December 2006

IAAP
The Indiana Association for Addiction Professionals
A NAADAC Affiliate

Connections

The Newsletter for Addiction Professionals
George Brines, Editor

President's Message

Measuring Greatness

"Everybody can be great because anybody can serve".

Dr. Martin Luther King Jr.

After a recent win against the New England Patriots, Indianapolis Colts quarterback Peyton Manning was interviewed regarding the keys to the victory. He answered by stating that "it took the entire Indianapolis Colts team to beat a team as good as New England" (i.e., focusing on the strengths of the entire team as opposed to focusing on his own stats or other players stats). Such is the case in any successful organization, with IAAP being no exception.

Many of you voted during our recent election. This resulted in a new board and officers with a combined experience of over 300 years from a variety of educational backgrounds. Despite this good news, these member/leaders **need your involvement** to be successful. Your service can have an impact on how addictions training and treatment helps suffering addicts and their families here in Indiana and ultimately, nationally.

In the upcoming year, I will be challenging all committee chairpersons to actualize their committees' potential. When they call you, please give consideration to service on one of the committees. We know your time is valuable; therefore, each committee will be challenged to be action-oriented so much can be accomplished. If you are uncertain about committee service, feel free to call me at (765-342-0908) to discuss other areas where your talents and interests might be utilized.

We have come a long way since our inception in February 2005, including growing from a founding board of 13 to nearly 500 members, 75% of which are certified. We have enjoyed several (4) quality conferences since the spring of 2005, with more to come. More importantly, we have raised the standards for addiction professionals in Indiana.

Let us build on this momentum together. Let us serve together. May each of you find this a blessed holiday season.

Only our best,

Stewart Turner-Ball

IAAP Certification Examination Dates & Application Deadlines

Examination dates	Application deadlines:
March 31, 2007	Jan. 13, 2007
July 28, 2007	May 12, 2007
Nov. 17, 2007	Sept. 8, 2007

The examinations will be held in Indianapolis. More information will be mailed to you prior to the examination. For more information, please contact Brent Stachler, President Elect at *IAAPCertChair@msn.com* or Arlene Story, IAAP Certification Chairperson at *AStory@ccagroup.org.*

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Across the Ethics Desk

by Ron Chupp

As I promised to you, I will address some of the more obscure (but necessary) ethics issues from time to time in this column. Although the issue of Confidentiality is hardly obscure in our profession, some of the legal and ethical requirements for maintaining confidentiality are not widely known. Confidentiality of client identity is considered sacred in our profession, and violating a client's confidentiality can result in grave legal and professional consequences, especially in an increasingly litigious society. The Ethics Committee has addressed this important issue as thoroughly as possible in Principle 2 of the IAAP *Code of Ethics*, and the majority of the Code covers such well-known topics as obtaining written releases of information, informing clients of the limits on confidentiality, "Duty to Warn", and others. This section of the Code also addresses confidentiality in the use of client examples in teaching, writing, consulting, public presentations, research, and in audio or videotaping sessions with clients. Finally, with the amazing growth in the addictions education field in our state (thank you Don, Albert, and Doug), this section addresses confidentiality with college internships, field placements, practicum, and trainees. (Principle 4-E also addresses the prohibition of sexual behavior and harassment with interns, trainees, employees, colleagues, research subjects, and clients).

Some of the more obscure and often misunderstood issues of confidentiality revolve around record-keeping, including client access to their records. Principle 2-E addresses client access to, and ownership of, all records related to their treatment: *"IAAP members own the physical client records; the client owns the information contained therein. Counselors will afford reasonable access to any official records concerning them, upon the client's request, and only after due care is taken protect the confidentiality of others contained in the records."* What this means is that we own the file and its physical contents, and are responsible for the protection of the physical record and the safety of the information the file contains. We are responsible to safeguard the ink and paper from physical damage or harm, and we are responsible to protect the information in the file from any and all unauthorized disclosure. Since *the client* owns the information contained in the file, they have the right to have access to the information.

It is perfectly acceptable to require clients to request access to their record in writing and have a short waiting period to ensure no other client's confidentiality will be compromised by opening the chart to the client. To avoid potential breaches of confidentiality, many agencies have policies against identifying other group members by name in another client's chart. Some agencies have policies against identifying clients' family members in charts, simply referring to them as a "source of collateral information." Written policy prohibiting the use of other group members' names and family members' identities in a client's chart will avoid the risk of an inadvertent disclosure of confidential information and minimize the possibility of legal or professional consequences.

Principle 2-I deals with the storage of client records, referring back to my statement that we are responsible for protecting the physical safety of our clients' files from damage, harm, or unauthorized disclosure. 2-I states we are to store records *"…in accordance with state and federal laws [and]*

accepted professional standards….” The question, then, is “What are those state and federal laws and accepted professional standards?” Simply stated, we are required by law to have all files *“…double locked”*, which means they have to be in a locked room within our building and inside a locked desk or file cabinet. The room or cabinet, but not both, may be unlocked during business hours when not left unattended, but both *must* be locked after business hours or when unattended (e.g., if we are the only staff present in a building to run a group session). Ideally, file cabinets are fireproof with an automatic extinguishing system and located in a basement to be safe from tornadoes and high enough to avoid any flooding (both situations have occurred). Utilizing a rented storage locker is not an acceptable practice, and never, under *any* circumstances, store files at your home. If you are moving or renovating space in your agency and need to relocate your files, contract with a trusted colleague to store them for you (see Principle 2-K).

Principle 2-J refers to the requirement to have policies in place to cover the storage, transfer, and disposal of client records in a variety of predictable and unforeseen circumstances. Those of you whose agencies are certified by the DMHA must have these policies in place to obtain certification. Those of you whose agencies are not DMHA certified must have these policies in place to comply with the *Code of Ethics*. I have some sample policies available that I created to successfully obtain DMHA certification for a private practice agency that I would be happy to share with you if you call or email me. Specifically regarding disposing of client records: we are legally obligated to maintain all client files for a period of seven years from the date the file was closed, whether the client completed (or even attended) treatment at our agency. At the end of seven years, we may choose to continue to maintain the file or to dispose of it. If we choose to dispose of client files, they must either be shredded or incinerated. I prefer to use both methods to ensure total destruction of the records for increased security and confidentiality. If you have questions or comments about this article, or any other ethics issue, or would like sample copies of policies and procedures for storing and disposing of client records, call me at 260-463-7144 or email me at rchupp@nec.org.

NEXT IAAP WORKSHOP

FRIDAY, FEBRUARY 9 &
SATURDAY, FEBRUARY 10, 2007
Indiana Wesleyan University
8:30 am – 4:00 pm (registration at 7:30 am)

Due to popular demand, Jim Burgin is returning to provide a second workshop on Clinical Supervision. The fee is $100 which includes lunch and CE’s. Here are some of the comments from participants at his August workshop in Indianapolis:

“Extremely informative, addressed every question and related each one back to supervision.”

“Excellent presentation. This will help bring addiction counseling in Indiana out of its adolescence. “

“Awesome training. Would like part II with Mr. Burgin.”

“This is my first IAAP training. Well done! When will this be offered again? (I have 2 new supervisors that could benefit from this.)”

“Excellent workshop…A good way to spend a couple of days.”

“Presenter was exceptional…loved his genuineness and humanness.”

“This training has been one of – if not the – most helpful and useful training I’ve been to in a long time. I will be making changes in my style starting Monday! Not only have I benefited, my supervisees will grow and the services we provide to clients will only get that much better. Thank you for all your hard work to improve state certification and advancement of the profession.”

If you weren’t able to attend Jim’s last workshop, you won’t want to miss this one! Watch for more information coming out after the New Year.

Treating Offenders with Drug Problems: Integrating Public Health and Public Safety

Extent of the Problem

The connection between drug use and crime for adults and juveniles is well known. As seen in Figure 1, the number of adults involved in the criminal justice system has soared to 6.9 million. Many, but not all, offenders convicted of drug related crimes have substance abuse problems.

In 2002, approximately 60% of male juvenile detainees and 46% of female detainees tested positive for drug use at the time of their arrest. It has been reported that 70-85% of state inmates have substance abuse problems serious enough to warrant treatment, but only 13% received treatment while incarcerated. Approximately 650,000 inmates are released back into the community annually, often without having received drug abuse treatment, or being connected to community-based drug treatment and services.

Left untreated, drug-abusing offenders can relapse to drug use and return to criminal behavior. This jeopardizes public health and public safety leading to re-arrest and re-incarceration, further taxing an already over-burdened criminal justice system.

NIDA's Integrated Public Health-Public Safety Response

Research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior, while improving social functioning. Blending the functions of criminal justice supervision with drug abuse treatment and support services creates an opportunity to have an optimal impact on behavior by addressing public health concerns while maintaining public safety.

NIDA supports a robust research portfolio examining the integration of drug treatment into criminal justice settings, including Criminal Justice Drug Abuse Treatment Studies (CJ-DATS). CJDATS is a multi-site set of research studies designed to improve outcomes for offenders with substance use disorders by improving the integration of drug abuse treatment with other public health and public safety systems. CJ-DATS is the result of numerous collaborative relationships between NIDA and other agencies including:

- National Institute on Alcohol Abuse and Alcoholism,
- Substance Abuse and Mental Health Services Administration,
- Centers for Disease Control and Prevention,
- Bureau of Prisons,
- National Institute of Corrections,
- Bureau of Justice Assistance (BJA),
- Drug Court Program Office (BJA), and
- National Institute of Justice.

In fiscal year 2004, NIDA spent $6.5 million to support research at 10 CJDATS sites across the country.

The aims of the NIDA criminal justice portfolio are to (1) develop treatment programs that are available to offenders moving throughout the criminal justice system; (2) enhance HIV and other infectious disease treatment and prevention with offenders; and (3) facilitate the transportation of new treatment models into the criminal justice system.

Treatment Can Work with Criminal Justice Populations

The criminal justice system has several opportunities and mechanisms to refer offenders with substance abuse problems to treatment. This includes conducting assessments after arrest and enforcing treatment program

requirements during prosecution and sentencing phases that may include drug courts, diversion programs, pretrial release, and conditional probation with sanctions.

Different treatment approaches are being examined to integrate drug abuse treatment into criminal justice settings including: Treatment Accountability for Safer Communities (TASC), drug courts that blend judicial monitoring and sanctions with treatment, and therapeutic communities (TCs) in prison and/or community settings after release.

Aftercare is a Necessary Component of Treatment

Treatment in prison can reduce drug use and criminal behavior. Research also strongly indicates continuing treatment in the community is needed to sustain these gains. Combining prison-based treatment (e.g., TCs) with community-based treatment upon release reduces an offender's risk of recidivism, decreases substance abuse, improves prospects for employment, and increases pro-social behavior. (See Figure 2.) Case management and referral to other medical, psychological, and social services are crucial components of treatment for many offenders.

Treatment for adults and adolescents is cost-effective because it reduces costs related to drug use, associated health care, and crime-related costs including incarceration. Adding an aftercare component to in and out of prison-based treatment programs results in the greatest cost savings.

Addressing Public Health Problems Associated with Drug Abuse

Substance-abusing individuals in the criminal justice system have a host of complicated health problems. Involvement in the criminal justice system allows for an opportunity to diagnose and treat these health problems, including infectious diseases. Increasing participation in drug abuse treatment can decrease the spread of these diseases by reducing risky behaviors such as sharing injection equipment and unprotected sex. The prevalence of AIDS is estimated to be approximately 5 times higher among incarcerated individuals than the general population. In addition, individuals in the criminal justice system represent a significant proportion of all cases of hepatitis B and C infection and tuberculosis in the U.S.

Happy Holidays
from the
I A A P
Officers & Board

Gambling Addiction?

Brent A Stachler, MS, LMFT, MAC, ICAC II, NCGC I
Gambling Addiction Treatment Coordinator

During your clinical evaluation, do you include questions pertaining to gambling addiction? If you answer 'no', then I challenge you to incorporate this into your interview. However, it is likely the norm for asking no questions pertaining to this topic. Pathological Gambling is an underdiagnosed and unrecognized treatable disorder. Additionally, research has shown that the prevalence of this disorder is linked closely to the accessibility and acceptability of gambling in society. As more people try gambling in its various forms, more of those prone to the illness are exposed.

One source indicates that 1 out of 10 clients that we serve has a gambling problem. According to the National Opinion Research Center, NORC, 1.2% of the adult population meets DSM-IV TR criteria for Pathological Gambling. To put this in another context, the 2005 estimated population of Indiana is 6,271,973. That equates to 75,263 adults throughout the state of Indiana.

As with other addictions, when pathological gambling strikes, it rarely affects just one person. Family savings are lost, college education or retirement funds disappear, and home mortgages are foreclosed. Pathological gamblers may lose all of the money they have, maximize their credit card limits, sell or pawn personal or family possessions, and plead for loans from family or friends. More than half will resort to committing illegal acts to obtain money, often stealing money from their employers. The average Gamblers Anonymous member will have lost all of his/her money and accumulated debts ranging from $38,000 to $113,000 before seeking treatment. Many file bankruptcy or become involved in our court systems. Yet, the presence of a gambling problem goes unnoticed.

Adding to the challenge of identifying an individual with symptoms of Pathological Gambling is that rarely will he/she present for services with gambling as the presenting problem. This population may present as being depressed and/or anxious with various degrees of psychosocial stressors, but say nothing about gambling. This is because in their mind, gambling is not the problem. Sound familiar to substance use disorders.

As an addiction professional, we are well aware of the fact that untreated disorders will prevent recovery. Therefore, we address the co-occurring disorders in our treatment. We are also aware that other compulsive behaviors are considered relapse warning signs.

Now that you are convinced of the need to ask about the presence of a gambling addiction, what symptoms would indicate the presence of this disorder? The DSM-IV TR lists ten symptoms, which include some similarities to the Substance Use Disorders. The symptoms are as follows: preoccupation with gambling, increased tolerance, withdrawal, gambling to escape, chasing losses, lying about gambling, loss of control, committed illegal acts, risked significant relationships, and bailouts. Of the ten symptoms, three are required for this diagnosis. Those identified with Pathological Gambling will then need to be treated by a clinician specializing in this disorder, who will most likely have a special certification. As always, it is very important that we stay within our Scope of Practice. To find a gambling addiction treatment provider in your area, you will find www.indianaproblemgambling.org to be a valuable resource.

NIDA Announces Recommendations To Treat Drug Abusers, Save Money, and Reduce Crime

NIH Scientific Report Provides Judges with Public Health Solution to Crime

The National Institute on Drug Abuse (NIDA), National Institutes of Health, today released a landmark scientific report showing that effective treatment of drug abuse and addiction can save communities money and reduce crime. Principles of Drug Abuse Treatment for Criminal Justice Populations outlines some of the proven components for successful treatment of drug abusers who have entered the criminal justice system, leading to lower rates of drug abuse and criminal activity.

"This report is part of our ongoing commitment to using scientific research to provide solutions to some of the most complex public health and safety issues of our time," said Dr. Elias A. Zerhouni, NIH Director. "Not only does it offer research-based treatment solutions to judges and communities, it also provides information on how the criminal justice system can help reduce the spread of HIV/AIDS, hepatitis, and other infectious diseases among drug abusing offenders - all critically important issues in today's society."

Untreated substance abuse adds significant costs to communities, including violent and property crimes, prison expenses, court and criminal costs, emergency room visits, child abuse and neglect, lost child support, foster care and welfare costs, reduced productivity, unemployment, and victimization. The cost to society of drug abuse in the year 2002 was $181 billion - $107 billion associated with drug-related crime.

"We know what works to treat addiction, based on our scientific knowledge of the cognitive, behavioral, and physiological characteristics of addicts," said Dr. Nora Volkow, NIDA Director. "The principles of drug abuse treatment that we are releasing today represent the translation of research into practice. They are powerful and practical tools that will allow communities to choose between ongoing treatment or ongoing crime."

Principles of Drug Abuse Treatment for Criminal Justice Populations offers 13 principles based on a review of the scientific literature on drug abuse treatment and criminal behavior. The principles include an acknowledgement that drug addiction is a brain disease that affects behavior; that recovery requires effective individualized treatment that might include medication; and that continuity of care is essential for drug abusers re-entering the community after a period of incarceration.

"Detox alone in jail or prison is not treatment," said Dr. Volkow. "Without proven treatment and therapeutic followup in a community setting, addicted offenders are at a high risk of relapse despite a long period of forced sobriety," she added. "These principles also apply to court-mandated treatment interventions that replace incarceration with community programs."

It is estimated that 70 percent of individuals in state prisons and local jails have abused drugs regularly, compared with approximately 9 percent of the general population. Studies show that treatment cuts drug abuse in half, reduces criminal activity up to 80 percent, and reduces arrests up to 64 percent. However, fewer than one-fifth of these offenders receive treatment. Treatment not only lowers recidivism rates, it is also cost-effective. It is estimated that for every dollar spent on addiction treatment programs, there is a $4 to $7 reduction in the cost of drug-related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12 to 1.

The failure to treat addicts in the criminal justice system contributes to a continuous cycle of substance abuse and crime. In 1999, 1.5 million minor children - most under the age of 10 - had a parent in prison. Fifty-eight percent of these imprisoned parents used drugs in the month before their offense. Children of addicted parents are four times more likely to become addicted if they choose to use drugs or alcohol, and many will also enter the criminal justice system.

The NIDA report was released today by Dr. Volkow at an event in Chicago that highlighted innovative substance abuse programs underway in the Cook County criminal justice system. These programs include a NIDA-sponsored project that trains judges about the neuroscience of addiction and treatment so they can be better prepared to place addicted defendants in adequate treatment environments. Dr. Volkow was joined by the Honorable Richard M. Daley, Mayor, City of Chicago, and the Honorable Timothy C. Evans, Chief

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Judge of the Circuit Court of Cook County, who have supported treatment programs for drug abusing offenders. Also attending was Melody M. Heaps, President of TASC, Inc. (*Treatment Alternatives for Safe Communities*), a not-for-profit organization that provides treatment management programs and services. Ms. Heaps introduced several former drug abusers with prior involvement in the criminal justice system whose lives have dramatically changed because of adequate treatment programs.

In addition to outlining treatment principles for criminal justice populations, NIDA's publication includes answers to frequently asked questions about addiction as a chronic disease, co-occurring mental, emotional and environmental conditions that make relapse likely upon return to society, recommendations for the components of adequate treatment programs, cost-effectiveness of treatment, and the role of medication in treating offenders with substance abuse.

Congratulations Newly Elected IAAP Officers, Board Members and Region Representatives!!

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Brent Stachler
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Deborah Hodson
Board Member - Southwestern Region

Julie Godsey
Student Representative - North Region

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