

CUNNING. BAFFLING. POWERFUL.  
**Compassion**  
**fatigue**



Among Addiction Professionals

by J. Eric Gentry, Ph.D., LMHC, CAC, CTS, MT

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**“Cunning, baffling, powerful.”** These words have been used to describe the disease of addiction for the past 70 years. These same words are equally applicable in describing the debilitating effects of compassion fatigue in the lives of those professionals and paraprofessionals who work with addicted clients.

How many of us have found ourselves going that extra mile for a particular client who we believed was going to make it only to hear that this client relapsed? How many times have we attended the untimely funerals of our clients or ex-clients? How many stories of cruelty, abuse, suffering, and torture have we witnessed in our individual and group sessions with addicts as they relate their narratives of childhood and active addiction? If you have worked long in the field of addiction, chances are you are bobbing your head right now. While our work affords us the incredible opportunity to be instruments of profound transformation in the lives of our clients, we also are the witness-bearers to stories of some of the most horror-filled experiences that humans have endured. We now know that our work carries with it

“That which is to give  
light  
must endure burning.”

Victor Frankl

the very real potential for negative effects. While these negative effects have been identified by many different names (e.g., countertransference, burnout, vicarious traumatization, caregiver stress, secondary traumatic stress) there seems to be consensus that “compassion fatigue” accurately describes this phenomenon.

In a 1990 groundbreaking study, Linda McCann and Laurie Pearlman scientifically demonstrated that working with traumatized and suffering clients produce similar symptoms in the therapists who treated them. In 1995, three books focusing upon this condition were also published that ushered compassion fatigue into the lexicon and consciousness of professional caregiving. While there is agreement among practitioners and researchers that there are indeed potential negative effects

*continued on page 6*

## State Budget Proposal Released to General Assembly

by Deb Beck, MSW, President/DASPOP

On 2/8/06, Governor Rendell released his proposed budget for state Fiscal Year 2006-07. (The state Fiscal Year begins July 1, 2006 and ends June 30, 2007.) The budget will be reviewed and debated by the Pennsylvania Legislature before the development of the final spending plan for the state.

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# President's Perspective

by Tom Baier, CAC/CCS

## On WORDS and Silence ...

I happen to serve a dual role for the PCB as both a 2<sup>nd</sup> term President and as co-chair with Maggie Marcopul for the Ethics Committee. Most recently, we've been spending some time with our attorney in revising certain aspects of our ethics procedures in an effort to create a streamlined, comprehensive process that upholds our central mission of consumer protection. In this respect, I'd like to make some outreach to you, the reader, to assist in policing our own ranks as we begin to lose the commitment of many employers to do so. I'm referring to a recent trend that has been developing wherein an employer terminates the employment of one of our own for a grievous infraction of professional ethics. The employer then reports the credentialed individual's alleged violation and the termination of their employment to the PCB. Then, when the Ethics Committee attempts to gather evidence to pursue the issue, the employer refuses to cooperate, fearing the possibility of litigation by the terminated employee. That then leaves the investigation dead in the water, with no supporting evidence, and no action is taken. The former employee then uses his credential to gain employment at another agency, ostensibly protected by the former employer. This issue simply moves a potential predator around the human services system where they are free to replicate the violation.

Here's where you come in. I'm sure that you're aware that you, as an individual, bear the responsibility for the knowledge of unethical behavior for which you do not take action. Our system of policing our own ranks works only when we are willing to collectively participate even though there are potential risks to ourselves. Here's an example from my own



Tom Baier  
CAC/CCS

history as a counselor - I once worked as a counselor in an agency where a good friend of mine also worked counseling substance abusers. I became aware of a breach of ethics on his part that had the potential of imposing great harm on a client. After lengthy deliberation with myself, I confronted him with the behavior at which time he agreed that it was inappropriate and that he would take corrective action immediately. He didn't and the behavior continued. I repeated my previous conversation with him and this time he agreed to a timeline for corrective action. At that time I informed him that, should the agreed-to corrective action not be taken in the agreed-to timeline, that I would report the behavior to our supervisor. I don't believe that he took me seriously. After all, we were good friends with an active social life outside the agency. Well, you know the rest. He put his own needs (that I saw as perverse and damaging to a client) ahead of the needs of the client. I reported him. He got fired. I lost a friend.

The bottom line on this story is that the personal cost to me for the establishment of consumer protection was the loss of a friendship that I truly valued. Such is the nature of what we do. The appeal to you, since employers seem to be increasingly reluctant to assure consumer protection beyond the scope of their own agency, is to take the risk to report any individual who holds a credential issued by the PCB who you know to be in direct violation of our code of ethics. It's an obligation that we all bear in attending to a vulnerable population. At the same time, this does not always mean that we need to purge offenders from our ranks. The sanction of revocation is rarely imposed and is reserved for those most egregious violations. We all make mistakes. The role of the Ethics Committee is to define the error in the context of our own code and seek corrective action. More often than not, proven ethics violations are followed by sanctions of a written caution or a period of credential suspension or some imposed training, education, or supervision after which time the credential is regained.

For those of you who currently work or have worked with the forensic population, you know the response to a "snitch." This code is imposed by design as a means of maintaining a social philosophy supportive of violence and corruption. We need to oppose behaviors by our peers that are oppositional to the value of doing no harm to the consumers of our services.

*Final word* - we will be judged by both our words as well as our silence.

*...you, as an individual, bear the responsibility for the knowledge of unethical behavior for which you do not take action.*

# IMPORTANT

## WRITTEN EXAMINATION INFORMATION

Written exams for all credentials offered by PCB will be administered as follows:

Exam Date	Deadline to Apply	Exam Locations
Friday, June 9, 2006	May 1	Harrisburg & Pittsburgh
Friday, September 8, 2006	August 1	Harrisburg & Eagleville
Friday, December 8, 2006	November 1	Harrisburg & Pittsburgh
Friday, March 9, 2007	February 1	Harrisburg & Eagleville

The Harrisburg exam site is Penn State Eastgate; the Pittsburgh exam site is Community College of Allegheny County; and the Southeastern PA exam site is Eagleville Hospital.

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The Governor's proposed budget projects a REDUCTION of almost \$2 million in funding for the Bureau of Drug and Alcohol Programs, Department of Health.

The proposed budget projects cuts in Federal funding to Pennsylvania in the Federal Substance Abuse Prevention and Treatment Block Grant and an additional loss of about \$10 million in the Federal Intergovernmental Transfer Program.

### FUNDING REQUEST

We are seeking \$10 million in state funds to replace the Federal cuts in the Federal Substance Abuse Prevention and Treatment Block Grant and the Federal Intergovernmental Transfer Program.

*continued on page 8*



■

IN  
MEMORIAM

Mary Light,  
CAC Diplomat

Jeffrey Winters,  
CCSM/CAAP

**PCB**  
CODE OF ETHICAL CONDUCT  
**VIOLATIONS**

**Stefan Lovasik,**  
CCDP Diplomat  
**#5739**  
Revocation effective 09/22/05 for  
violation of Rules 3.2, 3.3, 5.3, 5.4,  
9.1, and 9.2

**Damon McCaulley,**  
CAC  
**#3903**  
Revocation effective 12/06/05 for  
violation of Rules 2.1, 2.3, 4.1, 5.4,  
and 5.6

## NEWS

### FROM THE FIELD

***Jay Anderson, CAC, has retired and is now living in Elkins, WV.***

**Editors Note:** Send us news about yourself that you would like to share with others in the field, (i.e. degrees recently awarded, work advancements, retirements, awards received, published works, etc.). We'll be happy to share your news in future issues of the PCB Newsletter.

associated with professional caregiving, the exact nature of the causes, symptoms, course, and treatment associated with compassion fatigue continues to generate debate, conjecture, research, and publication.

Most would agree that compassion fatigue symptoms can be caused by three separate factors: (1) unresolved trauma/traumatic stress in the life of the caregiver; (2) secondary traumatic stress from witnessing the stories of clients' traumatic experiences; and (3) burnout resulting

from work and workplace-related factors. These three factors, in any combination, can produce an array of symptoms that can lead to serious emotional, behavioral, cognitive, physical and spiritual debilitation. Symptoms seem to manifest, in a general way, similar to those of the clients who we are treating and can include: increased anxiety, depression, intrusive images, nightmares, obsessive thoughts, compulsive behavior, loss of humor, loss of ideals, hopeless, and suicide.

**TABLE I:**  
**COMPASSION FATIGUE SYMPTOMS**

**INTRUSIVE SYMPTOMS**

- Thoughts, images, and dreams associated with client's experiences
- Obsessive and compulsive desire to help certain clients
- Client/work issues encroaching upon personal time
- Inability to "let go" of work-related matters
- Over-inflated sense of power or importance ("savior")
- Feelings of inadequacy or impotency as a caregiver
- Inappropriate sense of entitlement
- Increased perception of danger
- Perception of the world in terms of victims and perpetrators ("us and them")

**AVOIDANCE SYMPTOMS**

- Silencing Response (avoidance of hearing/witnessing client's traumatic material)
- Depression - loss of enjoyment in activities/cessation of self-care activities
- Loss of energy
- Loss of hope or sense of dread working with certain clients
- Loss of competence/potency as a caregiver
- Isolation
- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, spending)
- Relational dysfunction

**AROUSAL SYMPTOMS**

- Increased anxiety
- Impulsivity/reactivity
- Increased perception of demand/threat (in both job and environment)
- Increased frustration/anger
- Sleep disturbance
- Difficulty concentrating
- Change in weight/appetite
- Somatic symptoms (e.g., headaches, GI disturbance, chronic pain)

Working with addicts is hazardous to your health. Clinicians have known that for a long time. So why is it important for the addiction professional to understand compassion fatigue and how does this understanding benefit us? First, it is important to understand that the symptoms of compassion fatigue are subtle, insidious, and progressive. In an effort to cope with the escalating stress-related symptoms of compassion fatigue, we often find ourselves engaging in activities that betray our integrity. We cut corners, avoid, act out, and begin to lose sight of the reason we entered the field in the first place - to make a difference. As the symptoms of compassion fatigue progress, caregivers can become increasingly irritable, numb, or cynical and an angry cynical zombie is not an effective agent of change. Over the past 20 years, treatment outcome research has repeatedly demonstrated that the quality of the relationship between the client and therapist is the most important factor leading to positive outcomes from treatment. Addiction professionals, at the top of their game, are arguably the best therapeutic relationship builders in the business. However, when we are riddled with the debilitating symptoms of compassion fatigue, none of us are capable of providing optimal quality of care. Compassion fatigue diminishes our effectiveness.

There are some of us who have been able to maintain a modicum of effectiveness even as we suffer through the symptoms of compassion fatigue. We have worked for five, ten, twenty years in addiction treatment - at what cost? What has our continued commitment to helping addicts and their families cost us? Many of us, if we are honest with ourselves, will look at the years behind us to find endless cigarette butts, coffee cups, Prozac bottles, divorces, illnesses, relational wreckages that has wreaked havoc in ours and our families' lives. We have survived our career.

As many of us look back over the flotsam and jetsam of our work in the treatment field, we are compelled to ask: "Is there another way?" What if we did not have to suffer from our work? What if there was a way to perform at our peak capacity while staying stress-free and comfortable in our work - would it be important for us to understand and embrace this knowledge? Of course it would. This is what we have stumbled onto in our work with compassion fatigue.

## THE CRUCIBLE OF TRANSFORMATION

Over the past eight years, compassion fatigue has become a focus of my work. In 1997, I participated in the development, testing, and implementation of the Accelerated Recovery Program (ARP) for Compassion Fatigue at Florida State University. Since that time, we have treated hundreds of caregivers suffering with compassion fatigue symptoms with this evidence-based, five-session, rapid treatment protocol. The successes of the ARP led to the development of the Certified Compassion Fatigue Specialist and Educator programs through which we have trained thousands of professionals.

Our initial intent in developing the ARP was to simply gather a collection of powerful techniques and experiences that would rapidly ameliorate the suffering from symptoms of compassion fatigue in the lives of caregivers so that they would be able to return to their lives and their work refreshed and renewed. However, as we embarked upon the formidable task of sitting across from our peers who were suffering with these symptoms, many of whom were demoralized, hopeless, and desperate, we began to understand that recovery from compassion fatigue required significant changes in the foundational beliefs and lifestyles of the caregiver. As we navigated through the five sessions of the ARP with these suffering professionals, we found that most underwent a significant transformation in the way in which they perceived their work and, ultimately, themselves.

Drawing from the work of David Schnarch who works with enmeshed couples to develop self-validated intimacy and achieve sexual potentials in their marriages, we began to see that many compassion fatigued caregivers exhibited a similar form of enmeshment with their careers - they were compelled to gain approval and feelings of worth from their clients, supervisors, and peers. In beginning to explore the developmental histories of many of the caregivers with whom we have worked, we also found that many carried into their adult lives, and careers, unresolved attachment trauma and developmental issues. Operating from an other-validated stance,

professionals begin to perceive clients, supervisors, and peers as potential threats when approval is withheld. These perceptions of danger and threat, which are enhanced by secondary traumatic stress contracted in work with trauma addicted clients, often lead to increased anxiety, feelings of victimization, and a sense of overwhelming powerlessness. As the caregiver is able to evolve toward a more self-validated stance and become more grounded in the non-anxious present, these symptoms begin to permanently dissipate. Laurie Pearlman and Linda Saakvitne urge therapists to "find self-worth that is not based on their professional achievements. It is essential to develop and nurture spiritual lives outside our work."

Instead of viewing the symptoms of compassion fatigue as a pathological condition that requires some external treatment agent or techniques for resolution, we began to see these symptoms as indicators of the need for the professional caregiver to continue his/her development into matured caregiving and self-care practices. Through our continued working with caregivers suffering the effects of secondary traumatic stress and burnout, we have been able to distill two primary principles of treatment and prevention that lead to a rapid resolution of current symptoms and sustained resilience from future symptoms: (1) the development and maintenance of intentionality, through self-regulation and a non-anxious presence, in both personal and professional spheres of life, and (2) the development and maintenance of self-validation, especially self-validated caregiving. We have found, in our own practices and with the caregivers that we have treated, that when these principles are followed not only do negative symptoms diminish, but also quality of life is significantly enhanced and refreshed as new perspectives and horizons begin to open.

Viktor Frankl's words "***That which is to give light must endure burning,***" are an appropriate closing for this article. Those of us who have chosen to work with addicts are committed to shining light into darkness. It is essential that we learn to lead lives that can sustain this burning, fueling our incandescence, so that we may continue to be a beacon for all who need us.

*Dr. J. Eric Gentry is a Licensed Mental Health Counselor in the State of Florida. Eric is the owner of Compassion Unlimited, a private psychotherapy, training, and consulting practice in Sarasota and Tampa, Florida. He is also an international trainer and speaker in the areas of trauma and compassion fatigue.*

*If you would like additional information on compassion fatigue, TraumAddiction, or training opportunities with Dr. Gentry, please visit his website at [www.compassionunlimited.com](http://www.compassionunlimited.com) or email [eg@compassionunlimited.com](mailto:eg@compassionunlimited.com).*

# DIGIROLAMO

asks for  
TREATMENT DOLLARS\$\$\$

At the 2/15/06 meeting of the PA House Appropriations Committee, Representative Gene DiGirolamo (R-Bucks) requested that:

**“\$10 million be added to the budget of the Bureau of Drug and Alcohol Programs, Department of Health, earmarked for addiction treatment.”**

During his presentation, DiGirolamo displayed pictures of young Pennsylvanians who have lost their lives to addiction. The young people were from Allegheny, Blair, Bucks, Chester, Dauphin, Franklin, Montgomery and Philadelphia counties.

Representative DiGirolamo said:

**“Addiction is always fatal if it goes untreated – always fatal. There is good news here as well. The recovery rate from alcohol and other drug addiction is very high. However, recovery rates are very high only where we intervene aggressively and provide needed treatment.”**

Also during his presentation, DiGirolamo stated that **“untreated addiction drives our state budget”** through 80% of the costs of the criminal justice system including the Department of Corrections and Probation and Parole, for the care of 80% of families in the Children and Youth system, through the costs of fetal alcohol syndrome, fetal drug syndrome, through birth defects, HIV/AIDS and more.

According to DiGirolamo:

**“This is an illness that drives Pennsylvania’s state budget and annual spending plan. We also know that treatment saves money at the rate of \$7.00 to \$12.00 dollars saved for every \$1.00 spent.”**

DiGirolamo concluded his remarks by saying:

**“Friends – Because this disease effects 1 in 4 families, our constituents and our neighbors - Because addiction is fatal if left untreated - Because untreated addiction places an enormous burden on the state budget - For all these reasons, I am asking that \$10 million be added to the budget of the Bureau of Drug and Alcohol Programs, Department of Health, earmarked for addiction treatment. This \$10 million is not an expansion of funding – though we certainly need to do that – it is to ensure level-funding of alcohol and drug addiction treatment in this year’s budget.”**



Representative Gene DiGirolamo (R-Bucks)  
PA House Appropriations Committee

## SAMPLE Letter or Call

YOUR NAME  
MAILING ADDRESS  
DATE

Dear \_\_\_\_\_

I am writing (or calling) to urge your support for \$10 million for the Bureau of Drug and Alcohol Programs, Department of Health earmarked specifically for addiction treatment services (Assistance to Drug and Alcohol Programs, E21.5).

STATE WHY this increase in funding for addiction treatment is important to you.

GIVE EXAMPLES of the impact of addiction on you and on the home district of the elected official.

Sincerely, \_\_\_\_\_

Date \_\_\_\_\_

## KEY ELEMENTS OF ANY EFFECTIVE LEGISLATIVE CALL OR LETTER

- ▶ **QUICK STATEMENT OF THE PURPOSE FOR THE CONTACT:** What is the message? For example: I am calling/writing to urge your support for \$10 million for the Bureau of Drug and Alcohol Programs, Department of Health, earmarked specifically for addiction treatment services.
- ▶ **YOUR NAME AND LOCATION IN THE DISTRICT OR SERVICE AREA:** Please make sure to state that you are a constituent or serve the district or the county
- ▶ **WHY IS THIS IMPORTANT TO YOU OR TO YOUR PROGRAM:** Give examples (home impact matters)
- ▶ **RE-STATEMENT OF THE ACTION BEING SOUGHT:** Repeat the message
- ▶ **THANK THEM FOR TAKING TIME TO HEAR YOUR CONCERNS:**

**Remember:** Persistence and Politeness count. Establishing a long-term positive relationship is the most important goal.

# WHAT CAN YOU DO?

## URGE YOUR MEMBERS OF THE PA HOUSE AND SENATE TO INCREASE FUNDS FOR ALCOHOL AND DRUG ADDICTION TREATMENT SERVICES

### ACTION STEPS

- 1) **CALL** the home district office of your local House and Senate member in March 2006 and ask to speak to the elected official.
- 2) **EXPLAIN** carefully why you are calling.  
(The call by itself may serve the purpose.)  
*I am calling (writing) to urge your support for an increase of \$10 million for the Bureau of Drug and Alcohol Programs, Department of Health earmarked specifically for addiction treatment services*
- 3) **OBTAIN** the fax numbers and fax a short, follow-up letter to the home and Harrisburg office repeating the request for funding.
- 4) **ORGANIZE** others to do the same. Try for a minimum of 10 calls and faxes per legislator.
- 5) **REPEAT** the same process during the first 2 weeks in April.
- 6) **REPEAT** the same process the first 2 weeks in May.
- 7) **GIVE** us feedback. Let us know how this is going.

### WHAT IS THE MESSAGE?

I am calling (or writing) to urge your support for an increase of \$10 million for the Bureau of Drug and Alcohol Programs, Department of Health earmarked specifically for addiction treatment services (Assistance to Drug and Alcohol Programs, E21.5)

### Tips to Good Communications

Be polite. You are building relationships for the future.

Brief staff as carefully as you would the elected official.

What if you called or wrote before? That's okay! Now you are calling to check in and to find out what progress has been made to date.

What if the staff doesn't want to discuss the budget with you? Ask them to tell the legislator that you called, be polite and leave your name and number. At this point, staff may be simply taking a count on calls.

*Tips/Drug and Alcohol Service Providers Organization of Pennsylvania*

# PCB *spring* TRAINING 2006

## *harrisburg*

### **ETHICS FOR DRUG AND ALCOHOL PROFESSIONALS**

This workshop encompasses the many complex elements that determine "right action" for substance abuse treatment professionals. As such, it provides the definitive formulae for the determination of behaviors that maintain a vision of maximum benefit for client outcome within the context of legal and ethical guidelines. Participants are encouraged to bring ethical problems associated with workplace issues to the workshop for discussion and theoretical resolution.

#### **PCB APPROVED FOR 6 HOURS.**

Friday, April 7, 9:00 am - 4:00 pm  
Comfort Inn, Harrisburg  
Presenter: Ted Williams, CAC

### **SUBSTANCE ABUSE, PERSONALITY DISORDERS, TREATMENT AND THE FEMALE OFFENDER**

This workshop will explain treatment and programming implications for women leaving prison. The presentation is an overview of substance abuse and personality disorder issues with women offenders, and emphasizes treatment strategies and considerations. Participants will understand the incidence of substance abuse and personality disorders among women offenders, the need for transitional programming between prison and the community, and prevalent treatment issues for women offenders.

#### **PCB APPROVED FOR 6 HOURS.**

Thursday, April 13, 9:00 am - 4:00 pm  
Comfort Inn, Harrisburg  
Presenter: Susan Baugh & Thomasine Russell-Adams, CAC  
Diplomate/CCJP/CCDP Diplomate

### **CULTURE, COPING, AND PRISONS: HANDLING THE ABSURD**

"Western" counseling and psychology frameworks often address the individual in examining coping mechanisms. This workshop will show the value of learning how prison inmates, from cultures around the globe, use culture-sanctioned means to cope with trauma. Western counselors may misinterpret these behaviors as "dysfunctional." Capturing and handling the absurd will be explored.

#### **PCB APPROVED FOR 6 HOURS.**

Thursday, May 11, 9:00 am - 4:00 pm  
Comfort Inn, Harrisburg  
Presenter: James Davison

### **OVERVIEW OF SUBSTANCE ABUSE (2-Day Training)**

This workshop is designed for entry level counselors who are new to the AOD field or for professionals outside the AOD field who have not been introduced to the subject matter. Participants will gain an understanding of the major drugs of abuse and their biological, psychological, and social effects on the individual. On completion of the workshop, participants will be able to describe the magnitude of the substance abuse problem, identify the five stages in the continuum of drug abuse, and list three criteria for identification of substance dependence using the Diagnostic and Statistical Manual 4th Edition (DSM IV) criteria. Also discussed will be the effect rebound has on the central nervous system for opiates, stimulants and depressants and the neurotransmitters Dopamine, Norepinephrine and Serotonin and their relationship to addiction.

#### **PCB APPROVED FOR 12 HOURS.**

Wednesday, May 24, 9:00 am - 4:00 pm  
Thursday, May 25, 9:00 am - 4:00 pm  
Comfort Inn, Harrisburg  
Presenter: Darren Skinner, CAC/CCDP Diplomate

### **ETHICAL BOUNDARIES**

The goal of this workshop is the exploration of appropriate professional boundaries. What are they? What do they look like? To whom are they applicable? How do we establish and adhere to these boundaries with our clients and co-workers? Establishing ethical decision making processes will be emphasized in place of seeking specific answers to dilemmas. Participants will learn a process for making decisions that they can use when on ethical terrain, as well as how to recognize boundary problems early. This 3-hour workshop will meet the ethics requirement for recertification for all PCB credentials.

#### **PCB APPROVED FOR 3 HOURS.**

Friday, June 16, 9:00 am - 12:00 noon **OR**  
Friday, June 16, 1:00 pm - 4:00 pm  
Comfort Inn, Harrisburg  
Presenter: Ted Williams, CAC

## *philadelphia*

### **ETHICAL BOUNDARIES**

See preceding description.

#### **PCB APPROVED FOR 3 HOURS.**

Friday, April 7, 9:00 am - 12:00 noon **OR**  
Friday, April 7, 1:00 pm - 4:00 pm  
Eagleville Hospital, Eagleville  
Presenter: Tom Baier, CAC/CCS

### **MOTIVATIONAL INTERVIEWING IN SUBSTANCE ABUSE COUNSELING... MEETING CLIENTS WHERE THEY ARE**

Motivational Interviewing (MI) is an effective, evidence-based approach to helping clients overcome the ambivalence that keeps them from making necessary changes. It challenges many of the preconceptions about how substance abuse counseling must proceed, and substitutes the full engagement of the client as partner in treatment. Ambivalence becomes a tool of change rather than an obstacle to it. This six-hour training will give an overview of the basic tenets of MI and specific, practical applications to our field.

#### **PCB APPROVED FOR 6 HOURS.**

Friday, May 12, 9:00 am - 4:00 pm  
Eagleville Hospital, Eagleville  
Presenter: Edward Pane, CAC Diplomate/CCS

# *spring*

## **DANCING WITH THE SHADOW IN RECOVERY**

Our Shadow is comprised of those rejected, unknown, and unacceptable parts of ourselves that we normally refuse to acknowledge, listen to, or see. One way of looking at our Shadow is that it is everything about ourselves in which we are in denial. Jung regarded integrating our Shadow into consciousness as one of our most difficult adult tasks. Shadow energy often drives our behaviors, our moods, and our decisions, creating difficulties, unhappiness, pain, and relapse. The goal of Shadow work is to integrate the dark side of ourselves; to move ourselves closer to wholeness; closer to our godliness. Owning our Shadow involves a deepening and widening of consciousness to include what has been rejected. It involves shining the light of consciousness into our dark corners and owning what we find there as our own.

### **PCB APPROVED FOR 6 HOURS.**

Thursday, May 25, 9:00 am - 4:00 pm  
Eagleville Hospital, Eagleville  
Presenter: Richard Jontry, CAC Diplomat/CCS

## **ETHICS FOR DRUG AND ALCOHOL PROFESSIONALS**

See preceding description.

### **PCB APPROVED FOR 6 HOURS.**

Friday, June 16, 9:00 am - 4:00 pm  
Eagleville Hospital, Eagleville  
Presenter: Tom Baier, CAC/CCS

## **ADDICTED CRIMINAL OFFENDER: COMMONALITIES OF CRIMINAL PERSONALITY & SUBSTANCE-RELATED DISORDERS**

The goal of this workshop is to provide an understanding of the common etiology of criminality and substance-related disorders. Emphasis will be placed on the types of personality diagnosis of the criminal offender, primarily the cluster B personality types and their relationship with substance-related disorders and vice versa. An overview of the effectiveness of addiction counseling for the treatment of criminality and substance-related disorders will be discussed.

### **PCB APPROVED FOR 6 HOURS.**

Friday, June 23, 9:00 am - 4:00 pm  
Eagleville Hospital, Eagleville  
Presenter: Dean Bowman, CAC/CCJP/CCDP

*pittsburgh*

## **ETHICS FOR DRUG AND ALCOHOL PROFESSIONALS**

See preceding description.

### **PCB APPROVED FOR 6 HOURS.**

Wednesday, April 5, 9:00 am - 4:00 pm  
Gateway Rehabilitation Center, Aliquippa  
Presenter: Frank Jans

## **A DISCUSSION OF CO-OCCURRING DISORDERS AND BORDERLINE PERSONALITY ORGANIZATION**

This workshop will help the participants learn how to identify and discern Borderline Personality Organization from Borderline Personality Disorder through understanding how the co-occurring personality disorders feed into and support Borderline Personality Organization. Participants will understand the realm of Borderline Personality Organization according to Kernberg. Treatment strategies will be discussed.

### **PCB APPROVED FOR 6 HOURS.**

Wednesday, April 12, 9:00 am - 4:00 pm  
Gateway Rehabilitation Center, Aliquippa  
Presenter: Craig Hoffman, CCDP Diplomat

## **ADVANCED CLINICAL SUPERVISION**

This workshop is geared to the supervisor who also has experience in direct care. An open forum will allow for discussion of current trends in supervision, as well as appreciation of various techniques. Problem solving, small group exercises, and exchange of expertise can be expected. A brief review of supervisory philosophy and styles will begin the day.

### **PCB APPROVED FOR 6 HOURS.**

Friday, May 19, 9:00 am - 4:00 pm  
Gateway Greentree, Pittsburgh  
Presenter: John Massella, CCS/CCDP Diplomat

## **ETHICAL BOUNDARIES**

See preceding description.

### **PCB APPROVED FOR 3 HOURS.**

Thursday, June 1, 9:00 am - 12:00 noon OR  
Thursday, June 1, 1:00 pm - 4:00 pm  
Gateway Rehabilitation Center, Aliquippa  
Presenter: Frank Jans

## **DRUG TRENDS AND MAKING SENSE OF ADDICTION**

This presentation will explore the various trends currently in use in the drug sub-culture. Paraphernalia will be visually available, and a faux demonstration will be provided. The concept of addiction as a disease will be discussed as well as its causes and long-term effects. Participants will explore their own feelings relative to drug and alcohol use and addiction. Participants will also be asked to share their own experiences, confusion, biases, and concerns.

### **PCB APPROVED FOR 6 HOURS.**

Wednesday, June 14, 9:00 am - 4:00 pm  
Gateway Rehabilitation Center, Aliquippa  
Presenter: Hallie Smith Carlton, CAC

*continued on page 12*



[www.pacertboard.org](http://www.pacertboard.org)

# registration

PLEASE PRINT CLEARLY. ONE PERSON PER FORM ONLY. FEE SHOULD ACCOMPANY RESERVATION FORM.

Mail to: PCB, 298 S. PROGRESS AVENUE, HARRISBURG, PA 17109 . 4626

717 . 540 . 4455 • FAX 717 . 540 . 4458

## *harrisburg*

### **ETHICS FOR DRUG AND ALCOHOL PROFESSIONALS**

Friday, April 7 9:00 am - 4:00 pm \$50\_\_\_\_  
Comfort Inn, Harrisburg

### **SUBSTANCE ABUSE, PERSONALITY DISORDERS, TREATMENT AND THE FEMALE OFFENDER**

Thursday, April 13 9:00 am - 4:00 pm \$50\_\_\_\_  
Comfort Inn, Harrisburg

### **CULTURE, COPING, AND PRISONS: HANDLING THE ABSURD**

Thursday, May 11 9:00 am - 4:00 pm \$50\_\_\_\_  
Comfort Inn, Harrisburg

### **OVERVIEW OF SUBSTANCE ABUSE (2-Day Training)**

Wednesday, May 24 9:00 am - 4:00 pm \$90\_\_\_\_  
Thursday, May 25 9:00 am - 4:00 pm \$90\_\_\_\_  
Comfort Inn, Harrisburg

### **ETHICAL BOUNDARIES**

Friday, June 16 9:00 am - 12:00 noon OR \$35\_\_\_\_  
Friday, June 16 1:00 pm - 4:00 pm \$35\_\_\_\_  
Comfort Inn, Harrisburg

## *philadelphia*

### **ETHICAL BOUNDARIES**

Friday, April 7 9:00 am - 12:00 noon OR \$35\_\_\_\_  
Friday, April 7 1:00 pm - 4:00 pm \$35\_\_\_\_  
Eagleville Hospital, Eagleville

### **MOTIVATIONAL INTERVIEWING IN SUBSTANCE ABUSE COUNSELING...**

#### **MEETING CLIENTS WHERE THEY ARE**

Friday, May 12 9:00 am - 4:00 pm \$50\_\_\_\_  
Eagleville Hospital, Eagleville

### **DANCING WITH THE SHADOW IN RECOVERY**

Thursday, May 25 9:00 am - 4:00 pm \$50\_\_\_\_  
Eagleville Hospital, Eagleville

### **ETHICS FOR DRUG AND ALCOHOL PROFESSIONALS**

Friday, June 16 9:00 am - 4:00 pm \$50\_\_\_\_  
Eagleville Hospital, Eagleville

### **ADDICTED CRIMINAL OFFENDER: COMMONALITIES OF CRIMINAL PERSONALITY AND SUBSTANCE-RELATED DISORDERS**

Friday, June 23 9:00 am - 4:00 pm \$50\_\_\_\_  
Eagleville Hospital, Eagleville

## *pittsburgh*

### **ETHICS FOR DRUG AND ALCOHOL PROFESSIONALS**

Wednesday, April 5 9:00 am - 4:00 pm \$50\_\_\_\_  
Gateway Rehabilitation Center, Aliquippa

### **A DISCUSSION OF CO-OCCURRING DISORDERS AND BORDERLINE PERSONALITY ORGANIZATION**

Wednesday, April 12 9:00 am - 4:00 pm \$50\_\_\_\_  
Gateway Rehabilitation Center, Aliquippa

### **ADVANCED CLINICAL SUPERVISION**

Friday, May 19 9:00 am - 4:00 pm \$50\_\_\_\_  
Gateway Greentree, Pittsburgh

### **ETHICAL BOUNDARIES**

Thursday, June 1 9:00 am - 12:00 noon OR \$35\_\_\_\_  
Thursday, June 1 1:00 pm - 4:00 pm \$35\_\_\_\_  
Gateway Rehabilitation Center, Aliquippa

### **DRUG TRENDS AND MAKING SENSE OF ADDICTION**

Wednesday, June 14 9:00 am - 4:00 pm \$50\_\_\_\_  
Gateway Rehabilitation Center, Aliquippa

Check here to receive registration confirmation and directions by email. E-mail address must be included below.

Name \_\_\_\_\_

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### **Cancellation/Change Policy**

An administrative fee of \$10 will be charged for substitution of attendee, workshop change, cancellation or if fee is received on/after training date. No refund will be given for cancellation within 2 weeks prior to workshop or no shows. Written requests for attendee substitution or training change are accepted up to 5 business days prior to training date.

# Free Workshop

## Want To Know More About The Certification Process?

PCB will present a free workshop on the certification process at your facility/agency for your staff upon request.

This two-hour workshop will focus on the requirements for all levels of certification, recertification, the oral exam and the written exams.

Two free PCB education hours will be given to each participant for use toward initial certification or recertification.

You will hear first-hand of any changes to the process, new credentials offered, and have an opportunity to ask questions.

Upcoming Certification Orientation workshops that you may want to attend are as follows:

**Monday, April 17**  
**BHTEN**  
**520 N. Delaware Ave.,**  
**7th fl., Suite C, Philadelphia**  
**10:00 am - 12:00-noon**

**Tuesday, May 2**  
**Mercy Behavioral Health**  
**Birmingham Towers,**  
**S. 21st & Wharton Sts., Pittsburgh**  
**1:00 - 3:00 p.m.**

To register for one of the free workshops above or to arrange for a free workshop at your facility/agency, please call the PCB Office at (717) 540-4455.

# HELP WANTED Job Postings

Available on PCB's website

If you are an employer looking to fill an opening or are a certified professional searching for a new opportunity, PCB will list your job opening on our website free of charge.

To have your job opening posted on our website, e-mail the announcement to [terriwray@comcast.net](mailto:terriwray@comcast.net) or fax announcement to 717-540-4458.

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Wednesday Plenary Session: Updates from CSAP

Thursday Plenary Sessions:

Epidemiology Overview by NECAPT

Social Norm Interventions - H. Wesley Perkins

Dr. MaryAnn Solberg – White House Office of National Drug Control Policy

Other topics include: What’s New in Commonwealth GIS/GT Data Sharing, The New NREPP Process, Prevention 101, Bullying Prevention, Considerations in the Development of Prevention Programs with Youth Populations at Risk for Co-occurring Disorders, What’s Gender Got to Do with It? - Myths and Realities About Gender Differences In Drinking Patterns and Problems, Changing the Environment to Reduce Underage Drinking, Media Trends - Trying to Overcome \$2.2 Billion in Advertising by the Alcohol Industry on a Shoestring and a Prayer, An Overview - Prevention Specialist Certification & Preparing for the CPS Written Exam, Prevention Research Design, Current Drug Trends, Bridging the Gap between Treatment and Prevention, Ethics and the Prevention Specialist, Underage Drinking, Methamphetamines, Applying Community Readiness for Prevention to Alcohol, Tobacco, Other Drugs and Gambling, and Partnering with School Districts.

[www.commonwealthpreventionalliance.org](http://www.commonwealthpreventionalliance.org)



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You are invited to complete challenging...convenient...and cost effective...classes to obtain a Certificate in Alcohol and Drug Counseling from Villanova University. Our certificate program will assist you in meeting the C.A.C. educational requirement as well as enhance your professional status.

Classes listed below on the right side are also approved by PCB for re-certification.

### Spring 2006 Schedule

#### Required Courses:

- Role of the Addiction Treatment Counselor
- Drug and Alcohol Education
- Intake/Assessment/Record Keeping
- Group Counseling with Substance Abusers
- Interviewing and Counseling with Substance Abusers
- Ethics
- HIV

**ONLY \$150 per class**

For more information, call (610) 519-4310 or write: Mary Bustamante, contact person Office of Continuing Studies Villanova University Stanford Hall Villanova, PA 19085-1696

#### Elective Classes:

- Women, Trauma & Substance Abuse
- Evaluation and Treatment of the Dual Diagnosed
- After Care/Relapse Prevention
- Cultural Competency
- The Chemically Dependent Criminal Offender
- Counseling the Substance Abuser and Family
- Prep for Certification

Check out our new website: [www.constudies.villanova.edu](http://www.constudies.villanova.edu)

**"... he who saves a single life is as great as though he had saved a world." Talmud - Sanhedrin**

*Since 1966, Eagleville has helped more than 100,000 men and women with their struggle against alcohol and other drugs. A pioneer in providing expert treatments for alcohol and drug addiction, Eagleville Hospital's programs include:*

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- Medical Specialty Unit • Non-hospital Short-Term Program
- Eagleville Recovery Program

*Eagleville Hospital also offers a variety of services to the community including:*

- The Eagleville Speakers Bureau • Free Community Lectures
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- Conference Center and Catering Facilities
- Volunteer Opportunities

For more information call us at 610-539-6000 or visit our Website at [www.eaglevillehospital.org](http://www.eaglevillehospital.org).

Eagleville Hospital  
100 Eagleville Road, P.O. Box 45  
Eagleville, PA 19408-0045

*Eagleville Hospital is state licensed and JCAHO accredited.*



While Eagleville Hospital provides a variety of hospital and non-hospital programs, its affiliate Riverside Care, Inc. provides specialized outpatient services for men, women, adolescents and their families at sites in Bucks County, Chester County, and North, South and West Philadelphia. For information about Riverside Care's programs, call (610) 539-6000.

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610-239-9324 fax



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# PCB NEWSLETTER

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¼ page	3½ x 4¾	\$ 140.00	\$ 240.00
½ page	5 x 7 (horizontal only)	\$ 250.00	\$ 450.00
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full page	7½ x 10	\$ 450.00	\$ 780.00
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\*second color – add 25%

### Deadline for Camera-Ready Copy

September 1 — Fall/Winter issue

March 1 — Spring/Summer issue

### Contact Mary Jo Mather at The Certification Board

The PCB newsletter is a publication of the PENNSYLVANIA CERTIFICATION BOARD, Pennsylvania's sole source for credentialing of addiction professionals.

The board publishes over 4,000 newsletters that are mailed to those persons and their facilities currently holding certification throughout Pennsylvania.

Advertising is welcomed at the above rates but is, however, limited to business, institutions, etc. directly related to the substance abuse and other behavioral health field.

Questions concerning specifications in regard to art production may be directed to our advertising agency:

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Older Adults and Substance Abuse	15 hours	\$95
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Understanding Withdrawal & Detoxification	8 hours	\$65
Drugs of Abuse	8 hours	\$65
Adolescent Treatment Issues	8 hours	\$65
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Values Driven Addiction Supervision	6 hours	\$50
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Addiction Based Treatment Planning	6 hours	\$50
Ethics Training	6 hours	\$50
HIV/AIDS Training	6 hours	\$50
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21 <sup>st</sup> Century Ethics in Counseling	6 hours	\$50
Cultural Diversity in Counseling:	6 hours	\$50
Aspirational Ethics	6 hours	\$50
The AIDS Rollercoaster: Counseling the HIV Client	6 hours	\$50
Clinical Supervision Principles, Techniques & Methods	6 hours	\$50
Clinical Supervision Foundations	6 hours	\$50
Cognitive-Behavioral Treatment of Cocaine Addiction	6 hours	\$50
The Methadone Controversy	4 hours	\$30

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**The National Alliance for the Mentally Ill, Pennsylvania (NAMI-PA) and the Pennsylvania Recovery Organizations Alliance (PRO-A)** have joined together in a collaborative effort to eliminate stigma for those individuals suffering from a co-occurring mental illness and substance abuse disorders. NAMI-PA and PRO-A have developed an anti-stigma training program and have presented it throughout Pennsylvania for the past 3 years, not only for those within the Mental Health and Drug and Alcohol systems, but also for professionals in the Criminal Justice System, mental health consumers and their families, and the public.

The training program, which is sponsored by the Bureau of Drug and Alcohol Programs (BDAP), identifies and defines addiction, mental illness, co-occurring disorder and stigma, as well as how stigma affects individuals, families, the workplace, communities, the criminal justice system and its impact on all those involved. Through continued public awareness and education, NAMI-PA and PRO-A hope to tear down the wall of stigma that is a barrier to treatment and recovery.

**If you are interested in having this training brought to your organization, please contact Cheryl Floyd at 717-545-8929.**



**PRO•A and NAMI-PA**

# 7<sup>TH</sup> ANNUAL CONFERENCE

April 23-25, 2006 ■ Wyndham Harrisburg-Hershey, Harrisburg, PA

**Sunday, April 23 6:00 - 8:00 pm**

Welcome Reception - Refreshments and Punch  
First Opportunity To Visit Our Wide Array of Exhibits and Network With Other Professionals

**Monday, April 24 7:30 - 8:30 am**

Continental Breakfast and Viewing Exhibits

**Keynote Address: Emerging Biological Therapies  
by Andrea G. Barthwell, M.D. 8:30 - 9:30 am**



Andrea Grubb Barthwell, M.D., F.A.S.A.M., is the founder and Chief Executive Officer of the global health care and policy consulting firm EMGlobal LLC.

President George W. Bush nominated Dr. Barthwell in December 2001 to serve as Deputy Director for Demand Reduction in the Office of National Drug Control Policy (ONDCP). The United States Senate confirmed her nomination on January 28,

2002. As a member of the President's sub-cabinet, Dr. Barthwell was a principal advisor in the Executive Office of the President (EOP) on policies aimed at reducing the demand for illicit drugs.

During Dr. Barthwell's tenure, the Bush Administration widely publicized the science-based facts about the dangers of marijuana use and the harms of drug legalization. The Administration encouraged student drug testing as a deterrent to the initiation of drug use and as an early identification tool, and it promoted the expansion and improvement of drug courts. The ONDCP 25-Cities Initiative fostered local coordination of drug control efforts. ONDCP coordinated with the Center for Substance Abuse Treatment (CSAT) to provide funding for screenings, brief interventions, and referrals to treatment. In fiscal year 2004, the President's drug treatment initiative, Access to Recovery, received a \$100 million appropriation from Congress.

While serving in the EOP, Dr. Barthwell was an active member of the White House Task Force on Disadvantaged Youth and the White House Domestic Violence Working Group. She worked closely with the National Institute on Drug Abuse (NIDA) to define the scope of its Health Services Research portfolio.

Dr. Barthwell received a Bachelor of Arts degree in Psychology from Wesleyan University and a Doctor of Medicine from the University of Michigan Medical School. Following post-graduate training at the University of Chicago and Northwestern University Medical Center, she began her practice in the Chicago area. Dr. Barthwell served as President of the Encounter Medical Group (EMG, a sister company of EMGlobal), was a founding member of the Chicago Area AIDS Task Force, hosted a weekly local cable show on AIDS, and is a past president of the American Society of Addiction Medicine.

In 2003, Dr. Barthwell received the Betty Ford Award, given by the Association for Medical Education and Research in Substance Abuse. In 1997, Dr. Barthwell's peers named her one of the "Best Doctors in America" in addiction medicine.

**MORNING TRAININGS 9:30 AM - 12:30 PM**

Coffee Break and Viewing Exhibits at 10:45 am

**Blended Theory Approach in Dealing with Criminal Justice Clients**

***Harry Davis, MA, LPC, CAC Diplomate/CCS***

**Burnout - Clinical & Ethical Concerns**

***Ken Montrose, MA, CAC***

**Cultural Competence**

***Marilyn Stein, M.Ed., CAAP***

**Exploring Current Drug Trends**

***Maxim Furek, MA, CAC***

**Treating Underlying PTSD with Dually Diagnosed Clients**

***Linda Curran, MPH, MA, LPC, CAC Diplomate***

**AWARDS LUNCHEON 12:30 - 1:30 PM**

**AFTERNOON TRAININGS 1:30 - 4:30 PM**

Soda Break and Viewing Exhibits at 2:45 pm

**A Profile of a Deaf/Hard of Hearing Person in Recovery**

***Kevin Poore, MA, CAC***

**Ethical & Legal Issues Surrounding the Criminalization of the Pregnant Substance Abuser**

***Margaret Diamond, Esq., JD, MA***

**Improving Outcomes for Mandated Clients**

***Nicholas Roes, Ph.D., CASAC/CADC/CJC and Linda Ferdico***

**The Other Co-Occurring Disorders: Discovering & Addressing Alcohol & Substance Abuse Co-Morbidities in Patients with Medical Diagnoses**

***John Metcalf, RN, MSW, CCDP Diplomate***

**Women in Addiction & Recovery**

***Sheryl Laffey, BSEd., CAC***

**DINNER ON YOUR OWN**

**Tuesday, April 25 8:00 - 9:00 am**

Continental Breakfast and Viewing Exhibits

**MORNING TRAININGS 9:00 AM - 12:00 PM**

Coffee Break and Viewing Exhibits at 10:15 am

**A New Direction for Juvenile Offenders Affected by Substance Abuse**

***Rick Orłowski, BA, CAC, John Matthews, BA, CAC, and Gail Holloway, BA, CAC/CCDP***

**An Ethical Dilemma: Counselor Values, Attitudes & Biases - Who's Needs Are Really Being Met?**

***Stephanie Murtaugh, MA, MBA, LPC, CAC/CCS/CCJP/CCDP***

**Drinking & Dying: Alcohol Use, Abuse, and Suicide**

***Tony Salvatore, MA***

**The Substance Abuse Group: Theory, Research, & Practice**

***Michael Wolff, MA, CAC and Stephen Shetler, MA, CAC Diplomate***

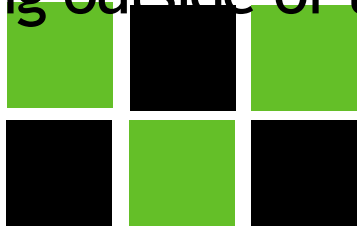
**To Feel Good Or To Not Feel: That Is The Question**

***Bruce Bowen, MA, MDiv., LPC, CAC Diplomate and Greg Krausz, MA, LPC, CAC Diplomate***

FOR MORE EXTENSIVE DETAILS OF THIS ANNUAL CONFERENCE PLEASE VISIT THE PCB WEBSITE...

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**Conference Fee Schedule**

\$150.00 prior to March 30 registration • \$175.00 after March 30.

*Please check one (1) workshop each for Monday morning, Monday afternoon and Tuesday morning.*

**Monday, April 24 - morning workshops**

- Blended Theory Approach in Dealing With Criminal Justice Clients
- Burnout: Clinical & Ethical Concerns
- Cultural Competence
- Exploring Current Drug Trends
- Treating Underlying PTSD with Dually Diagnosed Clients

**Monday, April 24 - afternoon workshops**

- A Profile of a Deaf/Hard of Hearing Person in Recovery
- Ethical & Legal Issues Surrounding the Criminalization of the Pregnant Substance Abuser
- Improving Outcomes for Mandated Clients
- The Other Co-Occurring Disorders: Discovering & Addressing Alcohol & Substance Abuse Co-Morbidities in Patients With Medical Diagnoses
- Women in Addiction & Recovery

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- Drinking & Dying: Alcohol Use, Abuse, and Suicide
- The Substance Abuse Group: Theory, Research, & Practice
- To Feel Good or To Not Feel: That Is The Question

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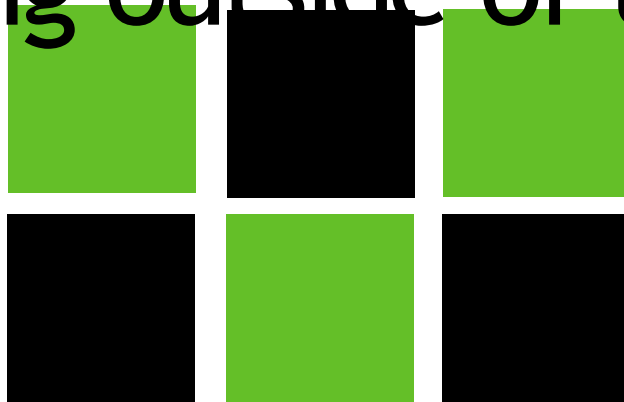
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7<sup>TH</sup> ANNUAL CONFERENCE

registration  
on page 19

last chance

TO REGISTER FOR THE PCB ANNUAL CONFERENCE  
April 23-25, 2006 ■ Wyndham Harrisburg-Hershey