impact of the reform.

The kind of change that Indiana has set out to achieve is also seen on the national level, as lawmakers try to pass legislation that would reduce sentences for nonviolent federal drug offenses. Change of this magnitude not only takes time to materialize; it's also expensive. In Indiana, the price tag has reached millions, and that's just the beginning.

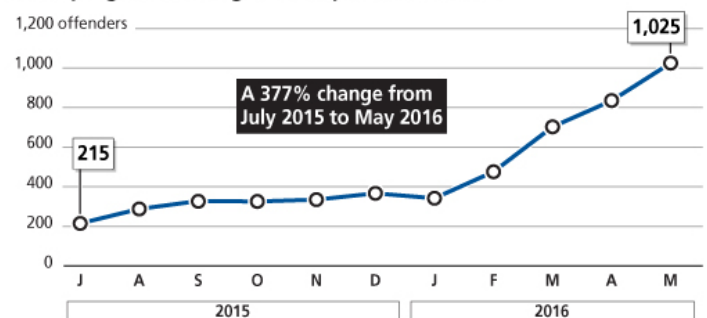
And as with any kind of change, let alone a massive one, there are growing pains. That includes an overcrowding problem that has put Marion County Jail, the state's largest jail, in "crisis mode."

Read More/Source:

<http://www.indystar.com/story/news/crime/2016/07/10/can-indiana-trade-overcrowded-jails-treatment-reform/85307540/>

### OFFENDERS BY THE NUMBERS

Sentenced to jail through HEA 1006, Indiana's sweeping sentencing reform passed in 2014.



Source: Indiana Department of Correction

Michael Campbell/IndyStar



**Note from: Substance Abuse Services**

White County Community Corrections  
 915 W. Hanawalt Rd. ~ PO Box 128 Monticello, In. 47960  
 Telephone: 574-583-4175 ~ Fax: 574-583-6397  
 5 YEAR STUDY COMPLETED

1. We were granted a bonus award from IDOC and IDOC-Community Corrections for the 2nd straight year. This is a "rare occurrence". Says Mr. Vance Director of IDOC.

2. We were able to hire contractor clinical assistance from an LCAC and LMHC.

3. Recidivism studies need to be at all clinical settings.

A recidivism study has been conducted over the last five years. The study has reviewed and examined the return to jail rates among those offenders that complete substance abuse services at White County Jail. Recidivism is a primary method of demonstrating and establishing effectiveness of treatment for substance abusing offenders.

Of the offenders having attended and COMPLETED over 65 treatment hours of the Substance Abuse Service (SAS) certified treatment in the White County Jail, 34% have returned. Of those offenders having attended and COMPLETED over 100 treatment hours, only 31% have returned. Of those COMPLETING 150 hours 25% have returned.

As a comparison, the Indiana Department of Correction's (DOC) (prisons) published recidivism rate is 40%. This is not the whole DOC picture. They don't study who returns to jails VS prison, but only those that make it back to prison status. The number would be much higher if jails were included in their return rate. The Marion County Jail in Indianapolis has a 51.6% recidivism rate. The U.S. Department of Justice Special Report on Recidivism of Prisoners in 30 States: Patterns from 2005 to 2010 demonstrated a 67.8% recidivism within the 3 years after their release. It should be noted that these rates do reflect the recidivism rates for the whole population of inmates in prison and jail. However, the majority of offenders in the DOC and in jail are there because of drug and/or alcohol offenses, and many non-drug and alcohol related crimes are committed by substance abusing offenders.

What are we learning? There are some consistent ingredients to what works. You need County level pro-

fessionals (Judge, Prosecutor, Sheriff,) acting as program stakeholders. You need to place Licensed Clinical Addiction Counselors in jails. They need to provide Evidence-Based longer-term treatment. Clients for the program need to be mandated to attend....Long term treatment can produce results. Results can be seen as improved health and wellness, financial savings and a reduction in return to jail rates. In five years our program has had 380 clients. 55% have completed 65 or more hours of treatment.

\*Substance Abuse Services are a State of Indiana Dept. of Mental Health & Addiction Certified Addiction Service Outpatient Provider

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**Words of Wisdom**

*Habits are first cobwebs, then cables.*  
*Old Spanish Proverb*

## New Book 'Glow Kids' Details the Growing Issue of Childhood Screen Addiction

The Fix Addiction and Recovery, Straight Up  
Seth Ferranti  
August 9, 2016

In *Glow Kids*, Dr. Nicholas Kardaras examines the detrimental effects of technology addiction on the developing brains of young children.

In his new and groundbreaking book, [Glow Kids: How Screen Addiction is Hijacking out Kids—and How to Break the Trance](#), Dr. Nicholas Kardaras, a leading addiction expert, argues that age limits, among other things, are needed when it comes to kids and tech. He looks at how technology has seemingly affected the brains of an entire generation, and even cites research that found that excessive screen exposure can neurologically damage a young person's brain much in the same way that a cocaine addiction can.

"We know that early screen usage is problematic," Dr. Kardaras tells *The Fix*. "That's when the developing brain is most vulnerable to adverse tech effects. Many tech and Silicon Valley engineers send their kids to non-tech Waldorf schools, where kids are tech-free until at least age 10 or 12." Even Steve Jobs was quoted in the *New York Times* saying, "We limit how much technology our kids use at home." Screen addiction in adults is one thing, but when we are talking about kids, it's a whole other matter.

"I have 9-year-old twin boys," Dr. Kardaras says. "We have been very, very careful with their screen exposure—no tablets, Xbox, or phones. But I've taken the time to explain why to them. They love playing baseball and reading. I tell them that those real-life activities can be diminished if they start playing Minecraft. They get it. They've seen friends become totally hooked to their devices. We do watch some television, older movies and some sports. So far that's seemed to work well."

During his 10 years of clinical research on the subject, Dr. Kardaras discovered while working with teenagers, that they'd found a new form of escape—a new drug, so to speak, in immersive screens. For these kids, "the seductive and addictive pull of the screen has a stronger gravitational pull than real-life experiences. Many prefer the Matrix to the real world," he tells *The Fix*.

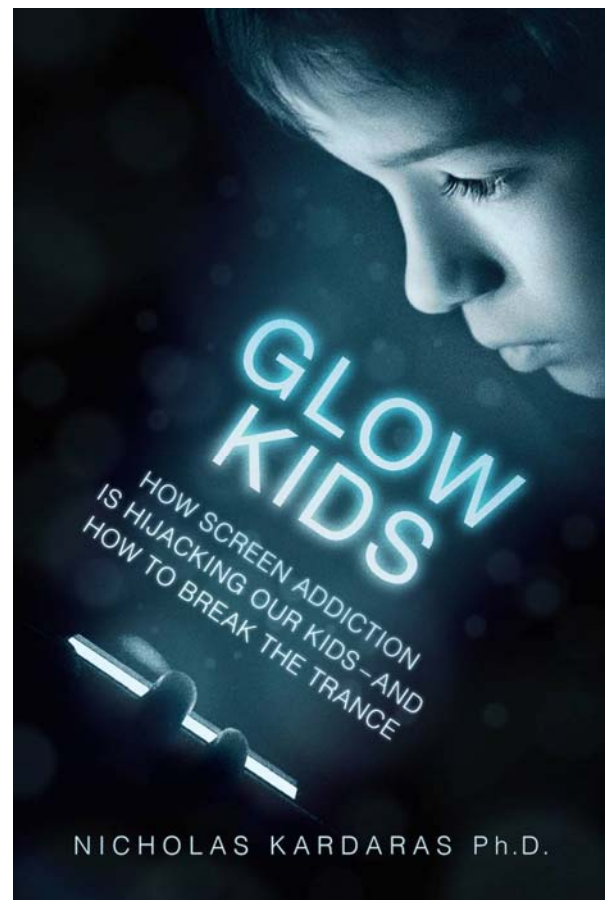
Several brain-imaging studies have backed up his claims, showing gray matter shrinkage or loss of tissue

volume for internet/gaming addicts. Quite simply put, kids continuously exposed to tech screens at a young age showed higher rates of substance abuse, stress, poor academics and depression. We all love our gadgets, but limiting them for youngsters makes sense.

"We have heroin addicts writing love letters to their drug," Dr. Kardaras says. "They love the substance on an emotional level, but they are also addicted to it. So these are not mutually exclusive concepts, which I think also apply to tech: people can love their gadgets and still be addicted to them." Especially kids.

Source:

<https://www.thefix.com/new-book-glow-kids-details-growing-issue-childhood-screen-addiction>



### Words of Wisdom

*They say marriages are made in heaven.  
But so is thunder and lightning.  
Clint Eastwood*

## President

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

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## Committee Chairpersons

### Membership Chair

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

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