

CONNECTIONS

The Newsletter for Addiction Professionals



Maintaining Credibility

By Brent Stachler

As your new President, I wish to extend warm greetings to you during the upcoming Holiday season. I also want to thank you for the opportunity to serve you, our members. Past-President, Stewart Turner-Ball, has established a high standard for IAAP leadership. It is my intention to continue with the same standard of leadership. That is not to say that I will not make unpopular decisions. I am reminded of the saying, "what is popular is not always right, and what is right is not always popular". As addiction professionals, we empower our clients to make rational decisions based upon their renewed values, while informing them that their decisions may be viewed as unpopular, perhaps even sabotaged, by others.

Equally as important is that we, at times, are faced with the same dilemma. An example of this occurred with my three children on Halloween. As a result of repeated warnings about their unacceptable behavior, Trick-or-Treating was taken away. As a parent, I was compelled to make an unpopular decision based upon my values. Although not easy to follow-through, I believe it was not only the right thing to do, but my children will remember I hold steadfast to my values.

This same level of adherence applies to my professional life and to the leadership of this association. I will continue to uphold core IAAP values, specifically dignity and integrity, during my presidency as we continue to work towards one of our core purposes - elevating and maintaining the standards of education for addictions certification and licensure. To this end, IAAP has been collaborating towards an academic framework with Indiana Wesleyan University and IVY Tech Community Colleges to create a *first-of-its-kind* addictions counselor education program that leads to both Bachelors and Masters Degrees. It is our goal that through the combination of course-work, practicum, and internship requirements, students will be eligible for addictions certification upon completion of their degree.

Within this framework, students receive clinical supervision as an integral piece of their education. IAAP has consistently held clinical supervision as a Masters level scope of practice. This has been based upon the Masters Degree being the nationally

INSIDE THIS ISSUE

President's Message	1
National Recovery Month	2
Bylaws Message	2
Proposed Bylaws	3-4
A Message from NAADAC President-Elect	5
Across the Ethics Desk	5-6
Clinical Supervisor Update	7
A Message from Patricia M. Greer	7
SAVE THE DATE!!	8

recognized and accepted degree for clinical, legal, ethical, and professional practices for the provision of therapeutic services. Since this is the clear national standard, lowering it in Indiana would be a disservice to our clients, our members, and to the Addiction Profession. Maintaining this standard speaks to our credibility as professionals, much like the example of a parent following through with disciplining one's child speaks to credibility as a parent.

Only our Best,

Brent A Stachler, MS, LMFT, MAC

Brent Stachler, LMFT, MAC, ICAC II, NCGC I
IAAP President

Check out the IAAP website
for upcoming events,
CE opportunities,
and important dates!

www.iaapin.org

National Alcohol and Drug Addiction Recovery Month

September 2008

22.6 million people nationally and approximately 640,000 Hoosiers were classified with a serious substance use disorder in the past year. Aside from the obvious benefits to families and addicted individuals, treatment reduces reported job problems, including incomplete work and absenteeism by an average of 75 percent.

Alcohol and Drug Addiction Recovery Month was celebrated recently in a reception held in the atrium outside Governor Daniels office in Indianapolis. Speakers slated included **Dennis Tooley** (Indiana Youth Institute and stand up comic with Big Fast Belly Laugh Productions) who entertained those present while speaking of his own recovery, and **Diana Williams** (Assistant Deputy Director of the Office of Addiction and Emergency Services - State of Indiana) who challenged those present to focus on recovery "success" stories. State Representative **Eric Koch** (R) affirmed the need for additional treatment sources while doing so in a fiscally responsible manner. Former professional basketball player (NBA) and recovery coach **Richard Gibb** inspired those in attendance while noting his recovery after 22 years of active cocaine addiction. State Representative **Peggy Welch** (D) spoke of the devastating impact of addiction while citing studies that for every dollar spent on treatment, six dollars are saved. **Cindy M.**, accompanied by her husband, humbly spoke of her addiction to pain medication after an injury and her eventual crack cocaine addiction which led to living in crack

houses and sleeping on the streets of Indianapolis. She admonished the gathering to know that recovery is possible while noting that she "works" her program each day, including helping others through volunteer efforts.

Governor Daniels, in proclaiming September National Alcohol and Drug Addiction Recovery Month, stated "...it is critical that we acknowledge substance use disorders as a serious, yet treatable health care problem."

The event was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Association for Alcohol and Drug Addiction Counselors (NAADAC). Stewart Turner-Ball, local therapist and IAAP Past President was emcee for the event.



From Left: Rep. Eric Koch, Rep. Peggy Welch, Richard Gibb, Cindy M., Diana Williams, Dennis Tooley, and Stewart Turner-Ball

A Message from the Bylaws Committee Chair

Dear IAAP Members,

In our ongoing efforts to bring you "only our best", the Bylaws Committee has completed its annual review of the Bylaws. We are proposing the following changes, which will be voted on during the Membership meeting at the IAAP Spring Conference, April 17 & 18, 2008. Mark your calendars now!

Ron Chupp

Ron Chupp
Bylaws Committee Chair

PROPOSED BYLAW CHANGES

ARTICLE 3: MEMBERSHIP AND DUES

Section 2-d: (~~Honorary~~) **Sustaining Membership**, which is available, upon application for this status by an IAAP member and by a two-thirds (2/3) **majority** vote of the IAAP Board of Directors, to:

- i. Current IAAP members who become incapable of performing the duties required for addiction counseling due to a physical or mental impairment. Documentation from the Social Security Administration of acceptance into the SSDI program will suffice as proof of eligibility for (~~Honorary~~) **Sustaining** membership based on disability.
- ii. Current IAAP members who are over the age of sixty-two (62) and are retired or semi-retired (limit of 20 hours per week) from a position in the addictions field.
- iii. (~~Current IAAP members who have served on the Board of Directors, chaired any standing Committee with time and/or distinction, or been selected as the Counselor of the Year, and have a minimum of fifteen (15) years in the addiction field.~~) *Moves to section 2-e.*
(** ~~Please Note: Honorary membership status applies only to IAAP membership and not to NAADAC membership unless it has been approved by the NAADAC Executive Committee. IAAP members who are granted Honorary membership status in IAAP are exempt from IAAP membership dues, but must still pay NAADAC membership dues.~~) *Moves to section 2-e.*
- iv. Any other individual, organization, agency, or program that is a current IAAP member and has aided or served the organization with time and/or distinction.
- v. Non-IAAP members who have contributed significantly to the formation, development, and/or advancement of IAAP or the addictions field in the State of Indiana upon nomination by a Board Officer or Member, and a two-thirds (2/3) majority vote of the Board of Directors.

Section 2-c: Honorary Membership, which is available only upon nomination (*excludes self-nomination*) for this status by an IAAP member and by a two-thirds (2/3) majority vote of the IAAP Board of Directors, to:

- i. **Current IAAP members who have served on the Board of Directors, chaired any standing Committee with time and/or distinction, or been selected as the Counselor of the Year, and have a minimum of fifteen (15) years in the addiction field.**

**** Please Note: Honorary membership status applies only to IAAP membership and not to NAADAC membership unless it has been approved by the NAADAC Executive Committee. IAAP members who are granted Honorary membership status in IAAP are exempt from IAAP membership dues, but must still pay NAADAC membership dues.**

The amended section will read: Sustaining Membership, which is available, upon application for this status by an IAAP

member and by a two-thirds (2/3) majority vote of the IAAP Board of Directors, to:

- i. Current IAAP members who become incapable of performing the duties required for addiction counseling due to a physical or mental impairment. Documentation from the Social Security Administration of acceptance into the SSDI program will suffice as proof of eligibility for Sustaining membership based on disability.
- ii. Current IAAP members who are over the age of sixty-two (62) and are retired or semi-retired (limit of 20 hours per week) from a position in the addictions field.
- iii. Any other individual, organization, agency, or program that is a current IAAP member and has aided or served the organization with time and/or distinction.
- vi. Non-IAAP members who have contributed significantly to the formation, development, and/or advancement of IAAP or the addictions field in the State of Indiana upon nomination by a Board Officer or Member, and a two-thirds (2/3) majority vote of the Board of Directors.

e: Honorary Membership, which is available only upon nomination (*excludes self-nomination*) for this status by an IAAP member and by a two-thirds (2/3) majority vote of the IAAP Board of Directors, to:

- i. Current IAAP members who have served on the Board of Directors, chaired any standing Committee with time and/or distinction, or been selected as the Counselor of the Year, and have a minimum of fifteen (15) years in the addiction field.

**** Please Note: Honorary membership status applies only to IAAP membership and not to NAADAC membership unless it has been approved by the NAADAC Executive Committee. IAAP members who are granted Honorary membership status in IAAP are exempt from IAAP membership dues, but must still pay NAADAC membership dues.**

ARTICLE 5: BOARD OF DIRECTORS.

Section 7: Board membership will consist of five (5) Officers, **eight Regional Directors (a minimum of two (2) Directors elected from each of four regions), (a minimum of four (4) At-Large Directors)** and **(two (2)) four Student Members elected (at-large) from each of four regions** by the IAAP membership through mail-in ballot prior to the annual meeting.

- a. All **Regional (At-Large)** Directors will serve terms of three (3) years, **with no limit to the number of terms each may serve.**

The amended section will read: "Board membership will consist of five (5) Officers, eight Regional Directors (a minimum of two Directors elected from each of four regions), and a maximum of two (2) At-Large Directors and two (2) Student members elected at-large by the IAAP membership through mail-in ballot prior to the annual meeting.

- a. All Regional Directors will serve terms of three (3) years, with no limit to the number of terms each may serve."

ARTICLE 6: OFFICERS AND DUTIES

Section 2-b: Only IAAP members who were involved in forming this organization OR have completed a minimum of one full term as an elected member or officer of the Board of Directors OR who have chaired a standing IAAP committee **for a minimum of two years** are eligible for the offices of President and President-Elect.

The amended section will read: "Only IAAP members who were involved in forming this organization OR have completed a minimum of one full term as an elected member or officer of the Board of Directors OR who have chaired a standing IAAP committee for a minimum of two years are eligible for the offices of President and President-Elect."

Section 9: Terms, Term Limits, and Transitions.

a. ~~(The President is not eligible for election to consecutive terms.)~~ **Those elected to the office of President-Elect of the IAAP Board of Directors will serve a term of office consisting of six years.**

- i. **He or she will serve two years as the President-Elect of IAAP.**
- ii. **He or she will then be installed as the President of IAAP for a period of two years.**
- iii. The ~~(President)~~ **individual**, upon the completion of his or her term **as President**, will be installed as the Immediate Past President **for a period of two years** and the President-Elect shall be installed as the President *(was section 9-b)*.
- iv. **Any individual who has held the office of President of IAAP is not eligible to run for President-Elect until a minimum of two years has elapsed from the time he or she ended their term as Immediate Past President.**

b. If the office of President becomes vacant, the President-Elect will serve the remainder of the outgoing President's term and then serve the full term to which he or she were elected.

c. If the office of President-Elect becomes vacant, the Immediate Past President will fill the office until a Special Election is held to fill the vacancy.

- i. The Special Election must be held within 90 days and conducted pursuant to the Elections Committee's Procedures for Holding Special Elections.
- ii. If the Immediate Past President is unable or unwilling to fill the vacancy, the order of succession becomes: Secretary, Treasurer, and any other Past President.

d. ~~(The)~~ **Those elected to the office of Secretary of IAAP will serve a term of two (2) years, (is not eligible to hold the same office for more than two (2) consecutive terms) with no limit to the number of terms they may serve.**

e. ~~(The)~~ **Those elected to the office of Treasurer of IAAP will serve a term of two (2) years, (is not eligible to hold the same office for more than two (2) consecutive**

terms) with no limit to the number of terms they may serve.

f. ~~(The Board of Directors will serve staggered terms to ensure that no more than four At Large Directors will be elected in any one year period)~~

The amended section will read: Terms, Term Limits, and Transitions.

g. Those elected to the office of President-Elect of the IAAP Board of Directors will serve a term of office consisting of six years.

- i. He or she will serve two years as the President-Elect of IAAP.
- ii. He or she will then be installed as the President of IAAP for a period of two years.
- iii. The individual, upon the completion of his or her term as President, will be installed as the Immediate Past President for a period of two years and the President-Elect shall be installed as the President.
- iv. Any individual who has held the office of President of IAAP is not eligible to run for President-Elect until a minimum of two years has elapsed from the time he or she ended their term as Immediate Past President.

h. If the office of President becomes vacant, the President-Elect will serve the remainder of the outgoing President's term and then serve the full term to which he or she were elected.

i. If the office of President-Elect becomes vacant, the Immediate Past President will fill the office until a Special Election is held to fill the vacancy.

- i. The Special Election must be held within 90 days and conducted pursuant to the Elections Committee's Procedures for Holding Special Elections.
- ii. If the Immediate Past President is unable or unwilling to fill the vacancy, the order of succession becomes: Secretary, Treasurer, and any other Past President.

j. Those elected to the office of Secretary of IAAP will serve a term of two (2) years, with no limit to the number of terms they may serve.

k. Those elected to the office of Treasurer of IAAP will serve a term of two (2) years, with no limit to the number of terms they may serve.

ARTICLE 8: COMMITTEES

Section 5-1: ~~(Regional Chapter Committee composed of the chair and a minimum of four (4) additional IAAP members who are responsible for forming, implementing, and providing support for each Regional Chapter.)~~

A Message from NAADAC President-Elect

Dear IAAP Members and Colleagues,

I appreciate the opportunity of *Connections* to extend my thanks for your endorsement of me as the new President -Elect of NAADAC. In 2007 I was gratified to be elected by the NAADAC Board of Directors, made up of the State Affiliate Presidents, to fill remaining term of President Elect. At that time I and four other candidates were asked to share our vision for NAADAC and the direction of the addictions profession, in front of the Board of Directors. After my election I was encouraged to seek the office from the membership of NAADAC. With your votes that has happened and I thank you, but there is more I want to share with you.

What I shared with the Board of Directors and in my statement to the entire membership of NAADAC was "our vision and story" in IAAP, as it relates to values, vision, ideas, practices, principles and their

achievement here in Indiana. The success and growth of IAAP has not gone without notice among other NAADAC state affiliates and the desire to adopt and emulate our affiliate. On occasion I am asked, or one particular NAADAC staff member is asked "How did you (they) do this in Indiana"?

I find I am the fifth person from Indiana elected to serve NAADAC in this office and will carry on with this distinguished heritage. With one year down and six to go there is much to be accomplished for you, the addiction counselor and those we serve. Again I thank you for this humble privilege and honor to serve and help lead this profession on a national and world level.

Warmly,

Don P. Osborn
NAADAC President-Elect

Across the Ethics Desk

By Ron Chupp

During the trainings I present on ethics around the State of Indiana, I enjoy the vigorous debate generated by one of the group exercises I facilitate on "Ethical Dilemmas." Although not all answers that are given in response to the vignettes are correct, the debate always centers around what is best for our clients. This is good. I would much rather hear debate about what is best for the clients than debate about what is best for me, or my agency, or my referral sources, although those must be part of the overall discussion in our litigious society. One of the vignettes from my Basic Ethics for Addictions Counselors training that always sparks debate involves the counselors response to a client who informs the counselor that he or she has used alcohol or drugs. Does the counselor report this admission to the client's Probation Officer? The answer of course, is "It depends." *Thanks for the clarification, Ron!*

The reason for the non-committal answer lies at the heart of ethics - where or with whom does my responsibility reside? The IAAP *Code of Ethics* Principle 2, Section B states, "IAAP members will disclose the nature of confidentiality and possible limitations on confidentiality to clients and other interested parties as early as feasible in their professional contacts. Counselors will

review with their clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required." Most of us are aware that this passage refers to clients who present an "imminent danger" to self or others, medical emergencies, crimes committed at the agency, and child abuse or neglect, but what does it mean in terms of informing Probation of client slips? The answer of course, is "It depends." *Thanks again, Ron!*

What exactly does "It" depend on? There are several important issues that come into play in this situation. Do your referral sources have the expectation that you will report all client slips or relapses to them? If so, is this written as part of your contract with the referral source? If you have told your referral sources that you will report all client slips to them, you *MUST* inform the client *at the beginning of services* of this arrangement. Have you done so? Because you may not assume a client has the expectation that you will report them. If you have not informed your clients of your arrangement to report all slips and you inform their referral source of such an occurrence, you have committed a breach of the client's confidentiality. If, on the other hand, you *have* informed the client that you are obligated to report their slips than this is *not* a *Please see Across the Ethics Desk on page 6*

Across the Ethics Desk continued from page 5

breach of confidentiality. Your agency must have policies and procedures in place regarding client confidentiality to become certified by DMHA to provide addictions services. Most agencies have a handout they give to clients which specifies confidentiality issues, and which the client must sign, to provide documentation to DMHA that the policy was followed. If you have an arrangement to report all client slips to probation, this is a good way to place that information in the clients' hands. If you have a copy of your agency's confidentiality guidelines with a client's signatures informing them that you are obligated to report any slips to probation, then you are covered legally. But, are you covered ethically? The bigger question for me becomes "Who are you working for?" Are you working for your client or for the probation department? Is it possible to be looking out for the best interests of the client while reporting their slips to probation? Does reporting their slips to probation have therapeutic value? If so, what is it, how do you know, and how will you *document* it? What will you do for a living when your agency goes bankrupt because the clients are all going to your competitors who *won't* "narc them out?"

These are the pragmatic questions. We also need to examine the philosophical questions that exist here. Do you have the expectation that your clients can turn their addictions on and off at the flick of a switch like many people in the court systems do? Many judges, prosecutors and probation officers, like the general public, believe that addiction is not real, or that the client just needs more "willpower" (whatever that is), and that using alcohol and drugs is a conscious and deliberate choice our clients make. They do not understand the reality that addiction as both a disease *and* a chronically relapsing condition. Do you challenge the belief systems of the judges, prosecutors and probations officers in your area of service, or do you allow them to continue to ignore the realities of addiction as chronically relapsing conditions? The IAAP *Code of Ethics* Principle 7, Section B states, "IAAP members will advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are impaired by the disease of addiction." The "changes in public policy" can occur at the local level with probation

officers and judges. Furthermore, Principle 7, Section D states, "IAAP members will educate the public about the disease of addiction while working to dispel negative myths, stereotypes, and misconceptions about addictive diseases and the people who have them." The 'public' in this case certainly includes prosecutors, probation officers, and judges.

As a matter of policy, I no longer give random drug screens as a part of my treatment programs because I do not work for probation - I work for my clients. I tell my clients up front that I expect them to remain clean and sober and trust them to tell me if they are not. If they have a slip and tell me about it, we will work at it in group. If they violate the trust (not of using, but of not telling me) they will have to live with the consequences. And I also inform them up front that I *do* drop for cause - if they come in with glassy red eyes, smelling of alcohol, or tweaking they will get a UDS. How they respond at that point determines how we deal with the behavior.

Do *you* have a policy in place for dealing with slips when they occur? A client who reports a slip in my groups gets a brief but effective immersion in Cognitive Behavioral Restructuring Therapy to ID their feelings and automatic thoughts that led to the slip, and replacement feelings and thoughts for the next time they face a similarly stressful situation. And the whole group benefits from going through the process. That way the slip becomes a therapeutic event rather than a probation violation. And many probation officers, once they are educated by us regarding the various forms of the disease of addiction will accept a slip as a need/benefit of having the client in treatment, which it is if *we* make it so. Are we truly giving our clients "only our best" by working for their best interests? Ethical practice demands that we do.

IAAP is providing you with an opportunity to submit scholarly articles for the newsletter. All submissions are to be forwarded to the IAAP Office, c/o Central Office Management Solutions.

Clinical Supervisor Update

Katti Sneed, IAAP Certification Chair

IAAP's goal is to build the pool of qualified clinically trained addictions professionals. One way of doing this is through providing training and certification for our clinical supervisors. IAAP will be sponsoring another two day workshop on February 20th and 21st of 2009, in which Jim Bergin will again be the presenter, who does an excellent job! But the best news is that the workshop will be FREE.

Additional great news is that IAAP has expanded the list of those eligible for the clinical supervisor credential.

Those currently licensed as a LCSW, LMFT, LMHC, or HSPP and who have a minimum of a Masters degree in a Human Services related field with two years of post-graduate experience in addictions and a minimum of 12 hours of clinical supervision training are eligible. Visit our website, www.iaapin.org, for further details and to obtain an application.

Questions?

Contact Central Office:

317-481-9255

A Message from Patricia M. Greer, LCDC President, NAADAC

Dear Stewart,

It is with great pleasure that I compose this letter of congratulations to you, and to the Indiana Association of Addiction Professionals, for your work in enhancing the professional profile of addictions counselors in Indiana. The efforts that you made to preserve the standards and principles of your state is a cornerstone in the foundation of the group that will lead others to the same high performance standards. Additionally, you were instrumental in the transition to IAAP in carrying forward the ethical and educational standards of NAADAC. As all of the leadership on the Board of Directors of NAADAC knows, the responsibilities and commitment of a state chapter President carries with it a level of involvement that is hard to anticipate. The surprises along the way call upon the skills of analysis, diplomacy, team building, articulate verbal skills and advanced levels of time management.

Your sacrifices and the sacrifice of your family while you do this volunteer work are the energy that fuels the heart of NAADAC. Without leaders such as yourself, we would be unable to move the profession forward. In a generation, the efforts that were made will be taken for granted, but the results will give a place to future counselors to continue to develop the vision that we have for ourselves: a highly trained and skilled workforce that has the unique ability to redirect addiction to recovery, and pain and loss to futures worth fighting for. From our clients we experience the joy of sharing in their recovery, from our peers, we celebrate accomplishments such as your own, and hold them up as examples to follow.

Thank you Stewart, and thanks to IAAP for the opportunity to work together. Please let me know how you want to stay engaged in our collective future!

Warm regards,

Patricia M. Greer, LCDC
President of NAADAC

President

Brent Stachler
brentstachler@msn.com

President Elect

Ron Chupp
rchupp@nec.org

Past President

Stewart Turner-Ball
Stbms1975@yahoo.com

NAADAC President-Elect

Don Osborn
dposborn@hotmail.com

Treasurer

Tamara Brown
tamara4@mchsi.com

Secretary

Kathy Halbach
khalbach@parkcenter.org

Committee Chairpersons

Membership

OPEN

Certification Chair

Katti Sneed
kattisneed@hotmail.com

By-Laws and Ethics

Ron Chupp
rchupp@nec.org

Conference

OPEN

Editor, IAAP Newsletter

Casey Stevens
casey@centraloffice1.com

IAAP Central Office

PO BOX 24167
Indianapolis, IN 46224
317-481-9255

**SAVE THE DATE –
IAAP Clinical Supervisor Training**

Friday & Saturday
February 20 & 21, 2009
8:30 – 4:00

IAAP Spring Conference

Friday & Saturday
April 17 & 18, 2009
8:30 – 4:00

Location:

Indiana Wesleyan University – Indpls.
3777 Priority Way South Drive
Indianapolis, IN 46240

IAAP

PO Box 24167
Indianapolis, IN 46224
www.iaapin.org