

# CONNECTIONS

The Newsletter for Addiction Professionals



## President's Message

By Stewart Ball

### Relevance

Suffering addicts and their families, if they are going to improve through treatment, soon discover how the “truth” or “being right” (i.e. excluding major violations of trust) is frequently less relevant. If you have a winner and a loser, you will not have peace.

Rather, developing an effective process is more relevant; including creating more safe interactions and facilitating more understanding.

Obviously, relevance is important. Such was the case during our recent fall conference. Dr. Terry Hargrave received outstanding reviews for his very relevant presentation on forgiveness and restoration. His style and content reflected the work of a very seasoned clinician and educator.

Building on the success of our fall conference, we (IAAP) have secured Dr. Stefanie Carnes. Dr. Carnes, a nationally recognized expert in sexual addiction and trauma, will present at our spring conference on the 12th of April (2019).

I urge you to register early! Space will be limited. You will not want to miss this excellent opportunity for professional development!

Only our best,

Stewart B. Ball, LCAC, LMFT, LCSW  
President

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### IAAP NEEDS YOU!

*Look Inside this Issue for Exciting Leadership and Advocacy Opportunities to Gain Skills and Support Addiction Professionals.*

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### Ethics Committee

First, I want to take this opportunity to wish everyone a very Merry Christmas and the most wonderful new year.

Below are the members of the IAAP Ethics Committee:

Albert Alvarez  
 Ronald Chupp  
 Chris Dabbs

Julie Otis  
 Scott Watson

I want to thank everyone who put their names in the hat and to let you know that I appreciate you responses. I would have liked to have put everyone on the committee, there were some impressive credentials.

Finally, thank you Stephanie, for all that you did to help.

Best,  
 Rob Morgan, Ethics Chair



36<sup>TH</sup> ANNUAL

**Institute for Alcohol and Drug Studies**

**PLENARY SPEAKERS**

Jermaine Galloway, BA "Tall Cop Says Stop" Day 1	Jeff Georgi, M.Div., MAH, LCAS, LPC, CGP Day 2	John Paulson, ACSW, LCSW, MAC, LCAC, CCS, HS-BCP Day 3
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Wednesday and Thursday, May 15 and 16, 2019  
 8 a.m.–5 p.m. (CDT)  
 — and —  
 Friday, May 17, 2019  
 8 a.m.–11:45 a.m. (CDT)  
 Health Professions Center  
 University of Southern Indiana

Provided by

For information call 812-464-1989 or go to [usi.edu/health](http://usi.edu/health).

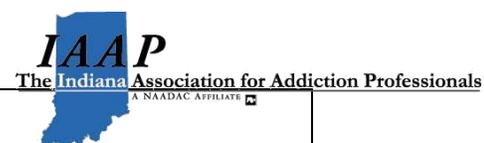
<https://www.usi.edu/health/center-for-health-professions-lifelong-learning/conferences-and-workshops/institute-for-alcohol-and-drug-studies-iaap/>

**TOPICS**

- Drug and Alcohol Adolescent Behaviors
- 
- The Tragedy Generation
- 
- The Spiritual Platform
- 
- Trauma and the Developing Brain
- 
- Mindfulness Practices
- 
- Motivational Interviewing
- 
- Current Regional Trends in Drug Use
- 
- Drug-related Death Patterns
- 
- HIV and HepC
- 
- Ethics

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In support of providing patient care, the University of Southern Indiana is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.



**2019 IAAP Events Calendar**

**SAVE THE DATE!**

**14<sup>th</sup> Annual Spring Conference**  
**Friday ~ April 12, 2019**

Presented by: Stefanie Carnes, PhD

***Sexually Compulsive and Addictive Behavior:  
 The Controversy, Diagnosis, and Implications for Treatment***

***More information coming soon!***

## The Effects of Alcohol on Physiological Processes and Biological Development

National Institute on Alcohol Abuse and Alcoholism

Adolescence is a period of rapid growth and physical change; a central question is whether consuming alcohol during this stage can disrupt development in ways that have long-term consequences. In general, the existing evidence suggests that adolescents rarely exhibit the more severe chronic disorders associated with alcohol dependence such as liver cirrhosis, hepatitis, gastritis, and pancreatitis. Adolescents who drink heavily, however, may experience some adverse effects on the liver, bone, growth, and endocrine development. Evidence also is mounting, at least in animal models, that early alcohol use may have detrimental effects on the developing brain, perhaps leading to problems with cognition later in life. This article summarizes the physiological effects of alcohol on adolescents, including a look at the long-term behavioral and physiological consequences of early drinking.

### Overview

The damage that long-term heavy alcohol consumption can do to the health of adults is well documented. Some research suggests that, even over the shorter time frame of adolescence, drinking alcohol can harm the liver, bones, endocrine system, and brain, and interfere with growth. Adolescence is a period of rapid growth and physical change; a central question is whether consuming alcohol during this stage can disrupt development in ways that have long-term consequences.

Liver disease is a common consequence of heavy drinking. More severe alcohol-related liver disease typically reflects years of heavy alcohol use. However, elevated liver enzymes that are markers of harm have been found in adolescents with alcohol use disorders and in overweight adolescents who consume more modest amounts of alcohol.

During puberty, accelerating cascades of growth factors and sex hormones set off sexual maturation, growth in stature and muscle mass, and bone development. Studies in humans have found that alcohol can lower the levels of growth and sex hormones in both adolescent boys and girls. In animals, alcohol has been found to disrupt the

interaction between the brain, the pituitary gland (which regulates secretion of sex hormones), and the ovaries, as well as systems within the ovaries that are involved in regulating sex hormones. In adolescent male animals, both short- and long-term alcohol administration suppresses testosterone; alcohol use also alters growth hormone levels, the effects of which differ with age.

Studies on alcohol and adolescent bone development are limited. In studies of male and female rats, chronic alcohol consumption (an alcohol diet) for the length of adolescence was found to stunt limb growth. One study found that feeding female rats alcohol in a way that mimics binge drinking resulted in either increases in bone length and density or in no change with more frequent bingeing. In human adolescent males but not females, studies have found that alcohol consumption decreases bone density.

The brain also is changing during adolescence. Adolescents tend to drink larger quantities on each drinking occasion than adults; this may in part be because adolescents are less sensitive to some of the unpleasant effects of intoxication. However, research suggests that adolescents may be more sensitive to some of alcohol's harmful effects on brain function. Studies in rats found that alcohol impairs the ability of adolescent animals more than adult animals to learn a task that requires spatial memory. Research also suggests a mechanism for this effect; in adolescents more than adults, alcohol inhibits the process in which, with repeated experience, nerve impulses travel more easily across the gap between nerve cells (i.e., neurons) involved in the task being learned. The reasons for these differences in sensitivity to alcohol remain unclear.

Research also has found differences in the effects of binge-like drinking in adolescents compared with adults. Normally, as people age from adolescence to adulthood, they become more sensitive to alcohol's effects on motor coordination. In one study, however, adolescent rats exposed to intermittent alcohol never developed this increased sensitivity. Other studies in both human subjects and animals suggest that the adolescent brain may be more vulnerable than the adult brain to chronic alcohol abuse.

*Continued on next page.*

**Continued from the previous page.**

Young people who reported beginning to drink at age 14 or younger also were four times more likely to report meeting the criteria for alcohol dependence at some point in their lives than were those who began drinking after age 21. Although it is possible that early alcohol use may be a marker for those who are at risk for alcohol disorders, an important question is whether early alcohol exposure may alter neurodevelopment in a way that increases risk of later abuse. Research in rats has found that prenatal or early postnatal exposure to alcohol results in a greater preference for the odor and consumption of alcohol later in life. Social experiences associated with youthful drinking also may influence drinking later in life. Additional research is needed to resolve the question of whether and how early alcohol exposure might contribute to drinking problems years down the road.

**Read the full publication:****Source:**

<https://pubs.niaaa.nih.gov/publications/arh283/125-132.htm>



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**Words of Wisdom**

*"If we are facing in the right direction, all we have to do is keep on walking."*

– Zen proverb

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**Cell-Phone Addiction: A Review**

José De-Sola Gutiérrez,<sup>1,\*</sup> Fernando Rodríguez de Fonseca,<sup>1,2,\*</sup> and Gabriel Rubio<sup>3,\*</sup>

*Front Psychiatry*. 2016; 7: 175.

Published online 2016 Oct 24.

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PMCID: PMC5076301

PMID: [27822187](https://pubmed.ncbi.nlm.nih.gov/27822187/)

**Abstract**

We present a review of the studies that have been published about addiction to cell phones. We analyze the concept of cell-phone addiction as well as its prevalence, study methodologies, psychological features, and associated psychiatric comorbidities. Research in this field has generally evolved from a global view of the cell phone as a device to its analysis via applications and contents. The diversity of criteria and methodological approaches that have been used is notable, as is a certain lack of conceptual delimitation that has resulted in a broad spread of prevalent data. There is a consensus about the existence of cell-phone addiction, but the delimitation and criteria used by various researchers vary. Cell-phone addiction shows a distinct user profile that differentiates it from Internet addiction. Without evidence pointing to the influence of cultural level and socioeconomic status, the pattern of abuse is greatest among young people, primarily females. Intercultural and geographical differences have not been sufficiently studied. The problematic use of cell phones has been associated with personality variables, such as extraversion, neuroticism, self-esteem, impulsivity, self-identity, and self-image. Similarly, sleep disturbance, anxiety, stress, and, to a lesser extent, depression, which are also associated with Internet abuse, have been associated with problematic cell-phone use. In addition, the present review reveals the coexistence relationship between problematic cell-phone use and substance use such as tobacco and alcohol.

**Read the full journal:****Source:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5076301/>



## Addiction Educator of the Year Award



**Donald P. Osborn**  
PhD, LCSW, LMFT

Each year, NAADAC honors the work of dedicated addiction professionals, organizations, and public figures during its President's Awards Luncheon at the Annual Conference. At the 2018 NAADAC Annual Conference: Shoot for the Stars in Houston, TX on October 5-9, NAADAC was honored to present its Addiction Educator of the Year Award to Donald P. Osborn, PhD, LCSW, LMFT.

Each year, the Addiction Educator of the Year Award is presented to an educator who has made an outstanding contribution to addiction education. Osborn, this year's recipient, is a kind, compassionate, and generous educator with over 26 years of experience guiding students along the path to education and employment in the addiction profession.

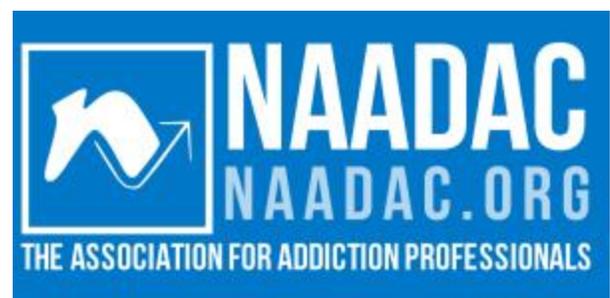
Osborn received his Bachelor of Arts degree in Christian Ministries from Lincoln Christian University, his Master of Science degree in Counseling from Indiana State University, his Master of Arts degree in Theology from Saint Mary-of-the-Woods College, and his Doctor of Philosophy degree in Guidance and Psychological Services with a Specialization in Counselor Education and Clinical Supervision from Indiana State University.

Osborn has served as the President of NAADAC, as Regional Vice President, and as Chairman of the National Addiction Studies and Standards Accreditation Committee (NASAC). He has also served as a member of the American Society of Addictions Medicine's (ASAM) Diagnostic and Addiction Treatment Criteria Committee. In 2011, Osborn was selected to lead the first United States delegation of addiction and mental health treatment professionals and educators to Cuba to review treatment facilities and practices. In 2014, Osborn was appointed to the

Indiana Behavioral Health and Human Services Licensure Board (BHHSLB), of which he became the Chair and President in 2016.

Osborn has served the addictions profession in various settings, including outpatient mental health, correctional settings, and his current capacity as Director of Graduate Clinical Addictions Counseling with Indiana Wesleyan University (IWU). He is credited with playing a primary and supportive role in the design and implementation of the undergraduate and graduate addictions counseling programs at IWU. Throughout his years in the addiction profession, Osborn worked with educators in Indiana to create a standardized curriculum for an Associate degree in Addictions. He then went to educators across the country to create standardized curriculum for Bachelor's, Master's, and Doctoral degrees in Addiction.

Osborn has worked diligently to support the addiction profession and to create an academic career ladder for aspiring and existing addictions counselors in Indiana and nationally. As a mentor to many, he is affectionately known as "Dr. O" by his students. Students who graduate from Osborn's programs emerge ready to lead the profession, not merely to work in it. Osborn is uniquely qualified to lead students down the path to education and licensure in Indiana because he helped create it.



## Please Pay It Forward, a Message from Your Past President

My dear colleagues and precious membership of IAAP:

I thank you for allowing me to serve you in the past elected positions on the old Certification Board, on the Board of Directors and twice as your President. Your confidence in me as your servant has humbled me and made me very grateful. The very first service job I was given at our state affiliate conference in New Mexico was to be a greeter/hospitality person at the door (I still treasure this and try to greet everyone at our conferences). Yes, it is true that since 1988 (whether in N.M., CT., or IN.), I have served on every state affiliate committee and ended up chairing many, however, the personal classes, trainings, consultations, mentoring and sponsoring are truly my favorite to do. This became a valuable experience and asset. For when we founded IAAP IN 2005, based on my committee experience, I was able to write out a basic outline of by-laws, policies and procedures for all our current committees and hand all of it over to Ron Chupp who eloquently perfected our by-laws as they are today and each of you voted these as official IAAP By-Laws. For me every service and experience leads to further service and improvement and interconnection within our membership. In every bit of service, it brought me closer to the "WE" of our existence as a professional addiction recovery membership. By each of you "The WE" giving me the honor and privilege to serve, I grew further in the understanding of "US as a professional membership association" willing to be at the forefront of education, training, mentoring, sponsoring and professional ethical networking and support. I have experienced from each of you how very important it is for each of us to be the "top of the line" licensed clinical professional - all because "we" believe and profess that our clients (those we humbly serve) deserve only the very best in recovery. Yes, Only Our Best!

I like paying it forward and hope others follow suit. By giving of ourselves in service, IAAP will continue to grow into the wonderful "WE" of professional membership which advocates the best education, training, ethics, and thereby, serves our recovering population in the best professional way. It is in active service "We" believe in who we are as professional members in IAAP and what we do professionally to improve the recovery process. The award I accepted honors each of you for your life time of dedicated service to our professional membership and everyone in that recovery process served by a professional clinician.

My final gratitude is this: if each of you, want to give thanks for my and your years of service, then PLEASE, PLEASE, PLEASE sponsor a student (studying to be an addiction recovery professional) with a student membership to IAAP and bring this student to the next conference to meet all of us. PLEASE pay it forward and pass along the gratitude.

Only Our Best,

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

Albert

Your past president



## Prescription Opioid Misuse Treatment Leverages Mindfulness to Amplify Natural Rewards

October 17, 2018

By Eric Sarlin, M.Ed., M.A.

NIDA Notes Contributing Writer

This research suggests that:

- Mindfulness-Oriented Recovery Enhancement (MORE) reduces opioid misuse among chronic pain patients.
- MORE shifts patients' attention away from drug cues and toward cues for natural rewards.

Dr. Eric Garland of the University of Utah and colleagues previously demonstrated that mindfulness-oriented treatment can reduce chronic pain patients' misuse of opioids. Now, a follow-up analysis of data from that study tentatively attributes the beneficial effect to an increase in patients' responsiveness to cues for natural rewards relative to cues for drug rewards.

The intervention, called Mindfulness-Oriented Recovery Enhancement (MORE), integrates three techniques. Patients learn and practice:

- Mindfulness—monitoring one's mental experiences without reacting to them. For instance, MORE trains patients to pause before taking pain medications to focus on their thoughts, emotions, bodily sensations, and cravings for opioids. "Through this process, patients learn to distinguish the need to take opioids for pain relief from the drive to take opioids to satisfy craving or to self-medicate in response to negative emotions," Dr. Garland says.
- Reappraisal—viewing stressful events as sources of meaning and personal growth.
- Savoring—focusing on and appreciating pleasure from healthful, beautiful, and life-affirming experiences.

Dr. Garland and colleagues tested MORE in a randomized trial with 115 patients who attended specialty clinics for their chronic pain, most of whom reported opioid misuse. Roughly half of the patients attended weekly group sessions with a social worker who taught and led practice in the MORE techniques and encouraged the patients to practice the techniques daily at home. The remaining patients attended weekly support group sessions that focused on emotional expression and discussion of chronic pain topics. After 8 weeks, the MORE group, in addition to reporting greater reductions in opioid

misuse than the support group, reported greater reductions in pain severity and pain-related interference with daily life.

The researchers' follow-up analysis suggests that MORE enabled patients to reduce opioid misuse by increasing their physiological responsiveness to natural-reward cues relative to drug cues. To assess cue responsiveness, the researchers monitored 51 patients' heart rates while showing them pictures of natural rewards (e.g., smiling babies, beautiful landscapes), painful injuries, and opioid pills and pill bottles. Compared with the support group patients, the MORE patients' HR responses to the natural reward cues relative to the drug reward cues increased more from before to after treatment (see Figure). This increase in heart rate responses to natural reward cues compared with drug cues was associated with a decrease in opioid misuse 3 months after the end of treatment, suggesting that MORE may reduce risk for opioid misuse by increasing physiological sensitivity to natural rewards.

Dr. Garland and colleagues continue to research the MORE intervention. They have developed a treatment manual and training protocol for use in health care facilities that will ensure that therapists adhere to the MORE program and deliver it effectively. They also plan to employ MORE in primary care settings, use the intervention to treat veterans and active-duty military personnel, and characterize MORE's impact on the brain with neuroimaging techniques.

Dr. Garland says, "In the future, I hope doctors treating pain patients will prescribe mindfulness-based interventions combined with physical therapy to reduce dependence on opioids, prevent opioid misuse, and potentially even stop acute pain from becoming chronic pain."

This study was supported by NIH grants DA032517 and DA042033.

### Sources:

Garland, E.L., Howard, M.O., Zubieta, J.-K., et al. [Restructuring hedonic dysregulation in chronic pain and prescription opioid misuse: Effects of mindfulness-oriented recovery enhancement on responsiveness to drug cues and natural rewards](#). *Psychotherapy and Psychosomatics* 86(2):111-112, 2017.

Garland, E.L., Manusov, E.G., Froeliger, B., et al. [Mindfulness-oriented recovery enhancement for chronic pain and prescription opioid misuse: results from an early stage randomized controlled trial](#). *J Consult Clin Psychol* 82(3): 448-459, 2014.

<https://www.drugabuse.gov/news-events/nida-notes/2018/10/prescription-opioid-misuse-treatment-leverages-mindfulness-to-amplify-natural-rewards>

Full Manuscript: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4076008/pdf/nihms582118.pdf>

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#### **ARE YOU UPDATED?**

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

**SAVE THE DATE**  
**IAAP 14<sup>th</sup> Annual**  
**Spring Conference**  
**Friday, April 12, 2019**

**Stefanie Carnes, PhD**  
*Sexually Compulsive and*  
*Addictive Behavior:*  
*The Controversy, Diagnosis, and*  
*Implications for Treatment*  
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- Free access to NAADAC's online Career Center at [www.naadac.org](http://www.naadac.org).
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