Hello IAAOC members! Before I discuss the current issues the board is working on, I want to encourage you all to make arrangements to attend the IAAOC events at the ACA conference in Montreal. We will be co-sponsoring a reception on Friday April 1st from 6-8 p.m. at the Westin. Also, our IAAOC Breakfast is another wonderful place to network with other IAAOC members, meet other committee members you may have been working with on projects, and participate in an interesting panel discussion about social justice issues related to offender counseling. The breakfast will be held at the Westin on Saturday morning 7:30-9 a.m. Tickets tend to go fast, so make sure you purchase them early! The IAAOC Research Carousel will highlight a number of interesting studies and best practice issues in both addiction counseling and offender counseling.

Perhaps most importantly, please plan to attend the IAAOC Membership Meeting on Saturday April 2nd from 11-12 at the Westin. We will be discussing how the CACREP-only issue impacts our membership and potential action items related to this issue. The membership meeting is also a place to learn more about what the board has been working on this year, to discuss where you (the members) believe IAAOC should be focusing in the coming year, and to identify ways you can get more involved in the organization.

The board met in October to discuss a number of things that may be of interest to the membership. To stay consistent with my previous communication, I will summarize some of the notable events discussed using the framework of the IAAOC C4 Vision:

(Continued on page 2)
Collaboration:

If you’ve been reading IAAOC Connect, you are probably aware that we are actively involved in co-sponsoring the IAMFC World Conference to be held in New Orleans. They have added an addiction track and have included two pre-conference sessions on Process Addictions 101 and Internet Gaming Addiction in the family.

You’ve probably noted that we have co-sponsored a number of webinars with other ACA Divisions and interest groups in order to foster a collaborative spirit between the divisions, while utilizing the expertise of the members of each division to the benefit of the whole.

The board has discussed co-sponsoring the McLeod Substance Abuse Institute with the University of North Carolina, Charlotte's department of counseling. Their board has offered a one day learning track to be filled by IAAOC presentations. Those individuals who would be interested in presenting or attending this conference, please contact me at leigh.holman@memphis.edu. The institute is held in Charlotte in May.

At the ACA Conference in Montreal, we will be co-sponsoring a reception at the Le Westin Montreal on Friday April 1st (no joke) at 6 p.m. with the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and the Association for Humanistic Counseling (AHC). Additionally, we will have agreed to be a sponsor for the Rainbow Run that is organized by the Association for Gay, Bi-Sexual, Lesbian, and Transgendered Issues in Counseling (ALGBTIC).

Commitment:

We have had a tremendous response to members volunteering to serve on committees. Please see their contributions to this newsletter.

Multiple members have stepped up to present webinars on their areas of expertise for free continuing education for our members.

If you know someone who has demonstrated commitment to the field of addiction and offender counseling who should be acknowledged, please consider nominating them for one of our awards. The call for award nominations has been published on the website, the IAAOC Facebook Page, and IAAOC Connect. Nomination packets should be sent to Dr. Linda Thompson, IAAOC’s President-Elect.

Committees:

Our IAAOC committees are doing tremendous work developing resources for members, designing research, and developing presentations for professional conferences and webinars. Please read their contributions to the newsletter and check out their committee websites through the links provided on the IAAOC Website.

We are actively looking for a person who would like to chair the Trauma and Addictions committee. Interested individuals should email me at leigh.holman@memphis.edu.

The membership committee chair is now a board member! The executive board of IAAOC decided in the October board meeting to make the membership chair a board member, due to the crucial work this individual does on behalf of our member-represented and member-led organization. We encourage anyone wanting to become involved with this committee to email the current membership chair Dr. Regina Moro at rmoro@barry.edu.
Moving forward, the membership chair will be appointed by the president of IAAOC for a 3 year term. This will allow them to work on long term projects to identify member needs and develop products and services to enhance member benefits. You will note that Dr. Regina Moro who currently serves in this position has sent out a member survey which we all hope you complete in order to improve the board’s understanding of what members want. Additionally, this position will oversee awards, assisting with conference events, and staffing the IAAOC booths at the ACA conference and other IAAOC co-sponsored conferences such as the McLeod Institute on Substance Abuse and the IAMFC World Conference.

Connections:

Please take some time to complete the Member Survey posted on IAAOC Connect by Dr. Regina Moro, our membership chair, so that we can better understand what you, the members, want and need from the organization! If you haven’t seen the posting, please contact Dr. Morro directly for the link.

James Gordon continues to enhance our website to improve the readability and access to resources for our members. There is now a Toolbox where we will publish resources developed by our members and committees. If you would like to contribute to the toolbox, please contact James through the website.

I want to encourage members to use the IAAOC Connect forum to connect with fellow clinicians and counselor educators to discuss clinical issues, ethical dilemmas, and other questions or concerns that may be relevant to the types of treatment we do as addiction and offender populations. The forum is only open to IAAOC members.

Future requests for participation in research will be vetted prior to being published on IAAOC Connect. Therefore, if you wish to publish a call for participation, please notify the membership chair with a copy of the call for participants and indicate the contact information for the Institutional Review Board that will be/has approved the study.

The Journal of Addiction and Offender Counseling will begin using social media to enhance the clinical research dissemination to clinicians, researchers, and educators.

Please look out for information posted on IAAOC Connect about future IAAOC collaborations and ACA events. I look forward to meeting as many of you as I can through these opportunities!
Editor’s Notes

With recent terrorist attacks throughout the world, it becomes difficult to feel the joy of the upcoming holiday season. Yet when I look around my local community, I see so many people finding important ways to give back. I watch our students who are conducting a clothing drive and a local man who began an oatmeal drive a few years ago for the homeless shelters which collected more than 60 tons of oatmeal last year, proving that one person can make a difference. I find that our IAAOC members are different from the general population which may only notice problems around the holidays. You give back every day in so many important ways. You don’t give up on people when they let us down nor do you forget about them when the holidays are over. We are thankful for all that you provide our communities. The world is a better place because of your caring.

Invitation to Web seminars:

**Gender-Based Sexual Violence on College Campuses, What Counselors Should Know**

Presenter: Bridgette Schossow, LPC, CAC II  
Date and Time: Thursday, December 17, 2015 1:00 pm, Eastern Standard Time (New York, GMT-05:00)  
Registration password: J8978

To register for the online event:

1. Go to [https://iaaoc.webex.com/iaaoc/onstage/g.php?MTID=e4635e022af36967fe014d4c0dc300711](https://iaaoc.webex.com/iaaoc/onstage/g.php?MTID=e4635e022af36967fe014d4c0dc300711)  
2. Click "Register".
3. On the registration form, enter your information and then click "Submit". Once the host approves your registration, you will receive a confirmation email message with instructions on how to join the event.

Host: Jennifer McClendon, jmcc2005@comcast.net

**Coming Soon!**

**Hypersexuality among collegiate populations: Exploring self-conscious emotions**

Presenter: Amanda Giordano Ph.D, LPC, NCC  
Date and Time: January 27, 2016, 1:00 pm Eastern Standard Time  
Registration password: 4522

1. Go to [https://iaaoc.webex.com/iaaoc/onstage/g.php?MTID=e2fe325a22ef799e4430e62a9b0e59573](https://iaaoc.webex.com/iaaoc/onstage/g.php?MTID=e2fe325a22ef799e4430e62a9b0e59573)  
2. Click "Register".
3. On the registration form, enter your information and then click "Submit". Once the host approves your registration, you will receive a confirmation email message with instructions on how to join the event.
The International Association of Addiction and Offender Counselors (IAAOC) is pleased to announce the call for nominations for our three annual awards and applications for our annual research grant. Please see details below. Send all nominations, applications, and supporting material to Linda Thompson (drlindathompson@gmail.com) by December 15, 2015.

Nominate your outstanding, fellow colleagues, peers, professionals, or programs for an award at our Annual Awards Ceremony, which will be held at the IAAOC Breakfast at the 2016 ACA Annual Convention in Montreal. Information related to each award is described below. All nominees and nominators must be IAAOC members. Self-nominations will be accepted.

**ADDITIONS/OFFENDER EDUCATOR EXCELLENCE AWARD**

IAAOC wishes to acknowledge an individual who has demonstrated an outstanding commitment to the field of addictions/offender issues through teaching. This individual should exemplify outstanding teaching in the area of addictions/offender issues and have a demonstrated commitment to the education of professional counselors.

**OUTSTANDING ADDICTIONS/OFFENDER PROFESSIONAL AWARD**

IAAOC wishes to acknowledge an individual who has added to the field of addictions/offender issues through excellent professional service. This individual should exemplify professionalism within the field that lends itself directly to furthering an understanding of addictions/offender issues within the counseling community.

**OUTSTANDING PROGRAM AWARD**

IAAOC wishes to acknowledge a graduate program of study that has demonstrated a commitment to training professionals for working within the field of addictions/offender issues and should exemplify "cutting edge" training leading to the placement of professionals in positions within the field. Nominations for each of the above awards must include:

1. Letter of nomination (including the award title, rationale for nomination, nominee’s ACA membership #, and a statement indicating that the nominator and primary nominator are IAAOC members in good standing)
2. A maximum of 3 letters of support
3. A copy of the nominee's vita (in case of a program being nominated, an overview of the program or program description not to exceed 5 pages, and vita of core addictions/offender faculty serving on the faculty are required).

Nominate today!
The intent of this Grant Award is to recognize and honor IAAOC members who are seeking to complete research investigations that demonstrate promise for outstanding contributions to the specialty areas of addictions and/or offender counseling.

The grant provides:
- A cash award of $500
- A certificate of recognition presented at the IAAOC Annual Conference Breakfast
- Acknowledgment of the award in the IAAOC Newsletter

Interested IAAOC members should provide:
- A 50 word abstract of the proposed research
- A maximum 5 page narrative indicating:
  1) the intent of the research,
  2) the population to be served
  3) the anticipated type(s) of analyses to be used
  4) how the research will contribute to the specialty area of addictions and offender counseling,
  5) a projected budget.
- A vita or resume (Graduate students applying for review must also provide a letter of support by their major advisor.)

No more than one Grant Award will be available each year. Recipients must prepare a manuscript based upon their research findings and submit to the Journal of Addictions & Offender Counseling for review.

All nominations and grant applications must be received by December 15, 2015 and should be sent to:

Linda Thompson
IAAOC President-Elect 2015-16
drlindathompson@gmail.com
573-999-5463

Applications due December 15, 2015
1. Kevin Doyle, board member, is spearheading a new facebook page for JAOC. It is currently under development but has approval of ACA and IAAOC. You can view the page here: https://www.facebook.com/

2. I hope you heard about the upcoming special issue on the topic of Ecological and Systemic Issues Related to Addiction. Pam Lassiter will be serving as guest editor. I pasted the full call for manuscripts below. Please help us spread the word and consider submitting a piece for the special issue. The due date is: May 1, 2016.

**Summary of Articles in October 2015 issue of JAOC**

**Evaluation of a Parent-Based Intervention for At-Risk Adolescents**  
Diana M. Doumas, Marianne King, Christa Stallworth, Polly Peterson, and Amanda Lundquist

This study evaluated the effectiveness of a parent-based intervention, the Parent Project, among 84 parents of at-risk youth. Results indicated improvements in child management, family involvement, parent-child affective quality, substance use rules communication, and parental self-efficacy at a 10-week follow-up.

**Perceived Norms, Outcome Expectancies, and Collegiate Drinking: Examining the Mediating Role of Drinking Motives**  
Edward Wahesh, Todd F. Lewis, David L. Wyrick, and Terry A. Ackerman

We examined the mediational role of drinking motives in explaining the associations among psychosocial antecedents and collegiate drinking. Results indicated that drinking motives partially mediated the relationships between outcome expectancies, perceived norms, alcohol use intensity, and alcohol-related negative consequences.

**Exploring the Value of the Substance Abuse Subtle Screening Inventory-3 for Predicting Attrition and Recidivism among Perpetrators of Intimate Partner Violence**  
Carrie VanMeter, John M. Laux, Nick Piazza, Martin Ritchie, and Kasey Tucker-Gail

This study explored the potential value of the Substance Abuse Subtle Screening Inventory-3 (SASSI-3) as a means of predicting program attrition and recidivism among perpetrators of intimate partner violence, concluding that the SASSI-3 is not an adequate predictor.

**Predictors of Hypersexual Behavior among Collegiate Males and Females: Exploring Self-Conscious Emotions**  
Amanda L. Giordano, Elizabeth A. Prosek, Audrey L. Cecil, and Joshua Brown

We examined self-conscious emotions as predictors of hypersexual behavior among 235 college students. Among males, shame-proneness and externalization predicted higher hypersexual behavior, and guilt-proneness and detachment were associated with lower hypersexual behavior. Detachment predicted higher hypersexual behavior among females.
Summary of Articles in April 2016 issue of JAOC

Addiction Topics in Counselor Educator Professional Development: A Content Analysis
Regina R. Moro, Edward Wahesh, S. Elizabeth Likis-Werle, and Jayne E. Smith

Counselor educators prepare master’s level counselors-in-training on addiction topics. This content analysis examined the frequency and types of addiction topics for counselor educator continuing education. The results revealed limited attention to addiction topics within professional literature and conference presentations.

Parental Predictors of Adolescent Alcohol Use and Alcohol-Related Consequences
Robin Hausheer, Diana M. Doumas, Susan Esp, and Courtney Cuffee

This study examined parental predictors of alcohol use and alcohol-related consequences among ninth grade students (N = 296). Parental disapproval of teen drinking and quality of parent-child general communication were significant predictors of drinking behaviors. Implications for counselors are discussed.

Self-Efficacy Among Adults in Substance Abuse Treatment: The Role of Religious Coping
Amanda L. Giordano, Elizabeth A. Prosek, Sahar Loseu, Cynthia M. Bevly, Julia Stamman, Citlali E. Molina, Molly M. Callahan, and Richard-Michael Calzada

In substance abuse treatment, general self-efficacy and religiousness are factors that may support positive outcomes. We surveyed clients receiving substance abuse treatment (N = 121) and found that religious coping predicted general self-efficacy scores. Clinical implications are discussed.

Dialectical Behavior Therapy Techniques for Counseling Incarcerated Female Youth: A Case Illustration
Breanna P. Banks and Melinda M. Gibbons

Dialectical behavior therapy (DBT) may successfully address the needs of female juvenile offenders, but systemic barriers prohibit adherence to the full DBT protocol. We build a rationale for utilizing select DBT techniques for this population and provide a case illustration.
Not going to Montreal?

Then the 2016 IAMFC Conference is for you!

Helping Families All Over the World

Cosponsored by the

International Association of Addictions and Offender Counselors (IAAOC)

March 10-12, 2016

The IAMFC World Conference will be held in historic New Orleans, LA. This conference will feature some of the giants in marriage and family counseling and a special addictions and families track. This conference is an excellent option if you are unable to attend ACA in Montreal.

http://www.iamfconline.org/public/IAMFC-World-ConferenceRegistration.cfm

Addiction Presentations for 2016 IAMFC Conference

**Thursday, March 10th 2016**

**Title:** Internet Gaming Addiction’s Impact on Couples and Families: Screening, Assessment, Diagnostic, and Treatment Issues  
**Date:** Thursday, March 10 8:00AM – 12:00PM  
**Presenters:** Joseph Graham & Kristy Carlise  
**Format:** 4-Hour Pre-Conference Workshop

**Title:** Is There a Process Addiction Elephant in the Room? Screening, Assessment, Diagnostic, and Treatment Issues for Families Dealing with Process Addictions  
**Date:** Thursday, March 10 1:00PM – 5:00PM  
**Presenter:** Leigh Falls Holman PhD, LPC-MHSP, RPTS, NCC, LSC  
**Format:** 4-Hour Pre-Conference Workshop

**Friday, March 11th 2016**

**Title:** Using Motivational Interviewing with Substance-Using Appalachians  
**Date:** Friday, March 11 8:00AM – 8:50AM  
**Presenter:** Darlene Vaughn, M.Ed., CSAC, FACASAC, LPCC, NCC.  
**Format:** 50-Minute Education Session

**Title:** Anthetic Relationship Therapy for Sustaining Recovery  
**Date:** Friday, March 11 1:30PM – 2:20PM  
**Presenters:** Kathryn Elliot, Ph.D., LPC-S, LMFT & Scott Mire, Ph.D., LPC  
**Format:** 50-Minute Education Session

**Title:** Embracing Change in the Family System of Addiction  
**Date:** Friday, March 11 4:30PM – 5:20PM  
**Presenter:** Martina Moore, Ph.D., LPC, LICDC-CS, CEAP, SAP & Stacey Litam, M.A., LPC  
**Format:** 50-Minute Education Session

(Continued on page 10)
Title: Addictions and the Family System: Systems Theory with Families Effected by Addiction  
**Date:** Friday, March 11 4:30PM – 5:20PM  
**Presenter(s):** Heidi Unterberg, MACC, MAFP, NCC & Simone Lambert PhD, LPC, NCC  
**Format:** 50-Minute Education Session

Title: Narrative Therapy for the Treatment of Substance Abuse in Older Adults  
**Date:** Friday, March 11 6:00-7:00PM  
**Presenters:** Victoria Haynes, M.Ed., & Lauren Bristow, B.A.  
**Format:** Poster Session

Title: Reality Therapy and AA one in the same  
**Date:** Friday, March 11 6:00 – 7:00PM  
**Presenter:** Ebonie Williams, M.Ed., LPCC  
**Format:** Poster Session

**Saturday, March 12th 2016**

Title: Recovering together and healing together: Structural Family Therapy Approach with Family impacted by Drug Addiction  
**Date:** Saturday, March 12 10:00AM – 10:50AM  
**Presenter:** Tracy M. Duncan, Ph.D., Ed.S., Ph.D., LPC, ACS  
**Format:** 50-Minute Education Session

Title: Chemical Addiction and Older Adults: A Sobering Reality  
**Date:** Saturday, March 12 11:00AM – 11:50AM  
**Presenters:** Mary Ballard, Ph.D., LPC Hunter Alessi, Ph.D. LPC & Stuart Carpenter, B.A.  
**Format:** 50-Minute Education Session

Title: A Curriculum to Compassionately Engage Family & Substance Users  
**Date:** Saturday, March 12 1:30PM – 2:20PM  
**Presenters:** Robert Williams, Ph.D., & Kristen Dempsey, LMFT, LPCC  
**Format:** 50-Minute Education Session

Title: Addictions and Family Systems: Impact of an Integrated Course for Counselors-In-Training  
**Date:** Saturday, March 12 2:30PM – 3:20PM  
**Presenters:** Amy Williams, M.Ed., CSAC, NCC & Victoria Foster, Ph.D., LPC, LMFT  
**Format:** 50-Minute Education Session

Title: Exploring the Counseling Services Provided at a Secure Residential Treatment Program Within a South Texas Juvenile Detention Center  
**Date:** Friday, March 11 3:30PM – 4:20PM  
**Presenter:** Wayne Smith, Ph.D. LPC  
**Format:** Roundtable Discussion

Title: Resilience in Families Dealing with Alcoholism: Implications for Counselors  
**Date:** Saturday, March 12 4:30PM – 5:20PM  
**Presenter:** Shaywanna Harris, M.A.  
**Format:** Roundtable Discussion
Counselors, especially offender counselors, are inseparably linked to issues of justice. In fact, a core professional value of the counselor identity is “promoting social justice” (American Counseling Association [ACA], 2014, pg. 3). The Restorative Justice Committee is a new committee in International Association of Addictions and Offender Counseling (IAAOC) seeking to advance this core value. The purpose of the Restorative Justice (RJ) Committee is to publicize information and generate interest in RJ principles as a viable alternative to the current criminal justice system. The shift to a justice paradigm that privileges the voice of the community and interests itself healing rather than punitive practices is at the heart of the RJ movement. This committee hopes to involve itself in research, educational and public forums, and possibly legislative initiatives that lead to a more equitable, humane justice system.

Currently, the lens that filters the paradigm of justice, and emphasized by the criminal justice system, is retributive justice (Umbreit, Vos, Coates & Lightfoot, 2005). Together, the goals of retributive justice construct a paradigm of not only what criminal justice means, but the greater social imaginary of what justice means. At risk of over simplification, the current justice paradigm could be summarized as: crime is a violation of the law, and the state is the victim. The aim of justice is to establish blame (guilt) and administer pain (punishment). The process of justice is a conflict between adversaries in which the offender is pitted against state rules, intentions outweigh outcomes, and one side wins while the other loses (Zehr, 1997). Within such a paradigm, individual stories are lost. The dominant narrative tells a story of crimes and criminals, and the victims of the narrative are typically those in power. Rehabilitation inexorably congeals with conforming the offenders to the dominant story. Such a lens constricts the story.

So perhaps cleaning the current lens that views justice is insufficient. Rather, maybe a new lens is required to conceptualize justice. However, changing lenses is nothing short altering the social imaginary of what justice means. RJ offers a viable new lens. For restorative justice, crime is a violation or harm to people and relationships. The aim of justice is to identify obligations, to meet needs and to promote healing. The process of justice involves victims, offenders and the community in an effort to identify obligations and solutions, maximizing the exchange of information (dialogue, mutual agreement) between them (Zehr, 1997). Principles that guide restorative justice include (adapted from Ryals, 2004):

1. Nature of the crime: Crime is considered to be a primarily a violation of social relationship rather than an act of violating laws. Crime causes damage to the community and community members as well as to victims.
2. Goal of justice: The goal of justice is to repair the harm done by crime. That is, the aim of justice is to repair the harm caused and to bring relationships as close as possible to the precrime state.
3. Role of victims: Victims must have an opportunity to be part of the justice process. Harm is expressed by social isolation, anger, fear, insecurity, and anxiety. Restorative justice allows victims to resolve these issues and gain a renewed sense of security.
4. Role of offenders: Offenders must feel accountable for the harm caused by their actions. Restorative justice provides opportunities to hold offenders responsible for their crime by allowing reparation to the victim and the community. Offenders have input into sanctions and grow from the whole community experience rather than suffering a consequence.

5. Role of local community: Community resources are focused on providing victims and offenders with opportunities to regain balance. Resources are also allocated for prevention of delinquent activities.

6. Role of the formal justice system: The justice system must continue to hold offenders accountable for violated laws; however, it should focus on promoting justice in the community by using community resources rather than incarceration. The role of the justice system is to also affirm safety during the process of restorative justice.

7. Balancing power: All members of the restorative justice process must participate equally and without power imbalance. Should there be an imbalance in power, the sanctity of RJ is then compromised, and will not be efficacious in its effort.

The Restorative Justice Committee seeks to advocate for such a change in lens, thus shifting the paradigm from which offender counselors operate. The RJC seeks nothing less than to alter the conversation of justice within the counseling profession, and to advance the boundaries of social justice from which counselors operate. As a committee, (1) we want to raise the awareness of the counseling community to the existence of RJ principles and practices that currently exist, (2) provide counselors with resources for research, practice, pedagogy, and/or participation in RJ initiatives, (3) advocate for the kind of systemic changes that invite a collaborative, dialogue-driven, community-based approach to criminal justice and other harmful behavior, (4) advocate for the removal of substance-use disorders out of the jurisdiction of the criminal justice system and into the province of the mental health system so that those suffering from substance related difficulties might receive treatment rather than sentences. Some current projects include: (1) collaborative webinars with the Association for Spiritual, Ethical, and Religious Values in Counseling and Association for Multicultural Counseling and Development, (2) compiling resources and references for counselors to access (3) presenting a poster at 2016 ACA Conference in Montreal and (4) beginning a research project examining the current attitudes and awareness of RJ within the ACA and (5) a presentation of moral development with criminogenic juveniles using a restorative model at the 2016 Association of Specialists in Group Work (ASGW) National Conference. We invite those interested to be part of a paradigm changing campaign, and wanting to view justice through a new lens, to join the RJC. Please visit our website http://iaaocrestorativejustice.weebly.com for more information, or contact the committee by email at restorativejusticecommittee@gmail.com.

References:


Notes from the Legislation and Advocacy Committee (LAC)

There are some exciting things to report from the LAC! Under the leadership and guidance of our current President Dr. Leigh Falls Holman, the LAC has been busy doing many things to be active as a committee. We have been working on the new website dedicated to public policy (iaaocpublicpolicy.weebly.com) and monitoring important pieces of legislation. In this newsletter article we want to highlight two important pieces of legislation that have the committee’s attention.

1. **Anthony’s Act**: This is an advocacy issue that has legislative potential. Anthony's Act is designed to amend the Affordable Care Act to provide for a minimum of 90 days of in-patient drug and alcohol treatment as facilities designed to treat addiction. Cris Fiore whose son Anthony died of an overdose in 2014 has spearheaded this grassroots movement.

2. **The Comprehensive Addiction and Recovery Act of 2015 (CARA)**: This is an important piece of legislation that needs some backing. CARA will:
   - Provide up to $80 million in funding for prevention, treatment, and recovery.
   - Launch an evidence-based opioid and heroin treatment and interventions program. While we have services and medications that can help treat addiction, there is a critical need to get the training and resources necessary to expand use of evidence-based treatment services and medications to assist treatment and recovery throughout the country.
   - Strengthen prescription drug monitoring programs to help state monitor and track prescription drug diversion and to help at-risk individuals access services.
   - Expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of opioids and heroin and to promote treatment and recovery.
   - Expand recovery support for students in high school or enrolled in institutions of higher learning.
   - Expand and develop community-based recovery services in communities across the country.
   - Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.
   - Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
   - Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents

**Consider contacting your representative to help co-sponsor this bill. This bill needs more support in order to keep it moving!**

The committee also continues to work on the two identified projects that impact the addiction and offender counseling profession: Licensing Legislation and Recovery as an Advocacy Issue. Currently is in the beginning stages of gathering data to get a current picture of the regulations that exist for addiction counseling professionals and identifying how to be advocates for Recovery.

(Continued on page 14)
If these kind of things tug at your social justice heart ~ give thought to joining the Legislative and Advocacy Committee! If you are interested contact Dr. Christine Chasek, Chairman at IAAOClegislativecommittee@gmail.com. There is ALWAYS room for more!!

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**Mission Statement**

**Legislative and Advocacy Committee**

The Purpose: The purpose of the Legislative and Advocacy Committee is to monitor and provide advocacy pertaining to legislation and advocacy efforts that impacts the addiction and offender community.

Mission: The mission of the Legislative and Advocacy Committee is to inform IAAOC members of current, past, and proposed legislation and advocacy efforts that will impact the future of providers and clients in the addiction and offender counseling field and to connect IAAOC members with the resources needed to advocate for legislation that impacts addiction and offender counselors.

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**Committee members**

Chair: Christine Chasek,

Alex Kapnek, Bryan Stare, David Youll, Judy Nelson, Liz Conte,

Sandra Rasmussen, Scott Lipp, Steven Durkee, William Clark

Please contact me to get involved!

Dr. Christine Chasek, Chair

IAAOClegislativecommittee@gmail.com

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**News from the Cutting Edge Interventions Committee**

This is an exciting time for the Cutting Edge Interventions Committee as we begin with a new chair, Dr. Dilani Perera and new committee members, Dr. Mark Blagen, Ms. Laura Fullenkamp, Mr. Scott Lipp, Ms. Yvon Loning, and Ms. Alessandre Mazariegos. We are full of energy and ideas to move our committee forward to make it most useful to both clinicians and academicians.

We have developed a new website at [http://www.iaaoc.org/cutting-edge-interventions.html](http://www.iaaoc.org/cutting-edge-interventions.html) On our website you will find many resources including apps, powerpoints, workshops/conferences, youtube videos, and weblinks that may be of interest to you. Our hope is that our website will continue to grow through the efforts of the committee and the contributions of those who visit us.

We love to hear from you with ideas, resources, and other things we can do to help you. We are looking to expand our membership too. If there are items that you want to share and/or you want to join us, please contact the committee chair at dpereradiltz@lamar.edu

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(Continued from page 13)
Teaching Addiction Courses:
Creative Activities that Engage Your Students
Tracey M. Duncan, Ed.S., Ph.D., LPC, ACS
New Jersey City University

Strategy 1: Teaching Motivational Interviewing

Personal Change Project

The Personal Change Project is designed for students to personally examine the process of change (motivational interviewing); changing an undesirable behavior that has had a negative impact upon the student. Students are expected to design their own “personal program” for changing something about themselves over the duration of the course. In the process students are expected to complete the following types of assignments:

1. Motivational Interviewing Decision Balance Worksheet
2. Motivational Interviewing Readiness to Change Plan
3. Personal Progress Notes (submission of 5-6 notes throughout the course)
   a. Strength/Accomplishments
   b. Challenges
   c. Continuation Plans
4. Treatment Plan
5. Discharge Summary (closure of the project for class)

Strategy 2: Attendance of an AA or NA “Open” Self-Help Group
Submission of Personal Reaction Paper

In order to understand the basic philosophy and experience of self-help groups/meetings, students are required to attend an AA or NA “Open” Self-Help Group meeting during the current semester. Students will provide a 2-3 page personal reaction paper of their experience attending the particular meeting. Below are the guidelines for attending group meetings and writing the personal reaction paper.

GUIDELINES for visiting the Self-help/Mutual-help groups

1. Attendance at one (1) AA or NA meeting, or other alcohol/drug/addiction related self-help groups, must be completed during the current semester.
2. Attend only meetings that are designated as “Open” meetings. Open meetings are designed to accommodate visitors, whereas “Closed” meetings are designated for individuals who are in recovery (e.g., in the case of AA, for those who “have a desire to stop drinking.”) When you arrive at the meeting, it’s a good idea to ask if the meeting is an open meeting (a meeting may have changed from an open to a closed meeting).

3. In general, the chair of the meetings will ask if there are any visitors (or “newcomers”) to the meeting. You may wish to say: “Hello, my name is (first name only), and I am a visitor.” If you wish to say that you are a student hoping to learn more about addiction, or that you are a “counselor-in-training,” feel free to do so. Group members are very likely to approach you to introduce themselves and to greet you. In most cases they are “reaching out” to help others.

4. Please do not take notes during the meeting.

5. Most importantly --- remember to respect the anonymity of the participants: “Who you see there, and what you hear there, let it stay there.”

**GUIDELINES for Personal Reaction Paper**

1. “Reaction Paper” of the meetings are to be in the form of a 2-3 page personal reaction paper (typed; double-spaced, 12-pt. font). Papers should be presented as professional documents, i.e., grammar, misspelled words, typos, etc. all reflect upon the professional presentation of your work and will influence your grade.

2. I am looking for your reactions (gut level and intellectual) instead of a summary of what happened at the meeting.

3. Questions to Ponder: What are your biases around Self-help/Mutual-help groups? Will these biases affect whether or not you would refer clients to AA or NA meetings? Would you refer a client to this particular meeting? Why or why not?

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Share your ideas of creative activities that engage your students.

Just submit your ideas to SusanFurr@uncc.edu to be in the next issue of IAAOC News
Are e-Cigarettes the Newest Addiction?
Janice Fronczak
University of Nebraska at Kearney

Brief Description
E-Cigarettes originated in China, exported to America in 2007 and hit the market hard around 2009. What are they? An e-Cigarette is defined as “a device used to simulate the experience of smoking, having a cartridge with a heater that vaporizes liquid nicotine instead of burning tobacco.” (E-Cigarettes. (n.d.) Dictionary Reference Online). Because there is no tobacco, there is no smoke inhaled or exhaled, no carbon monoxide, no ashes, no mess and no odor.

Summary of Findings
According to a report by CNN (Senthilingam, 2015), the e-cigarette industry is holding its own with regular cigarettes and is worth over 2.7 billion dollars a year worldwide. The product was created to help smokers quit their habit of smoking cigarettes. Because tobacco is responsible for a variety of health issues, the World Health Organization and the medical field are looking seriously into the possibility that these new cigarettes are breeding a new kind of addiction. In E-cigarettes, there is no tar nor harsh chemicals that are found in regular cigarettes. Thus, this clean type of smoking, or “vaping” is indeed helping smokers by removing a major cause of lung cancer. Still, e-cigarettes allow smokers to inhale the vaporized liquid nicotine, which is still a very addictive substance, in any form.

Addictive Possibilities
Social norms play a large part in adding to an addiction. An e-cigarette is easily available, affordable, comes in fun flavors and designs and is attracting young people who might not have otherwise tried cigarettes. There is the unspoken acceptance that it is not a real cigarette, there are no laws citing an age criteria nor are there public building regulations banning their use. Young people can find themselves smoking an e-cigarette next to an adult regular smoker. This kind of social indoctrination adds to the mystique and excitement of smoking. Whether or not there are chemicals in the e-cigarette is not relevant. There is still nicotine, which is highly addictive. It is extracted from tobacco. Liquid nicotine can be deadly if it is eaten or absorbed into the skin. Small dosages of liquid nicotine such as less than one tablespoon, can kill an adult. Between 2010 and 2014, poison centers have reported that “the number of calls regarding e-cigarette nicotine-infused liquids rose sharply.” (Trimarchi, 2011, p.4). Most of these calls involve adults age 20 and older. This is an increase of 50 percent of calls that involve accidental poisoning. Another major concern is that the hot heated metals within in the e-cigarette is releasing unknown impurities into the bloodstream and lungs. These could be toxic or carcinogenic.

According to the U.S. Center for Disease Control and Prevention, (Senthilingam, 2015), nicotine can hurt the growing teenage brain, which is still growing. There needs to be more research. Instead of e-cigarettes helping adults smokers cut down on how they smoke, e-cigarettes are leading adolescents to the well of unlimited smoking. “The chemical reactions when nicotine is inhaled are dangerous, however, research has shown that nicotine is not seen to enter the bloodstream as readily when using e-cigarettes.” (Senthilingam, 2015, p.4)
Continued Controversy

E-cigarettes are here to stay. Researchers at the university level, agree that this new booming business is indeed helping adult smokers to curtail their nicotine consumption and thus is beneficial. Armand Peruga, an outspoken leader for the WHO’s Tobacco free Initiative states there needs to be immediate regulation and more funding that would go towards the long-term effects research. (Barwick, 2015, p.5) There is heated debate about whether restrictions will hurt those adult smokers who are getting help in their addiction to nicotine. The e-cigarette is linked to the current patches and gums in their potential to create a world free of tobacco.

Dennis Thompson of the HealthDay Reporter, states “thousands of ex-smokers say they have fewer cravings and are less likely to feel impulsive and irritable over their need to smoke” (Thompson, 2014, p.2). The battery-powered device uses inhaled vapor to transport nicotine along with different flavorings. This new electronic gadgetry helps adult smokers to give up their regular cigarette smoking habit.

The marketing and labeling of e-cigarettes is of concern. It has been found that the amount of nicotine listed on the cartridge label often is not the same amount that is actually found in the cartridge. Regulatory agencies and health experts agree that no one knows for sure exactly what the ingredients are inside an e-cigarette. There is a distinct lack in consistent labeling and disclosure for ingredients and risks. To add to the confusion, the Food and Drug Administration (FDA) discovered some cartridges of liquid nicotine contained a very toxic chemical, diethylene glycol, which is found in antifreeze. Under the Family Smoking Prevention and Tobacco Control Act, the FDA proposed all manufacturers of e-cigarettes, as well as for nicotine gels and dissolvable tobacco, to disclose all ingredients in their products, in order to get FDA approval. This would have to happen before marketing their products. In addition, there would be a curtailment of selling e-cigarettes to minors nor handing out free samples.

On the other hand, tobacco manufacturers are out to protect their billion dollar business. Their main concept is that e-cigarettes are merely for recreation, leisure time, are safe, are not addictive, and should not be mandated by an FDA regulation. They state e-cigarettes are cheaper and better for the environment. An initial kit costs between $30 to $100. There is no evidence that e-cigarettes are addictive. E-cigarettes are tauted as a “gateway out of smoking”. (Trimarchi, 2011, p.6)

Second-hand nicotine exposure is much lower with e-cigarettes than that of regular cigarettes. “The emissions are 10 times lower than from burning tobacco and the secondhand aerosol doesn’t contain significant amounts of tobacco-specific toxins” (Trimarchi, 2011, p.10). Several countries such as Australia, Canada, Israel, Mexico, and some U.S. cities like Los Angeles, Chicago and New York have legally banned electronic cigarettes or are imposing social pressures by restricting its use in public venues.

Despite the above controversy, research is proving that e-cigarette users are experiencing health problems with include diminished lung function, airway thickening and changes at the cellular level. There is an unsettling similarity between cells in a lab that are exposed to e-cigarette vapor and cells that are exposed to tobacco smoke. Even users who vape nicotine-free e-cigarettes are being exposed to harmful elements and are reporting airway resistance and other signs of discomfort.

Implications for Counselors

Counselors who have clients struggling with an addiction of any kind needs extra, specialized training in order to be competent to serve them professionally. Since more than 1 billion people are addicted to nicotine worldwide, it makes sense that a counselor needs to be kept abreast of the latest in the tobacco trends and industry. If a counselor has a client who is trying to quit smoking or at least, to cut down their intake, alternative solutions to satisfy the craving will be a natural step. A counselor should support a smoker’s desire to quit. Accord-
ing to an article written by Rachel Grana for the American Heart Association, “a clinician should follow the 5 A’s of evidence-based treatment: ask, advise, assess, and arrange.” (Grana, 2013. p.1983).

Assess a client’s stage of change (for smoking addicts), recommend a treatment plan that could include e-cigarettes as a bridge to quitting regular cigarettes, but include a quit date for their e-cigarette use, assess their follow through and arrange for continued support. No matter what, the counselor should stress that the client quit smoking as soon as possible to ensure their health.

Throughout the process, the client will look to their counselor for more information and advice. The information in this study will serve as a good start to find information. It will be important that the counselor explain that exchanging one addiction for a possible second one (e-cigarettes) could be a slippery slope. If the client decides to quit smoking and to start e-cigarettes, it will be important for the counselor to note that nicotine is still nicotine and can be even more dangerous in its liquid form. The warning about inhaling possible toxic metal substances should be discussed. Once the client decides and starts using e-cigarettes, it will be noteworthy if they start to show any kind of physical or mental stress, such as irritability, coughing, cravings, airway restrictions, etc.

The bottom line is that anything can become an addiction. The question is whether there are biological changes that start to happen in the body. This should be discussed with the client. As new subgroups of e-cigarette users form, the question of whether this group is healthy for a client will need to be examined. Are these subgroups serving other social functions such as bonding or rebellion? The product is so new that the whole question of passing on the addiction of inhaling nicotine to the next generation is not known. But this kind of dialogue could also be part of the counselor's role. Adolescent use is of special concern so prevention efforts should be targeted to that population.

The same concerns and issues a client has with quitting regular cigarettes will simply be exchanged for new concerns. It will be an important health and social change that a counselor would do well to educate themselves about as the e-cigarette is not going anywhere. It will be important to moderate a client’s mental state with their struggle to contain their nicotine craving as they try this new product. A counselor would do well to keep abreast of current research involving e-cigarettes.

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