

July 2007

IAAP

The Indiana Association for Addiction Professionals

A NAADAC Affiliate

Connections

The Newsletter for Addiction Professionals

President's Message



Giving Back

Legendary Gold Medalist Jesse Owens thwarted Adolf Hitler's efforts to demonstrate racial superiority during the Berlin Olympics of 1936. A biographical movie was produced chronicling his being mentored as a young boy and his eventual

mentoring of a young boy near the conclusion of the film. Jesse Owens gave back.

The inventor of dynamite was accidentally listed in an obituary column and was so disturbed by his potential legacy that he committed the remainder of his life and beyond to fostering world peace. Alfred Nobel gave back.

Step 12 of Alcoholics and Narcotics Anonymous (et al.) encourages recovering addicts to carry this message to other addicts. Some addicts seem to require that their hope comes from another successful recovering addict. Many recovering addicts give back.

He wouldn't want me to say it, but... Joe Balutis (BS, ICAC II) is one such counselor. Joe's message of hope and counseling has affected thousands of suffering addicts over the course of his career. Even his voice message exudes gratitude and encouragement.

Recording artist Martina McBride's song, "**Anyway**" says.

God is great
But sometimes life aint good
And when I pray
It doesn't always turn out like I think it should
But I do it anyway
I do it anyway.

Despite his failing health, Joe Balutis continues to work and counsel in a soup kitchen in Northwest Indiana. Joe does it anyway. He gives back.

Only the prideful and arrogant contend that they have done it all by themselves. As I write, I am reminded of my mentors, including those who encourage my belief that I could be of use to suffering addicts and their families. Who encouraged you to become an addiction counselor? It is no secret that a shortage of competent addiction counselors exists. Consider compiling a list of at least three people you can envision becoming an addiction counselor. Imagine if all IAAP members did so (i.e., 500 IAAP members x 3). This would reflect 1500 possibilities! Talk to others about career opportunities. Encourage the them to contact me (765-342-0908) or someone else that might help them explore addiction counseling as a career.

Let's do this together and make progress towards solving the counselor shortage! Let's give back!

Only Our Best,

Stewart Turner-Ball

2007 Fall Conference Save the Date

IAAP Fall Conference
October 19-20, 2007
Indiana Wesleyan University
Indianapolis (northside)

Additional details and
information to follow.

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Sexual Addiction

by Arlene K. Story

LMHC, TEP, MAC, CCS, ICAC-II, CSAT

Sex addiction has become one of the most insidious of all addictions. With the development and availability of the internet, sex addiction has been increasing at an alarming rate. Many people now struggle with sex addiction that would never have developed this addiction had it not been for the internet. In 2003, sex became the biggest product on the internet and child pornography became the most profitable segment. Thousands of new internet porn sites are created every day. Sexual experts say that scopophilia, sexual pleasure from watching other people have sex, has become the #1 sexual activity in the United States. In 2004, Patrick Carnes, Ph.D., author and expert in the sex addiction field, stated that the "cybersex phenomenon is one of the biggest technological changes" and is "changing our sexuality." Al Cooper, who headed up research on sex addiction, referred to cybersex as the "crack cocaine of sex addiction."

One of the more frightening aspects of cybersex is the way that our children are being affected. Based on 2003 research, 89% of sexual solicitations of kids are made in chat rooms. Since chat rooms are a major hangout of sexual predators, children and teenagers who visit ANY type of chat room have a 100% chance of being contacted by a sexual predator. Another figure from 2003 research is that 90% of 8-16 year olds report having viewed porn online, mostly while doing homework. Porn sites are often named so that access to them will come up when children use a search engine for specific topics, e.g., www.whitehouse.org.

There are differences between male and female sex addicts. Men who struggle with sex addiction outnumber women. Approximately 60% of identified sex addicts are men and 40% are women. However, the number of men in treatment far exceeds the number of women who come for treatment. Women tend to be more relational and therefore, favor chat rooms twice as much as men.

SO, WHAT DOES ALL THIS MEAN FOR SUBSTANCE ABUSE COUNSELORS? It means a whole new way of looking at and approaching treatment. Unfortunately, sex addiction is the least likely addiction to be identified when people come into treatment with various other issues, including substance abuse because most therapists have never been trained to assess for it. We must understand that addiction is a brain disease that is expressed in the form of compulsive behaviors. Some of the latest brain research demonstrates ways that the brain functions differently with the various addictions. It is also important to understand that many people who struggle with addiction have multiple addictions. The latest research shows that 42% of those with sex addiction also struggle with chemical dependency. This means that substance abuse counselors must learn, at a minimum, to screen for sex addiction as well as other addictions. Substance abuse counselors must also understand the different ways that addictions, including deprivations, interact with each other if they are going to assure that their clients get the best possible treatment.

The following web sites can be helpful in accessing further information about sexual addiction, resources, and trainings: www.iitap.com, www.sash.net, and www.SexHelp.com.

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Psychodrama Training & Consulting

Offers

PROFESSIONAL DEVELOPMENT SERIES – 2007

AUGUST 11

Deepening Our Spiritual Connection: Overcoming Spiritual Stumbling Blocks in Recovery

SEPTEMBER 15

Recovery From Trauma: Healing the Wounds That Lead To Relapse

OCTOBER 13

Moving Beyond Our Wounds: Making Meaning Out of Our Suffering

NOVEMBER 10

Special Moments: Healing Through Moments That Touched Our Hearts

DECEMBER 8

Learning To Dream: Moving Beyond Mediocrity

CDU's available

2-DAY ADDICTION GROUP SUPERVISION INTENSIVES - 2007

AUGUST 24-25 and OCTOBER 26-27

For More Information on the Trainings or Group Supervision Intensives,
visit the IAAP Web Site at: www.iaapin.org and click on the Training Link.

Contact Arlene Story at astory@ccagroup.org or 260-402-0870 to be added to the mailing list.

Upcoming Board Meeting

September 21, 2007 Legislative Committee Meeting, 1:00 pm
September 21, 2007 Education Meeting, 3:30 pm
September 22, 2007 Regular Board Meeting, 10:00 am to 2:00 pm;
(A working lunch will be provided)

IAAP Certification Examination Date & Application Deadline

Application Deadline:

October 9, 2007

Testing Dates:

Date and time will be scheduled with PTC once notice is received. Testing on Saturdays.

September 8 & September 15

December 8 & December 15

The examinations will be held in Indianapolis. More information will be mailed to you prior to the examination. For more information, please contact Arlene Story, IAAP Certification Chairperson astory@ccagroup.org.

The Noah Syndrome

by Don P. Osborn

NAADAC Regional Vice President (Mid Central Region),
Chairman NAADAC National Committee on Addiction
Studies and Standards in Higher Education

If you do not like change, DO NOT READ THIS ARTICLE!
This article could cause undue anxiety, frustration and
anger for some readers and their employers... (Yet, for
some a welcome change). You have been warned; Turn
your eyes away now. This is your last chance...

When I was younger, I sometimes wondered and asked
my parents why rules were made or changed.
Remembering back, my parents were the type that "made
the rules." When I'd ask why the rules were made or
changed, it was to understand the rationale— not to
disrespect or challenge my parents. There were only a
few times when my parents consulted me "on the rules".
Besides those few occasions, I was to trust in their
experience, wisdom and love for me regarding their
decisions.

As an adult, I came to see how keenly my parents had
prepared me for my arrival in the working world. My bosses
never asked me for my opinion. Most decisions were for
bottom line and financial in nature. Coworkers and I often
thought, "If you had only asked I would have told you so."
Frequently, we were told, "get ready... these are the
changes that are going to happen." On rare occasions was
a rationale given. Rarer still was input sought.

The addiction profession has been one to emphasize the
need for change in the lives of our clients. Yet, as a
profession we have been slow, if not resistant to accept
change. The merits of change are ones that have a variety
of origins and all are not well-articulated, understood or
even accepted. I think that what bothers people in our
profession the most is they feel "someone should have
asked or consulted us on our input or opinion first." Far
too often there are those that decide on change that in
some aspects, are not familiar with the profession, resulting
in less than adequate outcomes.

There have been times I have witnessed "higher authorities"
inform an employer about changes that were coming. It
wasn't a shock that the employer's input was not sought.
Sometimes, the change would result in a panic or tailspin
for employee and employer alike. Certainly,
not all change is good or to be "liked". Yet,
how do we manage or accept change when
it comes? This question is the purpose for
this article and a new syndrome I refer to as
"The Noah Syndrome."

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Many are familiar with the story of Noah from the Old
Testament. In short, God informed Noah that "a lot of rain"
was going to be coming his way and wipe out all living
things on earth. If Noah wanted to survive he needed to
build a really big boat. Noah did not wait around. He did as
he was told and quickly informed others about what was
coming and what had to be done to survive. Most scoffed
at the notion. The important part here (and the hallmark of
the Noah Syndrome, unlike the Paul Revere Syndrome,
where people listened and actually got ready) was people
were warned, did nothing and experienced the
consequences. We all know the end result except no one
was left to complain about being left behind afterward. Noah
was not told, "it *could* happen" or "*might* happen," he was
told, "it *would* happen."

Rain is in the forecast for the addictions profession.
Nationally, the ethical aspect of group counseling in
addictions programs is being discussed along with
concerns regarding the counselor's job duties and
performance, especially documentation. Recently, when
speaking at the Indiana Association for Addiction
Professionals' (IAAP) 2007 Spring Conference, I answered
some questions and shared the following:

- 1) CEOs, supervisors (administrative and clinical) and
program directors need to be ready for change(s).
- 2) Preparations for these change(s) should occur
sooner than later.

I asked the attendees to pass this information along to their
CEO's and supervisors. Soon after the conference several
did contact me for advice and direction. These individuals
were proactive and recognized the need to be
entrepreneurial by stating, "Tell me what I need to do to get
our program on board." My responses are summarized
as follows:

The rubric (from research) for group counseling /
psychotherapy is one counselor at the masters level, with
no more than eight to ten members, meeting for 90
minutes to two hours without the assistance of a manual
or script, with participants examining and conversing about
inter and intra personal concerns. Anything other than that
is to be considered psycho-education and provided by a
bachelors level counselor. Care must be made to insure
that when psycho-education is being done it is not promoted
and billed as group counseling/ psychotherapy. To do so
is unethical and can be legally challenged by clients
(particularly if the program is court ordered). Other ethical
issues can come about if a person has had previous
psycho-education without success and has been placed
there again. The client must be referred to group
counseling/psychotherapy. Treatment placement can be

challenged. Rest assured, courts will be increasingly attentive to this.

Another issue is the time provided by treatment programs to allow counselors to complete documentation given their caseload numbers. Programs focus on productivity. (The number of clients seen by a counselor and the billable time spent in direct services to the client). Many programs put the counselor in a bind by enforcing productivity percentages along with required completion of documentation regardless of caseloads. Some counselors know all too well that one or the other *can* and do *suffer*. Employees are at risk for being written up if productivity and documentation criteria are not met. Employers place counselors in a “Catch-22” and contribute to counselor “burn out”, health concerns and turn over. While I shared with program directors, I understand the “financial bottom line” with regards to paying employees, meeting expenses/bills and employee job performance, there is a need to re evaluate policy and procedure with regards to how they do business and treatment for future audits, funding and program certification purposes. A slow change is coming concerning how employers provide for employees to do their job. One director /supervisor asked me “what I thought of a program or director that did not make these changes”. My response to them was that” I would as an auditor question the mission, motive and quality of treatment provided” and added “it would cause me to evaluate more deeply other areas as well”. It appears that directors, supervisors and CEOs will be reviewed for their understanding of their employee’s duties and challenges. Some programs are already seeing this now.

Simply put, employers will need to provide, if not ensure, counselors are given time at work to complete documentation (not after work and on weekends). Moreover, some productivity levels may need to be lowered in programs as well as the number of clients on caseloads. If documentation is done on a computer, an adequate ratio of computer to counselor and time to complete documentation must be reviewed. For some employers the working environment will be redefined and they will come to experience a new meaning of “hostile work environment” in cases filed against them. Once again, it’s not *if* but *when*.

A few administrators and directors (for profit, not for profit and governmental alike) admitted they “understood, welcomed and will heed this information”. They realized “like past health care issues, this is the logical next wave in the process” and understand that “it is better to move toward these changes now”. Past experience has taught them it’s no longer “it might” or “could happen” but that it is inevitable that “it will happen”. As one wisely said “It is better that we police ourselves on this, than have someone do it for us”. These individuals realize the balance of business

and ethics with wisdom are doing so now to meet the challenge of change and be ahead of the “competition”. “Better get an umbrella or build a boat,” is my advice to counselors and treatment programs. Looks like rain is in the distance.



Continuing the Care A Recovery Monitoring Program

This program is designed for those in early recovery and provides support and accountability during the critical early months of after treatment when the risk of relapse is often greatest. Typically a participant will engage in therapy (referred out), random urine drug screens (with current state of the art testing), psychiatric and medical referrals as needed, regular meetings with program staff and advocacy services (to employers etc.) as appropriate. When combined with primary treatment and strong aftercare requirements this program dramatically increases long term recovery.

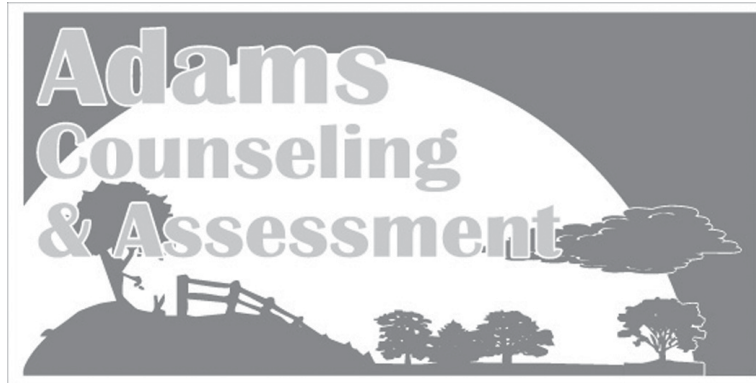
For confidential inquiries please feel free to contact me at: 317-514-1865 or email at candacebacker@sbcglobal.net

IAAP Connections

Advertising Rates

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Full Page	\$100.00
Business Card	\$20.00





Adams Counseling & Assessment, LLC, a private mental health facility in Pendleton, IN, is seeking an experienced Masters level clinician, interested in addictions, to serve full time as primary therapist, and possibly coordinator, of our IOP / Relapse Prevention programming for adolescents and adults. Applicants must be licensed as an LCSW, LMHC, and/or LMFT in Indiana, and, be working towards, or hold, their ICAC II / NCAC II, for consideration.

Adams Counseling & Assessment, a Certified Addiction Services Outpatient Provider, has been serving Madison, Hancock, Henry, Hamilton and several other counties for over 10 years. We are paneled with nearly all major insurances and EAPs in the area, and, have long-standing, close relationships with surrounding county court and school systems, as well as local physicians. This is a unique opportunity for a clinician to “grow” a program that already has a strong referral base, while receiving supervision from an experienced ICAC II (if needed), the backing of an excellent support staff, a psychiatric nurse practitioner skilled in addiction medicine, and several psychologists / clinical social workers who work closely and creatively as a team. A very competitive compensation package, the autonomy of being in private practice, working in a newly remodeled facility, and serving a dynamic, rapidly expanding community make this an excellent opportunity for personal, professional, and financial growth.

Please submit resumes/ vitae to the attention of Rob Adams at: Office@adamscounseling.com or FAX to: (765) 778-8328.

For more information feel free to call our office at: (765) 778-0380 or visit our website at: www.adamscounseling.com

Addiction Experts Say Video Games Not an Addiction

www.reuters.com

June 24, 2007. Doctors backed away on Sunday from a controversial proposal to designate video game addiction as a mental disorder akin to alcoholism, saying psychiatrists should study the issue more.

Addiction experts also strongly opposed the idea at a debate at the American Medical Association's annual meeting.

They said more study is needed before excessive use of video and online games — a problem that affects about 10 percent of players — could be considered a mental illness. "There is nothing here to suggest that this is a complex physiological disease state akin to alcoholism or other substance abuse disorders, and it doesn't get to have the word addiction attached to it," said Dr. Stuart Gitlow of the American Society of Addiction Medicine and Mt. Sinai School of Medicine in New York.

A committee of the influential physicians' group had proposed video game addiction be listed as a mental disorder in the American Diagnostic and Statistic Manual of Mental Disorders, a guide used by the American Psychiatric Association in diagnosing mental illness.

Such a move would ease the path for insurance coverage of video game addiction.

Even before debate on the subject began, the committee that made the proposal backed away from its position, and instead recommended that the American Psychiatric Association consider the change when it revises its next diagnostic manual in 5 years.

The psychiatrist group has said if the science warrants, it could be considered for inclusion in the next diagnostic manual, which will be published in 2012.

While occasional use of video games is harmless and may even help with some disorders like autism, doctors said in extreme cases it can interfere with day-to-day necessities like working, showering or even eating.

"Working with this problem is no different than working with alcoholic patients. The same denial, the same rationalization, the same inability to give it up," Dr. Thomas Allen of the Osler Medical Center in Towson, Maryland.

Dr. Louis Kraus of the American Academy of Child and Adolescent Psychiatry and a psychiatrist at Rush University

Medical Center, said it is not yet clear whether video games are addictive.

"It's not necessarily a cause-and-effect type issue. There may be certain kids who have a compulsive component to what they are doing," he said in an interview.

But addictive or not, too much time spent playing video games takes away from other important activities.

"The more time kids spend on video games, the less time they will have socializing, the less time they will have with their families, the less time they will have exercising," Kraus said.

"They can make up academic deficits, but they can't make up the social ones," he said.

The AMA committee will consider the testimony and make its final recommendation to the AMA's 555 voting delegates, who will vote on the matter later this week.

The Entertainment Software Association, which represents the \$30 billion global video game industry, said more research is needed before video game addiction should be categorized as a mental disorder.



2007 NAADAC/TAADAC/NALGAP Annual Conference Journey Together Conference 2007

September 5 to 8, 2007
Renaissance Nashville Hotel
Nashville, TN

Informative workshops run from September 5 to 7 with closing plenaries on September 8 by Carlo DiClemente and Bertha Madras of the White House Office of National Drug Control Policy and the President's Awards Dinner, which will honor outstanding addiction services professionals from around the nation.



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