The Indiana Association for Addiction Professionals — A NAADAC Affiliate

Fall 2018

CONNECTIONS

The Newsletter for Addiction Professionals

President's Message

By Stewart Ball

"Transparency"

"Tell the truth- or, at least, don't lie."
(Jordan B. Peterson, PhD)

While differing claims regarding "fake news" are frequently espoused by politicians and the general public, many agree that mainstream reporting/journalism has become increasingly subjective or biased (i.e. historically labeled as "yellow journalism"). The public's growing distrust of the media and politicians may be at an all-time low. By contrast, Jordan B. Peterson, bestselling author of 12 Rules for Life: An Antidote to Chaos, espouses the necessity of honesty with self and others; not unlike the values encouraged by 12 step groups. An aspect of honesty is transparency, of which, your IAAP leadership seeks to demonstrate to our members. We seek to "keep you in the loop" with our decision making along with anticipated changes.

To that end, several efforts are "in the works" on your behalf; including pursuing legislative efforts to more clearly delineate and protect the integrity of our addiction counselor credentials (i.e. Licensed Addictions Counselor and Licensed Clinical Addictions Counselor). Other legislative pursuits will involve advocating for greater parity for reimbursement with other counseling professions while honoring our respective scopes of practice. Your leadership has, and will continue, to seek to ensure our workshops are increasingly relevant and diverse while integrating addiction specific content. Our fall conference with Terry Hargrave, PhD regarding forgiveness is an example of our commitment to you. While many of you offer suggestions via your conference evaluations, we welcome direct recommendations for speakers who might meet two basic criteria: 1) They provide content considered relevant by most addictions professionals and 2) They have demonstrated professionalism and public speaking abilities.

Additional board/committee efforts include offering a paraprofessional credential in the upcoming months.

As you might appreciate, constructing a President's message can be challenging; particularly when seeking to be informative/transparent and at least marginally interesting. I welcome your suggestions for future messages.

Only our best,

Stewart B. Ball, LCAC, LMFT, CCSW

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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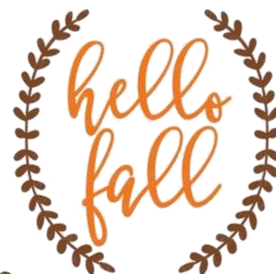

2018 Annual Fall Conference ~ October 26th-27th

PRESENTED BY: Terry Hargrave, PhD

Restoration Therapy and Forgiveness: Therapy, Healing and the Ethics of Reconciliation

PLUS

Annual Membership Meeting

ABSTRACT

Forgiveness is about many things, but at the core, forgiveness is about recovering from violation and trauma in a way that does not harm the victim or victimizer. Forgiveness is often thought of as a "letting go" of pain, anger and bitterness. In this workshop, participants learn that forgiveness is not so much about "letting go" as it is about "putting back." "Putting back" is about restoring as much love and trustworthiness to the relationships as is feasible and desirable in an ethical and sound therapeutic manner. Using the Restoration Model of therapy, participants will understand how love and trustworthiness form essential frameworks in the human psyche associated with identity and safety. When love and trustworthiness are violated, pain and coping results which tends to turn the victimized into potential victimizer. The Restoration Model sets the groundwork for not only understanding how identity and safety are damaged, but also how the client and therapist can work toward self-regulation and move toward constructive relationships. The work of forgiveness specifically outlines four pathways or stations to forgiveness. Insight is the first station that focuses work with the victim to be able to stop the victimizer from continuing violations. The second station is called Understanding and is where the victim comes to understand the development, history and limitations of the victimizer and the past legacy of the victimizer's own victimization. Giving the Opportunity for Compensation is the third station and focuses on the victim and victimizer rebuilding a trustworthy relationship through sequential interactions that build a sense of safety. Finally, Overt Forgiveness is the station that allows victim and victimizer to confront the issue of past violations and restore their relationship through conversation and dialogue.

Through each topic of the model as well as each station in the work of forgiveness, ethical considerations for the individual, family and other relationships will be discussed and examined. Richly illustrated through case examples, experiential activities and group discussion, this workshop promises to move therapists to a new understanding of helping those who have been hurt by relationships.

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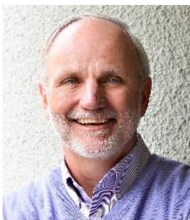


Terry Hargrave, Ph.D. is nationally recognized for his pioneering work with intergenerational families. Dr. Hargrave has authored numerous professional articles and fourteen books including Restoration Therapy: Understanding and Guiding Healing in Marriage and Family Therapy (co-authored with Franz Pfitzer) and Families and Forgiveness: Healing Wounds in the Intergenerational Family (2nd Edition, co-authored with Nicole Zasowski).

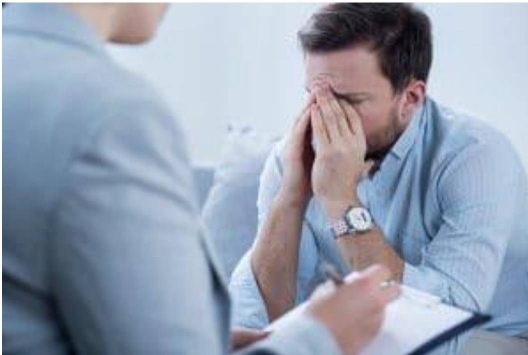
Dr. Hargrave has presented nationally and internationally on the concepts and processes of family and marriage restoration, aging and is known for his clear and entertaining presentations. His work has been featured in several national magazines and newspapers, as well as ABC News 20/20, Good Morning America and CBS Early Morning. He has been selected as a national conference plenary speaker and as a Master's Series Therapist by the American Association for Marriage and Family Therapy.

He is the Evelyn and Frank Freed Professor of Marriage and Family Therapy at Fuller Seminary in Pasadena, California and is president and in practice at Amarillo Family Institute, Inc.

Learn More: www.iaapin.org

How EMDR Therapy Heals Trauma and Addiction

By: Kelsey Brown



Life experiences, either negative or positive, have a significant impact on our thoughts, beliefs, and behaviors. Adverse life experiences such as abuse, neglect, violence, or emotional distress may have serious consequences later in life, such as mental illness or addiction.

In treating individuals who suffer from addiction, it is important to address any co-occurring trauma, PTSD, or related symptoms within the setting of a drug and alcohol rehab facility because, in most instances, these traumatic events or experiences play a role in the person's addictive behaviors. Therefore, the addiction cannot be fully overcome without addressing those issues.

The Impact of Trauma

Research shows that trauma plays an important role in how we live our lives. One such famous study is the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, which is one of the largest investigations of child abuse, neglect, and well-being later in life.[1]

The original ACE study was conducted from 1995 to 1997 and found that traumatic experiences in childhood can increase a person's risk for developing substance abuse (among many other unhealthy lifestyles and habits) later in life.

The ACE study looked at the following factors:

- Abuse
  - Emotional abuse
  - Physical abuse
  - Sexual abuse
- Household challenges
  - Mother treated violently
  - Household substance abuse
  - Mental illness in household
  - Parental separation or divorce
  - Incarcerated household member
- Neglect
  - Emotional neglect
  - Physical neglect

Of those who participated in the study, almost two-thirds of study participants reported experiencing at least one of the above factors. More than one in five participants reported experiencing three or more.[1] The study also found that participants who reported experiencing five or more of the above factors were seven to 10 times more likely to suffer from substance abuse later in life.[2]

The ACE study was instrumental in showing the significant relationship between trauma and addiction, especially regarding adverse childhood experiences.

What Is EMDR?

Eye Movement Desensitization and Reprocessing (EMDR) was developed in the late 1980s and is an interactive psychotherapy approach used to treat trauma and PTSD, which are frequently co-occurring disorders in those struggling with addiction.[3] The emotional distress many people experience is typically a result of disturbing life experiences.

The primary goals of EMDR therapy are to treat the trauma, alleviate the symptoms, and assist with the overall recovery process. Extensive research has determined that EMDR is highly effective in treating clients with PTSD as well as those with one or more of the following symptoms:

- Flashbacks
- Disturbing dreams
- Repression of traumatic events

According to the EMDR International Association, complete EMDR treatment involves memories, current triggers, and future challenges.[4] Full treatment incorporates the following eight stages of treatment: [5]

- **History and treatment planning** – The therapist collects a detailed history of the client and develops an appropriate treatment plan.

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- **Preparation** – The therapist sets expectations for treatment and helps the client develop self-control techniques which he or she can use in sessions. The therapist will also discuss the client's trauma and how it relates to his or her addiction to establish a deeper understanding of the treatment process that will take place throughout the client's drug rehab program.
- **Assessment** – The therapist and client identify a memory that they will focus on during that particular session. The client picks a scene that best represents that memory and makes a statement that expresses a negative self-belief associated with the event. The therapist then encourages the client to make a positive statement that contradicts the negative belief and is associated with an internal sense of control.
- **Desensitization** – The therapist guides the client through a series of eye movements or other forms of stimulation while also focusing on the selected scene of the session while encouraging the client to be open to whatever happens. After each series of eye movements, the therapist instructs the client to blank out whatever scene he or she is focused on.
- **Installation** – The goal of this phase is to increase the strength of the positive belief the client has now associated with the selected scene by pairing the positive belief with the previous negative belief.
- **Body scan** – The therapist asks the client to visualize the scene once more and take notice of any tension that remains in his or her body. If there is tension, the therapist will help the client target each of these sensations for reprocessing to reduce and eliminate any remaining negative body sensations and emotions associated with the scene.
- **Closure** – The client uses the self-control techniques he or she learned during phase two and uses them to restore an internal state of equilibrium. This is beneficial when reprocessing is not complete. The client is instructed to keep notes or a journal of any disturbances he or she experiences in between sessions.
- **Reevaluation** – At the beginning of each subsequent session, the therapist checks to make sure progress has been maintained and identifies any new target areas that require treatment throughout the client's alcohol and drug rehab program.

Through these eight phases of treatment, clients work with a therapist to process and resolve their traumatic experiences through a learning state that allows disturbing and traumatic experiences to be stored with appropriate emotions in the brain. The negative symptoms such as flashbacks and disturbing dreams will dissipate as those experiences are resolved and clients will be left with healthy emotions, understanding, and perspectives relating to those experiences.

EMDR in Addiction Treatment

EMDR therapy is frequently used alongside cognitive behavioral therapy (CBT) techniques in a drug and alcohol rehab setting. Depending on the client's treatment plan and the rehab center providing the treatment, EMDR techniques may be used in both individual and group settings.

In using EMDR therapy to resolve trauma and addiction, therapists approach each client's situation through a trauma-informed lens, which allows them to more appropriately address the root causes and contributing factors of the individual's addiction.

EMDR provides a host of benefits for people in drug and alcohol rehab, including: [3,6]

- Alleviating psychological symptoms of trauma and PTSD
- Alleviating physical symptoms of trauma and PTSD
- Decreasing or eliminating distress from the disturbing memory(ies)
- Improving self-esteem and self-efficacy
- Resolving present and anticipated future triggers

Adverse life experiences don't have to determine a person's behaviors, thoughts, and beliefs. With the help of EMDR and other cognitive behavioral therapies, an individual can overcome these traumatic experiences and fully heal from the devastating effects of adverse life experiences and addiction.

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Source:
https://psychcentral.com/lib/how-emdr-therapy-heals-trauma-ation/

Drug Shown to Reverse Brain Deficits Caused by Alcohol

Queensland University of Technology (QUT) researchers have identified a drug that could potentially help our brains reboot and reverse the damaging impacts of heavy alcohol consumption on regeneration of brain cells.

Their studies in adult mice show that two weeks of daily treatment with the drug tandospirone reversed the effects of 15 weeks of binge-like alcohol consumption on neurogenesis -- the ability of the brain to grow and replace neurons (brain cells). The findings have been published in Scientific Reports.

- This is the first time tandospirone has be shown to reverse the deficit in brain neurogenesis induced by heavy alcohol consumption
- Tandospirone acts selectively on a serotonin receptor (5-HT1A)
- The researchers also showed in mice that the drug was effective in stopping anxiety-like behaviours associated with alcohol withdrawal, and this was accompanied by a significant decrease in binge-like alcohol intake

"This is a novel discovery that tandospirone can reverse the deficit in neurogenesis caused by alcohol," said study leader neuroscientist Professor Selena Bartlett from QUT's Institute of Health and Biomedical Innovation.

"We know that with heavy drinking you are inhibiting your ability to grow new neurons, brain cells. Alcohol is specifically very damaging for neurons.

"Other studies in mice have shown that tandospirone improves brain neurogenesis, but this is the first time it has been shown that it can totally reverse the neurogenic deficits induced by alcohol.

"This opens the way to look at if neurogenesis is associated with other substance-abuse deficits, such as in memory and learning, and whether this compound can reverse these."

Professor Bartlett, who is based at the Translational Research Institute, said the discovery by study co-authors QUT postdoctoral research fellows Dr Arnauld Belmer and Dr Omkar Patkar came about serendipitously after research started in a different direction.

"It was surprising, and exciting," Dr Belmer said.

"This drug is relatively new and available only in China and Japan. It is commonly used there and shown to be highly effective in treating general anxiety and well tolerated with limited adverse effects."

Professor Bartlett said researchers are constantly looking at new treatment strategies for alcohol abuse and addiction, which is characterised by extended periods of heavy alcohol use, binges and abstinence, and anxiety and depression which contribute to relapse.

"This is not just another drug that shows promise in helping to reduce binge drinking," she said.

"While it could possibly have that effect, it might be able to help reboot the brain and reverse the deficits the alcohol abuse causes -- both the inhibition to the brain's ability to regenerate, and the behavioural consequences that come from what alcohol is doing to the brain, like increases in anxiety and depression."

Story Source:
Materials provided by **Queensland University of Technology**.
Note: Content may be edited for style and length.

Journal Reference:
Arnauld Belmer, Omkar L. Patkar, Vanessa Lanoue, Selena E. Bartlett. **5-HT1A receptor-dependent modulation of emotional and neurogenic deficits elicited by prolonged consumption of alcohol**. *Scientific Reports*, 2018; 8 (1) DOI: 10.1038/s41598-018-20504-z

Source:
https://www.sciencedaily.com/releases/2018/02/180208104233.htm

Building and Breaking Connections: How Neuronal Networks Influence Alcoholism

About 15.1 million American adults have alcohol use disorder, meaning they cannot stop drinking despite adverse consequences -- in other words, they have what is commonly referred to as alcoholism. Although it has been known that alterations in the connections between neurons in the brain likely play a role in alcohol dependence and other addictions, the cause-and-effect between these brain alterations and behavior has been less clear.

Now, Texas A&M research indicates that alcohol-seeking behavior may be induced by altering the strength of connections between particular neurons, according to recent results published in the journal *Nature Neuroscience*.

"We found that by applying a long-term potentiation protocol to animal models, we could directly induce a persistent change in their drinking behavior," said Jun Wang, MD, PhD, assistant professor at the Texas A&M College of Medicine and lead author of the study.

Long-term potentiation is thought to be the basis of all learning and memory. It is the strengthening of synapses -- the connections between neurons -- based on sustained patterns of activity. In some cases, the strengthening may be facilitated by alcohol consumption -- but Wang and his colleagues found a way around that.

Wang and his team mimicked the effect of alcohol with optogenetics, in which specially implanted proteins sensitive to light can be rapidly turned on and off within the brain. This process stimulates neuronal activity and essentially recreates the learning and memory that comes from actually performing an activity. Either way, it results in changes to the strength of synapses.

But what is more exciting, Wang and his team were able to reverse the alcohol-mediated synaptic strengthening by reversing the process. They did so with the opposite of long-term potentiation -- what they call long-term depression -- and decreased drinking behavior.

These changes affected particular neurons called D1, which Wang's earlier research indicated could tell the brain to keep drinking. He calls them the 'go' neurons. Other neurons, called D2, do the opposite, and when they are activated, they give the signal to stop drinking.

"Our results provide pretty solid evidence that there is indeed a cause-and-effect relationship between the long-term synaptic changes and alcohol-seeking behavior," Wang said. "Essentially, when brain changes are reversed, an individual may not want to drink for a long time."

Although using this exact process in a human brain wouldn't be feasible now, the results indicate possible targets for drugs or other therapies in the future. "Ultimately, our long-term goal is a cure for alcoholism, and possibly for other addictions as well," Wang said. "We think these results that help us better understand how the brain works are an important step toward that goal."

Story Source:
Materials provided by **Texas A&M University**. *Note: Content may be edited for style and length.*

Journal Reference:
Tengfei Ma, Yifeng Cheng, Emily Roltsch Hellard, Xue-hua Wang, Jiayi Lu, Xinsheng Gao, Cathy C. Y. Huang, Xiao-Yan Wei, Jun-Yuan Ji, Jun Wang. **Bidirectional and long-lasting control of alcohol-seeking behavior by corticostriatal LTP and LTD**. *Nature Neuroscience*, 2018; DOI: 10.1038/s41593-018-0081-9

Source:
https://www.sciencedaily.com/releases/2018/02/180212133438.htm

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Words of Wisdom

"When everything seems to be going against you, remember that the airplane takes off against the wind, not with it."

- Henry Ford

If Gaming Addiction Is Now a Mental Health Disorder, How Can We Fight It?

Like any addiction, gaming needs a careful diagnosis and professional care.
By David Levine

CAN SOMEONE BECOME addicted to playing video games? According to the World Health Organization, the answer is yes. The WHO is adding "gaming disorder" to the 11th edition of its International Classification of Diseases, known as ICD-11, a guide that informs health care diagnoses, treatment decisions and insurance coverage. ICD-11 is scheduled for publication in mid-2018.

According to the WHO, gaming disorder is defined as "a pattern of gaming behavior ('digital-gaming' or 'video-gaming') characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences."

A diagnosis of gaming disorder is based on behavior that causes "significant impairment in personal, family, social, educational, occupational or other important areas of functioning and would normally have been evident for at least 12 months," the WHO says.

The organization decided to include gaming disorder in ICD-11 based on reviews of current research and the opinions of experts in the field. It also reflects the fact that treatment programs have been shown to effectively help what the WHO calls "a small proportion of people who engage in digital- or video-gaming activities" who exhibit the behaviors that suggest a disorder.

Gaming Disorder Is No Game

Nancy Petry, a professor of medicine at the University of Connecticut School of Medicine and editor of the journal Psychology of Addictive Behaviors, is a specialist in substance abuse and behavioral addictions. She worked on the U.S. equivalent of the ICD, the Diagnostic and Statistical Manual of Mental Disorders, or DSM. The most recent version, DSM-5, was published by the American Psychiatric Association in 2013 and includes gaming disorder in its appendix of disorders that seem to be worth designating but lack sufficient evidence. Petry says that the evidence has accrued in the five years since its publication.

"People do develop significant problems related to gaming," Petry says. These individuals tend to be young and male but include adults as well. Gaming disorder, she says, "can cause significant harm to people's lives. The most sensationalized are when they kill their parents when they try to stop gaming, but there may be other disorders at play [in those cases]," she says. More common problems include social isolation, poor sleep habits, a decline in school grades or dropping out of school entirely.

"There also seems to be an overlap with attention deficit disorder," Petry says. "Most of the kids coming into our treatment study have ADD. Some also have depression. There are unique aspects [to gaming disorder] that require more study."

Petry stresses that the number of people suffering from gaming disorder is small. "Some reports say 15 percent [of the general population] have an addiction to gaming, but I don't think it's anywhere near 15 percent," she says. "The harm of naming it a mental disorder is that some people just like to play games a lot and are labeled inappropriately."

Normal Recreation or Abnormal Abuse?

The hallmark of any addiction disorder is loss of control of one's life over the behavior or substance being used, says Dr. Petros Levounis, chair of the department of psychiatry at Rutgers New Jersey Medical School and a specialist in behavioral addictions. It also includes continued engagement in the behavior despite knowing about the adverse consequences. "The person knows it's bad for them, but continues doing it anyway," he says.

Other symptoms of the disorder include a preoccupation with gaming. "You constantly think about it, you feel cravings to play, you spend inordinate amounts of time on the Internet," he says. The external consequences of that, he says, show up in "relationships going down the drain, ignoring responsibilities, ignoring other hobbies. The classic list of symptoms with substance use disorders are similar" to gaming disorder, he adds.

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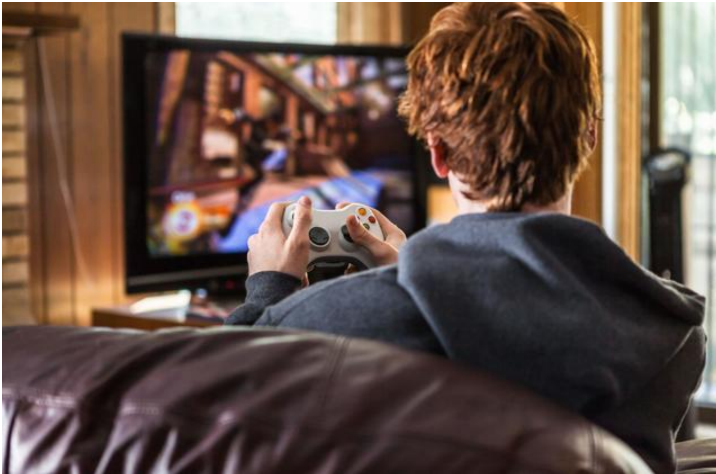

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Levounis agrees with Petry that gaming abuse may be associated with other disorders, such as depression, anxiety or ADHD. “Those may be part of the initiation of excessive gaming, but once the [gaming] illness is engraved in the brain, it tends to have life of its own,” he says. “It may be self-medication at first, but once it takes hold of the part of the brain that we have identified, it is its own illness and needs its own treatment.”

Treatments are the same as those used with other addiction, like cognitive behavioral therapy, he says. “There are no medications for this. However, if the person does suffer from some other mental illness, of course we would use medication for that,” Levounis explains.

Like Petry, Levounis sees the difficulty in separating what may be a normal, if a bit excessive, recreational activity from a pathological, addictive state. “With substances, you either use heroin or you don’t,” he says. “It’s pretty easy to know if you suffer from an illness. With gambling and gaming, there are gray zones that are more difficult to make sense of, but that doesn’t mean an illness doesn’t exist.”

If you suspect your child or someone in your life has a gaming problem, seek out a mental health professional for a full evaluation, Levounis says. “Any psychiatrist or psychologist can conduct the initial consultation. If it appears to be a complex case, they can refer you to a specialist in addiction psychiatry,” he explains.

From a preventive point, Petry says that parents should be monitoring what and how much their children play. “Studies keep showing that you don’t let gaming or other technology in their bedroom,” she says. “Keep it in a public place, so at least you have some control there.” Establish house rules on where such devices are kept and monitor the times they are allowed to be used, such as no gaming two hours before bedtime and only after chores and homework are completed. “Depending on the age of the child and the family dynamics, setting up specific rules is key for preventing problems and keeping it under control.”

You can expect the child to resist. “That’s where parents often have issues, but they have to follow through,” Petry says. “You have to set rules and stick with them.”

Source:
https://health.usnews.com/health-care/patient-advice/articles/2018-02-16/if-gaming-addiction-is-now-a-mental-health-disorder-how-can-we-fight-it

Words of Wisdom

"Success is the sum of small efforts, repeated day in and day out."

- Robert Collier

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“Integration of Refugee Cultural Groups' Mental Health Beliefs into Counseling Services” (Purdue University IRB 1704019134)

Hello!

I am currently reaching out to practicing therapists in Indiana who provide mental health services to refugees to participate in a study entitled “Integration of Refugee Cultural Groups' Mental Health Beliefs into Counseling Services” (Purdue University IRB 1704019134). The purpose of this study is to better understand how therapists working with refugees identify important cultural beliefs about mental health held by these individuals and, further, how these beliefs become integrated into the counseling services provided. Participation will include one individual interview that is audio-recorded (without identifying information included). Participants will not be asked to provide sensitive clinical information about clients; instead, participants will be asked to reflect on how they generally attend to refugee cultural beliefs in mental health care.

You are eligible to participate in this study if you are currently providing therapy/counseling to refugee individuals resettled in Indiana. You may be a post-doc, unlicensed professional, or licensed professional. Fields of training are not excluded – that is, participants may be psychologists, social workers, or counselors. Time to participate is expected to take 30-60 minutes. Your responses will be incredibly helpful in understanding this important aspect to treating mental illness among refugees. Further, the information you provide can help inform best practices with members of this community.

I am hopeful to conduct this interview with you in person; however, we can also do so via phone or skype. If we conduct the interview in person, the location is entirely up to you! We are also very happy to be flexible and accommodate the busy schedule of potential participants.

If you have any questions about this study, please contact the PI (Ted Bartholomew at tbartho@purdue.edu). Thanks very much for your time.

Sincerely,

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- Reduced rates for publications such as the *Basics of Addiction Counseling: A Desk Reference and Study Guide*, used by experienced professionals and as a guidebook for preparation for certification exams.
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