IAAP
The Indiana Association for Addiction Professionals
A NAADAC Affiliate

Spring/Summer 2019

CONNECTIONS

The Newsletter for Addiction Professionals

President's Message

By Stewart Ball

Great news!

Your leadership works diligently, "in our free time," to advance the addiction profession on behalf of our members of IAAP. We are pleased to announce two additional legislative successes this spring. House Bill (HB) 1199 became law; specifically clarifying licensure requirements for addictions counselors in Indiana. On behalf of our profession and Indiana consumers, we will continue to advocate for delineating the standards for addictions counselors in Indiana. HB 1175 (1175) represents another significant step forward. Specifically, 1175 removes the supervision requirement for Medicaid reimbursement; namely Licensed Clinical Addiction Counselors (LCAC)! We anticipate this new reimbursement eligibility will increase employment options for LCAC's and/or their marketability in the workforce.

While legislative discussions may fail to inspire, the tangible results can have a lasting impact on our profession and those we have an opportunity to serve. If you want to have a measurable impact, consider joining our legislative committee.

Only our best,

Stewart B. Ball, LCAC, LMFT, LCSW
President

Inside This Issue

Words of Wisdom

"Though no one can go back and make a brand-new start, anyone can start from now and make a brand-new ending." – Carl Bard

IAAP Central Office
2346 S. Lynhurst Drive, Suite D101
Indianapolis, IN 46241
Office: (317) 481-9255
Fax: (317) 481-1825
Email: iaapin@centraloffice1.com
www.iaapin.org

IAAP 15th Annual Spring Conference Wrap-Up

Speaker – Stefanie Carnes, PhD

At the Spring Conference Stefanie Carnes, Ph.D. President of the International Institute for Trauma and Addiction Professionals, spoke on Sexually Compulsive and Addictive Behavior: The Controversy, Diagnosis, and Implications for Treatment. In her presentation Dr. Carnes discussed the concerns about labeling out-of-control sexual behavior and examined the new research and the controversy surrounding the diagnosis. Different perspectives on conceptualization of the disorder were discussed. Dr. Carnes also addressed cutting edge treatment methodologies for both the addict and their families, including engaging the addict in treatment, the importance of group therapy, developing sexual health plans, and how to work with traumatized family members. Conference attendees valued the information presented by one of the leading experts in the field.

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Save the Date!

Annual Fall Conference
October 25th – 26th

More Information Coming Soon

2019 Indiana General Assembly Update

HB 1199
Mental health professionals. Makes changes to the contact hours required for licensure in marriage and family therapy services. Removes references in behavioral health and human services licensing law to certified health care professionals. Specifies that the statutes concerning behavioral health and human services professionals may not be construed to limit addiction counseling performed by certain students, interns, and trainees studying in certain institutions. Requires an individual who is licensed as an addiction counselor or a clinical addiction counselor to: (1) display a counselor license or a clear copy of a counselor license at each location where the addiction counselor or clinical addiction counselor regularly practices; and (2) include certain information on the individual's professional marketing material. Changes certain educational and clinical experience requirements for a licensed addiction counselor and a licensed clinical addiction counselor.
Becomes effective July 1, 2019.

HB1175
Behavioral health professionals. Requires that the office of Medicaid policy and planning include a licensed clinical social worker, a licensed mental health counselor, a licensed clinical addiction counselor, and a licensed marriage and family therapist who meet certain qualifications as eligible providers for the supervision of a plan of treatment for a patient's outpatient mental health or substance abuse treatment services. Requires Medicaid reimbursement, upon approval from the United States Department of Health and Human Services, for: (1) clinical social workers; (2) marriage and family therapists; (3) mental health counselors; and (4) clinical addiction counselors; who work in federally-qualified health centers and rural health clinics.
Becomes effective July 1, 2019.

Online Dating is Associated with Sex Addiction and Social Anxiety

YONI ZLOT, MAYA GOLDSTEIN, KOBY COHEN and AVIV WEINSTEIN*

Sex addiction or hypersexual disorder is characterized by a compulsive need for instant gratification of sexual urges (Carnes, 2001). Several diagnostic criteria have been proposed for sexual addiction but have not been validated scientifically. A lack of empirical evidence on sexual addiction is the result of the disease's complete absence from versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Empirical research on hypersexual behavior has increased in recent years and this has led to considerable interest in classifying it as a behavioral addiction (Karila et al., 2014). Sexual addiction encompasses a range of activities including excessive masturbation, online pornography, use of the Internet for cybersex resulting in widespread negative health, and psychological and economic consequences (Karila et al., 2014). Although there is growing interest in sexual addiction in research and clinical practice, it is not recognized as a psychiatric disorder by the fifth edition of DSM (DSM-5; American Psychiatric Association, 2013). There are few epidemiological studies and several proposals for diagnostic criteria and it is therefore difficult to estimate the prevalence of this phenomenon. The estimated prevalence of sexual addiction varies between 3% and 16.8% in different studies, whereas in most studies it is estimated between 3% and 6% in the adult general population (Karila et al., 2014). In a study investigating 2,450 individuals from the general public of Sweden, 12% of men and 6.8% of women were classified as hypersexual (Långström & Hanson, 2006), whereas in the USA, prevalence of sex addiction was estimated as 3%–6% (Carnes, 1992).

To read the complete publication follow this link:

The Drug Overdose Epidemic in Indiana: Behind the Numbers

A Report from the Division of Trauma and Injury Prevention - Prescription Drug Overdose Program

Executive Summary

Key points:

Drug overdose deaths, more specifically opioid involved deaths have continued to rise in Indiana and impact people of all races, sexes, ages and locations.

The drug epidemic, driven mainly by opioid -involved deaths, has evolved over the last decade in three distinct waves: an increase in prescription opioid -involved deaths, a spike in heroin involved deaths and a surge in synthetic opioid-involved deaths primarily consisting of illicitly manufactured fentanyl.

Opioids continue to be the most frequently found substance in overdose deaths. Public health officials, law enforcement and other stakeholders should also be concerned about polysubstance use and the rise in deaths involving non-opioid substances, such as cocaine, benzodiazepines and amphetamines.

The state of Indiana is comprised of 92 counties, and the Indiana State Department of Health's Drug Overdose team is primarily responsible for conducting surveillance on non-fatal and fatal overdoses, monitoring disease trends, providing early detection of outbreaks and implementing evidence-based practices to effectively manage limited resources. Additionally, the Drug Overdose Team provides technical assistance to local health departments and local organizations across the state who are focused on overdose prevention efforts. While this report focuses on fatal overdoses it is important to note that these data underscore the larger issue of the driver behind the drug and opioid epidemic—substance use disorder. Communities are encouraged to see substance use disorder as a disease, understand that treatment is available and that recovery from the disease is possible. Substance use disorder impacts every county, and to address this problem, the risk and protective factors associated with this disease must be understood.

This report was created to disseminate useful and pertinent data to Indiana residents and community leaders to promote dialogue about overdose deaths and substance use disorder disease prevention in their communities to improve the health of all Hoosiers.

Read the entire report from the Indiana Department of Health here. (Published April 3, 2019)

ANXIETY AND ALCOHOL USE DISORDERS Comorbidity and Treatment Considerations

Joshua P. Smith, Ph.D., and
Carrie L. Randall, Ph.D.

The co-occurrence of anxiety disorders and alcohol use disorders (AUDs) is relatively common and is associated with a complex clinical presentation. Sound diagnosis and treatment planning requires that clinicians have an integrated understanding of the developmental pathways and course of this comorbidity. Moreover, standard interventions for anxiety disorders or AUDs may need to be modified and combined in targeted ways to accommodate the unique needs of people who have both disorders. Optimal combination of evidence- based treatments should be based on a comparative balance that considers the advantages and disadvantages of sequential, parallel, and integrated approaches

Co-occurring anxiety disorders and alcohol use disorders (AUDs) are of great interest to researchers and clinicians. Cun1ulative evidence fron1 epidemiological and clinical studies over the past few decades has highlighted both the frequency and clinical in1pact of this con1orbidity. Investigations into the unique connections between specific anxiety disorders and AUDs have shown that this association is multifaceted and complex, underscoring the importance of careful diagnostic scrutiny. Of clinical relevance, treatment for people with comorbid anxiety and AUDs can be complicated, and both the methods used, and the timing of the interventions are relevant factors in treatment planning and delivery. This article explores the relationship between anxiety disorders and AUDs, focusing on the prevalence, clinical impact, developmental and maintenance characteristics, and treatment considerations associated with this fairly common comorbidity.

To read the complete paper go to:
Follow this link:

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Wexford OF INDIANA LLC

IAAP
2346 S. Lynhurst Drive, Suite D101
Indianapolis, IN 46241
www.iaapin.org

(317)481-9255

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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.)*
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