LETTER FROM THE CHAIR
Shainna Ali

In this past year, it has been an honor to serve as the Graduate Student Committee Chair for the International Association of Addictions and Offender Counselors (IAAOC). I joined this committee originally as I transitioned from being a Masters student, to professional, and to my current role as a doctoral student. My primary focus was to expand the connection, community, and presence of graduate students within IAAOC and the American Counseling Association (ACA) at large.

This newsletter displays the scope of need, interest, and motivations of graduate students and the profession. I would like to thank all contributors for their hard work and commitment to this newsletter. Additionally, in this newsletter you will find a guide to IAAOC events to be held at the upcoming ACA Convention in Honolulu, Hawaii. Finally, ways to become more involved with IAAOC throughout the year are included as well. IAAOC acknowledges graduate students as the future leaders of the profession; we appreciate and encourage your dedication to the field.

If you are interested in becoming a part of IAAOC’s Graduate Student Committee please contact me at ShainnaAli@Knights.ucf.edu.
Interested in Joining an IAAOC Committee? Here are just a select few of our committees and according Chair members. They are excited to speak to interested individuals, please feel free contact them!

For more information on committees please visit: http://www.iaaoc.org/committees

Graduate Student Committee
Shainna Ali
University of Central Florida
ShainnaAli@Knights.ucf.edu

Legislation & Advocacy
Dr. Christine Chasek
University of Nebraska at Kearney
chasekc1@unk.edu

Spirituality Committee
Adrianne Trogden, LAC, CCS, LPC-S
Chief Clinical Officer
ACER, LLC
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Guidelines for Submissions for the Graduate Student Committee Newsletter

Deadline: June 30, 2014

1. All submissions must be electronic, written in Microsoft Word document formats (.doc or .docx) and included as an email attachment.
2. All submissions must be in 12-pt Times New Roman font with 1” margins.
3. All submissions must include author’s name, degree, academic or institutional affiliation, telephone number, email address, and picture.
4. Citations must follow the APA Style Manual, 6th Education.

Please send inquiries and submissions to ShainnaAli@knights.ucf.edu
It is commonly accepted that sexual offending can never be “cured” but only managed. Research has provided many points about the management and recidivism reduction of sex offenders. Therapeutic treatment and intervention have shown to be more effective than no treatment in reducing recidivism among sexual offenders (Beggs & Grace, 2011; Losel & Schmucker, 2005; Middleton, Mandeville-Norden, & Hayes, 2009). As sexual offenders, sexual offending, and recidivism are such broad topics this short outline has focused on studies reporting the effective treatments for reducing recidivism among sexual offenders, characteristics of effective treatments that prevent recidivism, and characteristics of sexual offenders most likely to recidivate.

Effective treatments that reduce recidivism last longer, target recognition of pleasure, deviant sexual thoughts, excitement involved in planning and accomplishing assaultive behaviors, and increasing empathy (Beggs & Grace, 2011, Courtney & Rose, 2004; & Hanson & Morton-Bourgon, 2005). Effective sex offender treatment programs accomplish this through focusing on several clinical and relapse prevention dimensions that offenders must accomplish in order to make treatment gains and reduce recidivism risk. Treatments focus on acceptance of responsibility and guilt for the offense, showing insight into victim empathy and issues, recognizing cognitive distortions, and minimization of consequences. Relapse prevention dimensions include: understanding lifestyle dynamics, the offense cycle, and identification of relapse prevention concepts (Beggs & Grace, 2011; Losel & Schmucker, 2005; & Middleton, Mandeville-Norden, & Hayes, 2009). Psychosocial and cognitive behavioral therapies (CBT) have empirically shown to be the most utilized and effective therapy in producing change and reducing recidivism among sexual offenders.

CBT has proved more effective than insight-oriented treatment, therapeutic communities, and other types of psychosocial programs which have revealed no significant effects on recidivism (Courtney & Rose, 2004; Ho & Ross, 2012; Losel & Schmucker 2005; & Olver, Wong, & Nicolaichuk, 2009). More effective than psychosocial and CBT treatment, though less popular and used in the more extreme cases however, are physical treatments, surgical castration, and hormonal treatments (Losel & Schmucker, 2005). Effects of physical and hormonal treatments have been seen in studies with cyproterone acetate (CPA), medroxyprogesterone acetate (MPA), SSRIs, and antipsychotics which have been shown to decrease sex drives, arousal, and hormonal levels (Courtney & Rose, 2004; & Losel & Schmucker, 2005). While research has supported the efficacy of physical and hormonal treatments, the literature also cautions their use. As with any medicinal treatments changes in body hormonal and testosterone levels can be damaging Courtney and Rose (2004) highlighted that participants whose MPA prescriptions dose were decreased reported increased interest in children and SSRI’s were reported to increase masturbatory activities and sexual focus. Research also highlights the increased efficacy of multisystem approaches to treatment in reducing recidivism rates (Losel & Schmucker, 2005; Olver & Wong, 2009; & Olver, Wong, & Nicolaichuk, 2009).

It has been found that psychotherapy, especially cognitive behavioral therapy, mixed treatments combining drug and psychotherapeutic treatment, and physical therapy all increase desistence and reduce recidivism in sexual offenders (Losel & Schmucker, 2005; Olver & Wong, 2009; & Olver, Wong, &
Nicholaichuk, 2009). Programs with cognitive behavioral treatment focused on relapse prevention have shown to be effective in reducing recidivism for all types of sexual offenders of varying intellectual abilities. Researchers have shown that

2004; Losel & Schmucker, 2005; & Olver & Wong, 2009). Effective risk assessments throughout the literature have shown that by promoting successful coping skills and dynamic risk factors in treatment recidivism rates can be improved (Hanson & Morton-Bourgon, 2009; & Wilcox, et al., 2009). Statistic risk factors, which can typically be gathered from archival data, such as criminal history records, and include: unchangeable aspects of an individual’s history e.g. prior sex offenses, stranger victims, general criminality (prior nonsexual offenses and personality disorders), and childhood behavior problems. Dynamic risk factors are more subjective and increase risks and need for treatment as they are more changeable and fluctuating than static factors. Dynamic risk factors include substance related problems, negative and positive social and environmental connections, personal resources, and aggression toward others (Hanson & Morton-Bourgon, 2009; & Wilcox et al., 2009).

While CBT, physical, and hormonal treatments with sex offenders have all demonstrated their effectiveness in reducing recidivism, not all treatment is the same. Effective treatments that reduce recidivism target a number of behaviors and thoughts. Effective treatments last longer, target recognition of pleasure, deviant sexual thoughts, excitement involved in planning and accomplishing assaultive behaviors, and increasing empathy. Effective treatments are also focus on reducing cognitive distortions, understanding relapse, relapse prevention, and the promotion of adaptive interpersonal relationships (Beggs & Grace, 2011, Courtney & Rose, 2004; & Hanson & Morton-Bourgon, 2005).

While sexual offenders are more likely to commit a general nonsexual offense, the risk of sexual reoffending is still a real problem for treatment and management personnel (Hanson & Morton-Bourgon, 2005). Through risk assessments researchers have pointed out the trends and characteristics of sex offenders’ who are more likely to recidivate. Most likely to commit new sex offenses and recidivate are sex offenders under the age of 40, offenders who have committed prior nonsexual and nonviolent criminal offenses, offenders who molest boys, psychopathic offenders, and offenders who drop out or decline treatment (Courtney & Rose, 2004; Losel & Schmucker, 2005; & Olver & Wong, 2009). Researchers have also highlighted psychopathic offenders and offenders with learning disabilities as being more vulnerable to recidivate without proper management (Courtney & Rose, 2004; Hanson & Morton-Bourgon, 2005; Looman, et al., 2005; Olver & Wong, 2009; & Wilcox, et al., 2009).

Research has revealed many points regarding sex offenders’ treatment, efficacy, and recidivism. Through CBT and psychosocial treatment programs, addressing static and dynamic risks, and the use of risk assessments clinicians may be better able to monitor and address treatment needs for sex offenders. While research highlights sex offenders to be more likely to recidivate through nonsexual, general criminal offenses, it is important that psychologists and treatment personnel assist offenders in all relapse prevention.
References


Shanice Armstrong is a doctoral student in the Counselor Education program at Texas A&M University-Corpus Christi. Ms. Armstrong received an Education Specialist degree in Counseling Psychology from the University of Kentucky. Her research interests focus on correctional treatment, recidivism reduction, and counselor attitudes and training with adjudicated and minority populations.
I started working in the addictions field in 2008 as a graduate student during my Master’s program at a small residential facility in Jacksonville, Florida. During my internship I worked with adolescent females ages 13-18 who, aside from having a substance dependence diagnosis, had several other mental health diagnoses including Post-Traumatic Stress Disorder, Anxiety, Depression, Eating Disorders and a host of other issues. Even though this was a substance use facility, many of the adolescents were using substances as a coping skill to manage their previous mental health issues. Many of the young adolescents were in foster care or had unfit parents. Several of them had been raped or molested at a young age and used alcohol, marijuana, cocaine or other drugs to soothe their emotional pain. In my experience working with this population, substance dependence was a secondary issue to their primary problems.

The difficulty for myself and many other counselors was that Medicaid and other insurance companies demanded that we treat the substance diagnoses, not the other issues. But how can we treat someone for alcohol dependence when the reason they are drinking is because they are attempting to soothe the symptoms of another disorder? We answered this question by focusing on teaching them coping skills. If they could learn to soothe themselves in other ways, such as practicing mindfulness, journaling or deep breathing techniques, they could learn to self-soothe in healthy ways. Unfortunately, learning these techniques takes time and effort, whereas using alcohol or other drugs is oftentimes easier, more socially acceptable and instantly gratifying.

So what is the lesson here? Like anger is seen as a secondary emotion to a more primary feeling such as sadness and fear, substance use is oftentimes a secondary problem to a primary mental health diagnosis or issue. As counselors, we are frequently mandated to treat just one issue or one diagnosis. This is when we need to get creative, grab some tools we learned from school or in the field and make sure that we are following insurance and company standards while also providing the best treatment possible for our clients.
My Career Choice in Addiction Counseling

By: Alyssa Thomas

“When your heart speaks, take good notes.” –Joseph Campbell

Upon graduation from Penn State University with a BS in Biobehavioral Health in December 2011, I had no idea what my ideal job would be. I applied to three local jobs: therapeutic staff support at a high school, children and youth services and the county’s drug and alcohol rehabilitation center. After interviewing and being offered all three jobs, I chose the rehab with absolutely minimal knowledge about addictions.

I started my first “big girl” job in March 2012 as a counselor-tech. I would find out later that this position was not envied by any of my co-workers as I not only had the worst hours, but also the least amount of staff support. I worked 11-7 Wednesday through Friday and 9-5 Saturday and Sunday. As the youngest person on the staff (age 22), I was also left alone with over patients on a daily basis and 75% of the time it was with the males. As one could imagine, due to the lack of safety and as well as availability and support from my colleagues during the evening and weekend hours, several uncomfortable and anxiety-provoking situations came about.

Running treatment activities and groups and maintaining a small caseload of 2-3 patients, I learned quickly that I had a heart for those struggling with addictions. However, after five months, I discovered this specific rehab center was not for me and made an important career change. Less than a month later I began working as a medical sales representative and began the graduate school search and application process.

Struggling between the decision of a master’s degree in counseling or social work, I discovered a scholarship for the Alliance Graduate School of Counseling in Nyack, New York and applied. After being accepted into the mental health counseling program, I began being questioned by multiple people about my desire to help those with addictions and was told repeatedly that addicts were bad people: criminals, liars, masters of manipulation and that addiction counselors were useless as no addict truly wants to change.

After being forced to justify my decision over and over, I had my response down to a tee. Now when I am asked this question, I simply explain: “What you know about addicts is what you see on the news or read in the police blotter, you don’t get to see them when they’ve hit rock bottom and truly desire to turn their lives around. Addicts and alcoholics are not bad people; they are good people who have made some bad decisions.” I also like to toss in a Bible verse to further establish my perspective: “Your mistakes do not define you” (Psalms 37:24).

“The heart has reasons that reason does not understand.” –Jacques Benigne Bossuel

Alyssa Thomas is a first year graduate student in the Mental Health Counseling program at the Alliance Graduate School of Counseling in Nyack, New York. Alyssa is an alumnus of The Pennsylvania State University, University Park, Pennsylvania with a BS degree in Biobehavioral Health. She loves Penn State, country music and concerts, reading, the show FRIENDS and spending time with her family, friends and her dogs, Buddy and Jovie. Upon completing graduate school, she hopes to move back home to western Pennsylvania and work with those struggling with addictions in either a rehabilitation or jail/prison setting.
The Importance of Research in the Field of Addictions and Offenders for Current Graduate Students
By: Azureblue White

In the field of counseling, we are constantly evolving and discovering new ways to better serve clients. In the past decade, there have been many changes and discoveries to occur in the field of addictions and offenders. For example, new forms of existing drugs (the emergence of the drug “molly”, which is the crystalline or powder form of MDMA-better known as ecstasy); individuals creating euphoric experiences from daily household products (sniffing of bath salts and paints); abundance of offenders with learning disabilities; and high recidivism rates of offenders. Research, whether empirical or conducted, in the field of addictions and offenders will allow graduate students to, not only, gain knowledge about the population they have chosen to work with, but provide necessary information for the advancement of the field. Further research will open new doors to determining what culture, genders or socio-economic statuses are impervious to certain addictions, and/or offenses. With this knowledge, graduate students can find ways to improve the rates of successful prevention and recovery methods for this population.

As future counselor practitioners, we need to recognize that conducting research that specifically addresses addiction and offenders is important because many clients have been and are currently affected by drugs or drug use and/or committed a criminal act or exposed to crime. Conducting research will allow the graduate student to overcome barriers that other graduate students may face in the field. Research will also allow graduate students to develop the facilitating attitudes they need to conduct effective counseling with their clients. Many graduate students may not accept this approach as an opportunity to expand their horizons in the field but as a chore that must be completed to continue in the field. We are the future of research in the field, why not continue to build on what the individuals before us have established?

Originally from Riverdale, Georgia, Azureblue White is a master’s student in the College of Psychology and Behavioral Sciences at Argosy University-Atlanta with a concentration in Community Counseling. She received her B.A. in Social Work at Fort Valley State University. Her personal research interests include addiction and offender counseling with adolescents, group counseling and play therapy. She is a member of the Licensed Professional Counselor Association and currently serves as the New Member chair in its student affiliate organization at Argosy. She currently works with a non-profit organization named H.O.L.T. Inc (Helping Others Live Together) that assist individuals with housing, helps individuals establish themselves as productive citizens in society, and performs advocacy work for young children and adolescents helping them gain skills that they need to become productive citizens in today’s society. After completion of her master’s degree, she plans to pursue a PhD in Counselor Education and Supervision.
Harm reduction strategies are an emerging framework in drug addiction treatment that has been used across the world. As the name suggests, its aim is to reduce harmful consequences associated with drug consumption behaviors, and thus increase life functioning. Harm reduction approach is not a wand used to solve drug addiction problems. A concrete plan is required to translate the strategies into practice. Developing a drug treatment center that utilizes harm reduction strategies in a community setting is a collaborative effort between multiple parties: stakeholders, agency providers, and a community surrounding the center. Choosing to use harm reduction strategies in a treatment center is not an overnight decision. The development takes many stages and components, beginning by proposing the idea to department of health and multiple stakeholders, developing partnership with research universities, determining a trial period, and providing a comprehensive training for center providers. Of all the stages, convincing a community (where a center is located) is a challenging part. A factor that contributes to its challenging nature is the misconception that a community can have about harm reduction strategies in drug addiction treatment.

The common misconception is: harm reduction supplies clean syringes and provides a safe place for drug users to consume substance, thus this action is interpreted as the center perpetuating the drug addiction problems. Since the center provides syringes, the area is presumed to attract many drug users or drug suppliers to the community environment, where the center is located from elsewhere. In reality, harm reduction can reduce death and injury from drug overdose, reduce the number of people injecting in public and the amount of discarded injecting equipment on sidewalks, enhance access to health and social welfare services (such as medical treatment and food distribution) for injecting drug users, reduce the spread of blood-borne viruses such as hepatitis C and human immunodeficiency virus (HIV), reduce crime cases in the area, and provide referral treatments.

Another factor that contributes to its challenging nature is cultural norms of a society. Societal norms are constructed from multiple values and traditions to consider what action is regarded as “right” or “wrong”. For instance, Malaysia is a multi-ethnic and multi-religious country. For that reason, the value of religiosity and spirituality, and the spirit of togetherness or collectivism are embedded within cultural beliefs.

On the surface, the idea of harm reduction strategies seems against the cultural values of fostering harmony life in a community, and combating drug addiction problems. With this manner, the development of the center in a community setting requires rigorous efforts. A society surrounding a drug center is people (e.g., groceries stores, hotel lodging, and restaurants, which they presume harm reduction strategies would badly affect their business income and restrict tourism) who are affected by its development. Therefore, educating a community about harm reduction is imperative to ensure collaboration between the center provider and a community. Components involved in education process are conducting regular outreach, and survey prior to its development.

Having had enriching experience working at a treatment center that utilizes harm reduction strategies in Malaysia, and visiting the Medically Supervised Injecting Center in Sydney, Australia, and the drug treatment center Rumah Cemara in Bandung, Indonesia (which both
implement harm reduction strategies) substantiate my beliefs in this system. Although experiences of being in the field and directly involved in the procedures of implementing harm reduction strategies seems enriching and experiential, the experience would be a little overwhelming for learning process for training counselors. Pressure is intensified if the knowledge of harm reduction strategies is not covered in addiction counseling courses. Training counselors would get less benefit, in terms of their learning process as they would be overwhelmed with demands from agency providers, as well as a society. Supervisor plays a vital role in supporting their supervisee, such as discussing about self-care, beside other components that are vital in supervision.

In conclusion, harm reduction strategies in a community setting implies significant messages to the world. First, drug addiction problem is “our” problem and it is not only “their” problem. Everybody plays a role in combating drug addiction problem. Second, people with drug addiction problems are part of society and they are always welcome to receive the best treatment strategies in community settings. Drug addiction problems might not be solved, but our consistent efforts deliver a significant message for people who are affected with drug addiction problems not to lose hope to achieve recovery.

The name of Farhana was given to me. I was born on June 9, 1986 in an urban area, in Malaysia. Currently, I am enrolled at the Kent State University as a doctoral student in Counselor Education. My previous writing project in Master degree, focused on defense mechanisms in relapsing addicts. I devoted my time working with clients who use drugs and people affected by them at a daily basis treatment center in Malaysia, before continuing my studies in the United State of America. Addiction problems are issues that very close to my heart; they are challenging, as well as rewarding.
The Birds and the Bees
By: Zachary D. Bloom

In decades past, most children were introduced to the anatomy of the human body and concepts about human sexuality through school-based educational programs. In less conservative states, children were even given information – beyond abstinence – about preventing unwanted pregnancies and the transference of sexually transmitted infections. From time to time, children might also have a conversation with an adult about the “birds and the bees.” I’m not sure who dreaded those conversations more between the adults and children, but the important thing was that those conversations were happening; children were given an opportunity to understand and question social norms about their bodies and about sexual practices.

Prior to the advent and widespread use of the Internet, for a minor to acquire pornographic materials, (s)he would have to stumble upon a stash of magazines or VHS tapes, or ask for the material from an adult or older friend. As such, minors seeking pornographic materials typically shared the experience with friends, siblings, or other family members who could deconstruct the material being viewed. Though not ideal, it could be argued that sexual education was an aspect of this ritual.

Beyond acquiring pornographic materials, mainstream pornography itself has changed over the past several decades. What was once controversial material that might have been called by different names by different audiences was, as argued by some, mostly benign. However, contemporary pornography has evolved into a more violent form of sexually explicit material (Foubert, Brosi, & Bannon, 2011; Peter & Valkenburg, 2010).

Well past the turn of the century now, school-based sexual education programs remain controversial and programs that teach beyond “abstinence only” – such as Planned Parenthood – are still fought against. Conversely, children and adolescents have greater access to sexually explicit content than ever before. It is not difficult to imagine a child on a contemporary playground hearing a sexual word – without knowing its meaning or context – and typing that word into an online search engine to see it displayed seconds later. Nor is it difficult to imagine a child mistyping an innocent search term altogether, only to be redirected to a pornographic Internet site.

It is my concern that the combination of increased explicitness of contemporary pornography and increased access to that material, in conjunction with a lack of mitigating social systems, will have counseling implications for children and adolescents. As a doctoral student and aspiring researcher working to explore these relationships, I have found that our profession is highly divided between individuals who support this line of research and individuals who are adamantly against it. While I recognize that the content of this article – as well as this line of research – may evoke an emotional response, it is my hope that we can move past our personal reactions to the subjects of pornography and child/adolescent sexual development and instead respond to the presenting problems of our clients and the systems that impact them. It’s that long-dreaded “birds and the bees” talk being brought up again, but I think it’s time we have that talk.
References


Zachary D. Bloom, MA, RMHCI, RMFTI is a first year doctoral student at the University of Central Florida in the counselor education and supervision program. Prior to his career in counseling, Zach worked with adolescents as a middle school and high school English and language arts teacher. His research interests include issues of morality and ethics, human sexuality, and trauma.

IAAOC’s facebook page will keep you updated with IAAOC events, news, trainings, and other exciting opportunities.

Please check us out and "like" us by searching for "International Association of Addictions & Offender Counselors"
The Problem with Pills: Understanding Use and Misuse in Prescription Drug Diversion
By: Shainna Ali

In the past twenty years prescription drug use, and subsequent abuse, has increased exponentially. The prescription drug pandemic prompts the field of addictions treatment to embark on a new territory which would include the impact of addictive legal, prescribed substances. Although the existence of this concern has been noted internationally in various disciplines, there is a gap in the counseling literature in regard handling this nationwide concern. Therefore, counselors are not currently prepared to understand and address issues pertaining to prescription-drug problems within counseling. It is essential for counselors to become familiar with prescription drug use and misuse in order to effectively aid individuals with related concerns.

From 1991 to 2009, prescriptions for opioids tripled to over 200 million (Florida Department of Health [FLDH] 2011; National Institute of Drug Abuse [NIDA 2011]). In 2003, 6.3 million Americans ages 12 and older abused prescription drugs (FLDH, 2011). Many reasons for prescription drugs are difficult to measure (i.e., anxiety, pain) and this may be an issue which prompts unnecessary prescriptions (Center on Lawful Access and Abuse Deterrence [CLAAD], 2010; Garcia, 2012; McCabe & Boyd, 2012). There are varied motivations for use which range from self-treatment to sensation-seeking. The motivation and general purpose for use is important to assess in order to tailor treatment, however, regardless of original use, misuse is a potential risk.

Compared to illicit drugs, it is difficult to monitor the misuse of prescription drugs due to the lack of knowledge pertaining to prescription drugs (e.g., side effects, risks), difference in stigma, variance in prescribing patterns, and range of legal stipulations (CLAAD, 2010; FLDH 2011; Jones, Fullwood, & Hawthorn, 2012). Individuals are not educated on the risks pertaining to prescription drugs (i.e., addiction, overdose, withdrawal). Further, since the substances are available from doctors, there is a reduced stigma as the pills are perceived to be safe and low risk. Many individuals, regardless of intent, do not hesitate to take prescribed medications from their families or friends. Additionally, for those who purposefully utilize prescription drugs non-medically may receive their drugs in numerous ways including doctor-shopping (visiting multiple medical practitioners in effort to receive various prescriptions), medication resale (purchasing from an individual with a legal prescription), and pain clinics (colloquially known as “pill mills”). Strides have been made within the last decade to monitor misuse as forty-eight states currently have a Prescription Drug-Monitoring Program, however, many of these programs are in their infancy and have clear loopholes for intentional diverters such as lack of interstate sharing (National Alliance for Model State Drug Laws, 2004; Traynor, 2012; United States General Accounting Office [USGAO], 2002; Wilsey & Prasad, 2012).

Prescription drug diversion in the cost the United States about 55 billion dollars in 2007 and has been increasing since (Birnbaum, 2011). Regardless of intention at original use, misuse and risks of addiction, overdose, and death are all possible (Bell, 2010; CLAAD, 2010). There is a need for continued education, management, assessment, research, and federal stipulations in order to combat the perpetuation of the prescription drug problem.
References


Shainna Ali is a doctoral student in Counselor Education & Supervision at the University of Central Florida. Shainna serves as the IAAOC Graduate Student Committee Chair. Her areas of interest include addictions, multiculturalism, gender and sexuality, and trauma.
Join IAAOC at the American Counseling Association Conference & Expo!
March 27-30, 2014
Honolulu, Hawaii

**IAAOC Meetings at ACA**

**Thursday, March 27, 1:00-4:00 pm (IAAOC Executive Committee Meeting)**
Hilton Hawaiian Village-Hibiscus 1

**Friday, March 28, 6:00-8:00 pm (Joint Reception)**
Hilton Hawaiian Village-South Pacific 1

**Saturday, March 29 7:30-9:00 am (IAAOC Breakfast)**
Hilton Hawaiian Village -Sea Pearl 3 & 4

**Saturday, March 29, 2:00-3:00 pm (JAOC Editorial Board Meeting)**
Hilton Hawaiian Village -Iolani 5

**Saturday, March 29, 3:00-4:00 pm (IAAOC Membership Meeting)**
Hilton Hawaiian Village- Nautilus 2

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**IAAOC Day Of Learning Sessions**

**Friday - March 28**

Graduate Student Research Carousel
10:30 am-12:00 pm - ID# 130 - Education session - Room 316B

Framing Addiction Within Social Interdependence Theory:
The Relationship Between Addiction and Unhealthy Family Systems
1:30-2:00 pm - ID# 433 - Poster Area 1

**Saturday - March 29**

Current Training and Practice Issues Facing Addiction Counseling Students/Educators and Practitioners
11:30 am-12:00 pm - ID# 514 - Poster Area 14

Effectiveness of Recovery High Schools as Continuing Care for Substance Use and Co-Occurring Disorders: Preliminary Findings
3:30-4:00 pm - ID# 565 - Poster Area 1
Sunday - March 30
Parents' Perceptions of Adolescent Substance Use Compared to Reported Adolescent Substance Use: Prevention Implications
7:00-8:00 am - ID #308 - Education session - Room 319A-B

The State of Process Addictions in Counseling: A Panel Discussion
10:30-11:30 am - ID# 363 - Education session - Room 306B

Addictions Academy Sessions
Friday - March 28

Finding Healing Through an Attachment-Focused Integrative Approach for Co-Occurring Substance Abuse and Trauma Treatment
7:00-8:00 am - ID# 108 - Education session - Room 319A-B

Mental Health of Adults Who Are Inmates: Counseling Interventions
7:00-8:00 am - ID# 112 - Education session - Room 302A-B

Graduate Student Research Carousel
10:30 am-12:00 pm - ID# 130 - Education session - Room 316B

Saturday - March 29

There's an Elephant in the Room ... Do You See It?
Screening and Assessment for Sexual Addiction
4:00-5:00 pm - ID# 283 - Education session - Room 308A-B

Sunday - March 30

Treating Video Game Addiction: Three Brief Sessions
7:00-8:00 am - ID #301 - Education session - Room 313A

Parents' Perceptions of Adolescent Substance Use Compared to Reported Adolescent Substance Use: Prevention Implications
7:00-8:00 am - ID #308 - Education session - Room 319A-B

Women Married to Sex Addicts:
Help for a Severely Traumatized and Underserved Treatment Population
8:30-10:00 am - ID# 330 - Education session - Room 316B

The State of Process Addictions in Counseling: A Panel Discussion
10:30-11:30 am - ID# 363 - Education session - Room 306B