

PCB

W I N T E R
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NEWSLETTER

Important Change to PCB Recertification

Effective January 1, 2012, PCB recertification will move to an audited process whereby only those individuals randomly selected will be required to submit documentation of the required recertification training/education hours. PCB will randomly audit 25% of those currently certified in each credential to verify completion of continuing education/training. Those not selected for audit will not be required to document their continuing education/training but will be signing a statement that the required continuing education/training was received.

An audit is a process to determine compliance with requirements for credential recertification. An audit consists of a review of documentation of required continuing education/training. Certified professionals chosen to be audited will be asked to submit documentation of continuing education/training completed in the appropriate accrual period. The documents must be submitted within 30 days of the date the written request is mailed to the certified professional.

Audits will occur twice per year (every January and July). Those selected for audit must submit documentation of the appropriate number of hours of education/training that they completed in the prior two-year period. Audit notices to those selected for audit in January will be for those who recertified their credential in the previous six month period (July through December). Audit notices to those selected for audit in July will be for those who recertified their credential in the previous six month period (January through June). Candidates for audit will be given a 30-day time period from date of notice to submit documentation of their required recertification hours. Since the audit process is random, individuals may be selected for audit multiple times.

Non-compliance with the required education/training for recertification is viewed as a breach of professional ethics. All those selected for audits who have not received the required education/training within the necessary timeframe will experience the following actions:

- 1) PCB credential will be immediately suspended the day following the 30-day deadline for submitting documentation of recertification of their credential;

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PCB Welcomes New Board Member

Marilyn Stein, CAAP was unanimously voted on as a new board member of PCB effective September 24. Marilyn is the first CAAP to hold a position on the board. She brings a wealth of experience, passion, and skill to the board as a trainer and consultant. PCB is fortunate to have such a strong advocate for the field and the credentialing process on board. PCB posed some questions to Marilyn for this article. They are as follows:

As a new PCB Board of Director, what do you hope to contribute to the board? I bring 30 years of experience in both criminal justice and addiction. My goal is to build a strong bridge between the two because when we work well together everyone benefits. I have also learned a lot of valuable life lessons about teamwork, leadership, and listening that will be of benefit to the board.

Why is credentialing important to you? Drug and alcohol treatment is at times perceived as ineffective and is therefore underfunded and not respected. Credentialing offers standards that professionals in the field must maintain which only serves to offer increased credibility and respect.

If you could give one piece of advice to professionals pursuing certification, what would it be? Well, it would be two fold. Take care of yourself mentally, physically, and spiritually. We cannot lead people to a place where we, ourselves, will not go. And remain hopeful about the human potential for change. When hope is no longer available to you go do something else.

How do you take care of yourself, avoid burnout, and stay motivated and excited to work in our field? I take care of myself. And I have learned to be willing to let go of what has been in order to grow. I remain in the present moment and remind myself not to take anything personally. I truly see every moment as an opportunity!



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Fall 2011 Schedule

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- Interviewing & Counseling Techniques w/ Substance Abusers
- Group Counseling with Substance Abusers
- Ethical Decision Making
- HIV

Elective Courses: Fall 2011

- Elements of the Trauma-Informed Practice
- Addictive Processes in the Central Nervous System & Associated Pharmacological Treatment
- Driving Under the Influence
- Adolescent Substance Abusers: Assessment & Treatment Approaches
- Harm Reduction & Recovery Perspectives
- Brief Treatment for Problem Gambling

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Case Manager and CAAP Credentials Updated

In June, PCB updated the Job Task Analyses (JTAs) for the Case Manager credential and the CAAP credential. Several Subject Matter Experts (SMEs) were brought together to review and update the documents which is done every five to seven years. The updated JTAs for both of these credentials are available on the PCB website at www.pacertboard.org. The requirements for both credentials have also been updated and will go into effective January 1, 2012. The updated standards are available on the PCB website as well. We want to extend a huge thank you to Eagleville Hospital for hosting the Case Manager JTA and to the SMEs who gave their time and talent to this initiative.

Case Manager SMEs were:

Christine Deal, West Branch Drug & Alcohol Abuse Commission
Any Hedden, PA Department of Health, Bureau of Drug and Alcohol Programs
Sybil Henderson, Council of Southeast PA, Inc.
Thomas Kavitski, Consultant
Karen Records, Chester County SCA
Jennifer Reeder, West Branch Drug & Alcohol Abuse Commission

CAAP SMEs were:

Carolyn Baird, Waynesburg University/Counseling and Trauma Services
Patricia Baranowski, Treatment Trends Inc. Halfway Home of the Lehigh Valley
Gregg Kelinson, JEVS Human Services
Jennifer Reeder, West Branch Drug & Alcohol Abuse Commission
Bonnie Rose, Allegheny County Department of Human Services – PA CareerLink
Marilyn Stein, Trainer/Consultant

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Able to view course material before purchase.....	YES	no	no	no
24/7 full access to your exam and payment history	YES	no	no	no
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Receive reminders about licensure renewal date...	YES	no	no	no
Offer a special PCB Ethics Code course?	YES	no	no	no
Alerts & information on license requirements.....	YES	no	no	no
Rave reviews from thousands of members	YES	no	no	no

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PCB Code of Ethical Conduct Violations

Kathleen George, AAC II #7842

Revocation effective 08/22/2011 for violation of Rules 3.2, 3.3, and 3.5 under Fraud-Related Conduct

Marilyn Rhoades, CADC #3504

Revocation effective 08/18/2011 for violation of Rule 10.1 under Cooperation with the Board

Deja Vu : The War on Drugs Continued

By Maxim W. Furek, MA, CADC, ICADC

Over the past five-years, there has been a perceptible attempt to identify and purge the marketplace of questionable drug-like products. Both the U.S. Drug Enforcement Administration and U.S. Food and Drug Administration have been active in this daunting endeavor. Now, there is increased attention from yet another political front.

Sen. Charles Schumer, (D-NY), has proposed a bill that would add bath salts to the list of federally controlled substances. Calling them “nothing more than legally sanctioned narcotics,” Schumer cited bath salts, plant food, insect repellent and incense made with mephedrone and methylenedioxypyrovalerone, drugs that produce dangerous effects similar to MDMA, cocaine and amphetamines. Sold as Ivory Wave, Red Dove, Cloud-9 and Hurricane Charlie, these products have triggered hallucinations, paranoia, insomnia and suicidal ideations in some users. (Braiker and Katie, 2011).

Although bath salts aren’t regulated by the U.S. DEA, cathinone, the parent substance of the drugs, is listed as a Schedule I drug. In Louisiana, bath salts were outlawed by an emergency order after the state’s poison center received more than 125 calls in the last three months of 2010. (Byrd, 2011).

Schumer’s warning echoed those of White House Drug Czar Gil Kerlikowske and others who intend on banning synthetic drugs, such as bath salts and synthetic marijuana. Issuing a one-year temporary emergency action order, the DEA proposed that five chemicals used to manufacture a “synthetic marijuana” substance known as Spice, should be banned. JWH-018, JWH-073, JWH-200 and CP-47, 497 are more potent than THC, the active ingredient in marijuana. (Muller, 2011.) Marketed as K2, Spice, Spice Gold, Serenity Now, Ocean Blue, Blaze, and Red X Dawn, the JWH substances, labeled as incense, are currently “legal” substances in many states. These chemicals have not been approved by the FDA for human consumption and there is no oversight of the manufacturing process.

Users of JWH-018 and JWH-073 have reported nausea, paranoia, anxiety, insomnia and the intended hallucinations. The Comprehensive Crime Control Act of 1984 amends the Controlled Substances Act (CSA) to allow the DEA Administrator to emergency schedule an abused, harmful, non-medical substance in order to avoid an imminent public health crisis while the formal rule-making procedures described in the CSA are being conducted. (DEA, 2010).

And too, on November 17, 2010, the FDA warned four companies to stop selling caffeinated malt alcoholic beverages, deemed “an unsafe food additive.” The four companies and their products affected were Charge Beverages Corp. (Core High Gravity HG, Core High Gravity HG Orange, and Lemon Lime Core Spiked), New Century Brewing Co., LLC (Moonshot), Phusion Projects, LLC (Four Loko) and United Brands Company Inc. (Joose and Max). The FDA concluded that caffeine is not “generally recognized as safe” in alcoholic beverages. (FDA, 2010).

The DEA continues a pattern of eliminating substances promoting themselves as “illegal yet legal,” such as several dubious high-energy drinks. Called “Cocaine,” Las Vegas’ Redux Beverages dressed their “legal alternative,” in a red and white can that closely resembled Coca Cola’s logo. Cocaine boasted the highest energy content on the market with 280 milligrams of caffeine in their 8.4 fluid ounce can.

Potential youthful consumers were challenged by Cocaine’s in-your-face message. It read, “WARNING-You are about to experience the highest energy content of ANY energy drink on the market today! 350% greater than The Bull! Cocaine is not just a re-hash of existing drinks: It is a completely unique new formula - it tastes like a fireball, a carbonated atomic fireball! ” Although described as a “fruity, atomic fireball” drink, Cocaine included a “confidential throat-numbing” ingredient to emulate its cocaine namesake.

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A Message from PCB's Associate Director, Terri Wray

PCB has undergone tremendous growth over the years and in particular the past several months. Five and one-half years ago, we became the official headquarters of the IC&RC, an international standard setting association for addiction professional credentialing/licensing boards. Nearly four years ago, we entered into a contract with the Delaware Certification Board to provide their day to day administrative services and almost three month ago, the Rhode Island Certification Board signed an identical contract with PCB and is now functioning out of the PCB Office.

We are about to begin work on an intervention specialist credential and are actively working with the Department of Public Welfare, Office of Mental Health and Substance Abuse Services on two additional credentials.

As Associate Director of PCB, I have been involved in each and every one of these initiatives, along with all of my other duties and responsibilities including Chief Financial Officer of all three credentialing boards as well as IC&RC.

Due to our tremendous growth of late, I must turn over some of my current duties in order to handle more of the administrative aspects of these new initiatives. Effective September 1, I no longer handle the PCB education/training approval process or the PCB sponsored spring and fall trainings. This responsibility has been placed in the able hands of PCB's new Director of Training and Education, Deb Haas.

It has been a real pleasure for me to work with so many individuals, providers, and trainers over the years and I will miss my interaction with all of you. I will be working closely with Deb over the coming months to ensure a seamless transition. I know that Deb will enjoy working with all of you as much as I have.

If you have any questions about this transition, please don't hesitate to contact me. I know you will all come to appreciate and enjoy working with Deb so please join me in welcoming her to PCB.

Free Workshop: Certification Process

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 1 ½ hour workshop will focus on the requirements for all levels of certification, recertification, and the written exams.

1.5 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.

To arrange for a free workshop at your facility/agency for 10 or more individuals, please call the PCB Office at 717-540-4455, extension 103.

Job postings available on PCB's website

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

To have your job opening posted on our website, e-mail the announcement to info@pacertboard.org or fax job postings to 717-540-4458.



WWW.PACERTBOARD.ORG

Important Information Regarding IC&RC Exams


In December 2011, IC&RC will begin using pretest items on its exams. Pretesting will allow IC&RC to streamline the exam development process, provide much needed data on questions, and increase the security of the exams.

Pretesting will begin in December 2011 for the Alcohol & Drug Counselor (ADC), Advanced Alcohol & Drug Counselor (AADC), and Clinical Supervisor (CS) exams. In March 2012, IC&RC will implement pretesting for the Prevention Specialist (PS), Certified Criminal Justice Addictions Professional (CCJP), and Certified Co-Occurring Disorders (CCDP) exams.

On each IC&RC exam there will be 25 “unweighted” items that will not count toward the candidate’s final score. Unweighted items are also called pretest items. Pretest items will not be identified on the exam, and will appear randomly on all exam forms. All exams will be 150 questions in length, including Advanced Alcohol and Drug Counselor (AADC). The AADC exam was previously 175 questions.

It is important to include pretest items on an examination because items should be piloted to ensure quality before they contribute to a candidate’s score. Pretesting items provides verification that the items are relevant to competency and contribute toward measuring a candidate’s proficiency in the material. The statistical data received from pretesting is analyzed to determine if an item performs within an acceptable range. For example, item statistics tell us if an item is too difficult and possibly outside the candidates’ scope of knowledge or practice, if an item is too easy and does not measure competency, or if the correct answer is misidentified. If an item exhibits acceptable statistical performance, the item can be upgraded to “weighted” status and included on future examinations as a scored item.

In a larger context, the need to stay current with industry standards and the existence of incentives for cheating are the most compelling reasons to include pretest questions on examinations. Pretesting items allows the examination to stay current with the profession. The field is constantly evolving, and it is important that the examination reflect current practice and the knowledge, skills, and abilities required of competent practitioners.



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Including pretest items also allows IC&RC to produce more test forms which increases the security of its examinations.

Overall, pretesting items is in the best interest of candidates as it will help ensure the quality of future examinations. Pretest items have absolutely no effect on a candidate’s score. For example, if two candidates both answer the same number of weighted items correctly, and one answers all of the pretest items correctly and the other answers none of the pretest items correctly, they both receive the same score and pass/fail status on the exam. In fact, candidates will be protected against poorly-performing items adversely affecting their scores, while at the same time taking an examination that is current with professional trends.

IC&RC Now Offering Professional Services

You're a professional, working hard to help your clients and stay on top of the latest evidence-based practices.

IC&RC understands that, and that's why we're proud to announce that our organization is now offering services for addiction and prevention professionals, including:

- FREE print subscription to Counselor, The Magazine for Addiction Professionals (a \$25 value).
- Invitation to IC&RC training conferences and events.
- Eligibility for professional liability insurance, through Healthcare Providers Service Organization (HPSO), the largest provider of individual professional liability insurance in the country, with over 1,000,000 healthcare and counseling professionals insured.
- Listing in our online professional directory.
- Discounts on books and products from HCLbooks.com.
- Discounts on products and events from U.S. Journal Training, Inc. (USJT) and the Institute for Integral Development.

All for only \$25 a year - that's the kind of value you're looking for. These services are available to all credentialed addiction and prevention professionals, individuals in the process of becoming credentialed, and behavioral health and affiliated professionals.

We also want to take the opportunity to tell you about our first-ever professional training conference, "A Principled Practice: Ethics in Addiction Treatment and Prevention." Scheduled for October 28 & 29, 2011 at the Rosen Centre Hotel in Orlando, Florida, it will feature a keynote address by Stephen J. Morse, J.D., Ph.D. on "Neuroscience, Morality and Addiction" and a half-day workshop on "Culturally Complex Ethical Challenges."

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Let's Stay In Touch

Stay in touch with PCB via email so you are the first, rather than the last, to receive notices about upcoming certification initiatives. Make sure we have your email address as most of our communication to you is done electronically.

Contact PCB at info@pacertboard.org and provide us with your preferred email address.

News from SAMHSA

Recovery Defined – A Unified Working Definition and Set of Principles

In August 2010, leaders in the behavioral health field, including people in recovery from mental health and addiction problems and SAMHSA met to explore the development of a common, unified definition of recovery. Prior to this conversation it was very apparent as to the need of a common definition. In fact, SAMHSA had separate definitions for recovery from mental and substance use conditions. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

After many conversations and hard work with our partners in the field, a working unified definition and set of principles for recovery has been developed. The development of a standard, unified working definition of recovery will help assure access to recovery-oriented services for those who need it, as well as reimbursement to providers.

Additionally, SAMHSA recognizes the importance of measuring the outcomes and quality of behavioral health services. As a result, SAMHSA is working to develop a set of measures to help assess a person's recovery with an emphasis on developing indicators that assess quality of life.

Below you will find the working definition recovery and guiding principles.

Working Definition of Recovery

Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

Principles of Recovery:

- Person-driven;
- Occurs via many pathways;
- Is holistic;
- Is supported by peers;
- Is supported through relationships;
- Is culturally-based and influenced;
- Is supported by addressing trauma;
- Involves individual, family, and community strengths and responsibility;
- Is based on respect; and
- Emerges from hope

Furthermore SAMHSA's Recovery Support Initiative identifies four major domains that support recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live that supports recovery;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

There is no set time requirement for recovery as it is recognized that this is an individualized process whereby each person's journey of recovery is unique and whereby each person in recovery chooses supports, ranging from clinical treatment to peer services that facilitate recovery.

SAMHSA expects additional comments from the field as this definition evolves, and we continue to work together to help assure recovery services are being provided, reimbursed and measured in a consistent way. Check out SAMHSA's [Recovery Support Initiative](#) for more information on recovery.

New Parity Website Available

SAMHSA has launched a website dedicated to informing states, providers, and consumers about the rights and benefits afforded Americans under this new law. To access SAMHSA's parity webpage, click on the following link - <http://www.samhsa.gov/healthreform/parity/>.



PCB

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April 16-17, 2012

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KEYNOTE SPEAKER (DAY 1): Barry Duncan, Psy.D., therapist, trainer, author, and researcher. He is director of the Heart and Soul of Change Project, a practice-driven, training and research initiative that focuses on what works in therapy and more importantly how to deliver it on the front lines via client based outcome feedback and the Partners for Change Outcome Management System. His latest books include the 2nd edition of the *Heart and Soul of Change: Delivering What Works* and *On Becoming a Better Therapist*.

**Our generous conference sponsor,
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KEYNOTE SPEAKER (DAY 2): Neil Capretto, DO, FASAM who will discuss harm reduction and Suboxone.

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Important Change to PCB Recertification

Continued from Page 1

- 2) The issue of non-compliance directly violates PCB Code of Ethics Rule 3.2 under Fraud-Related Conduct which reads: "An individual shall not use misrepresentation in the procurement of certification or recertification or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references," and Rule 5.3 under Professional Standards which reads: "A certified professional shall meet and comply with all terms, conditions, or limitations of a certification or license."
- 3) Completing all of the requirements for recertification of credentials is a condition of certification. The credential will remain suspended until such time as the certified professional addresses the ethics violation to the satisfaction of the PCB Ethics Committee and seeks reinstatement of said credential. Suspensions for non-compliance with the audited recertification process are a matter of public record and will remain on the candidates' certification history and, as a result, can be accessed by the general public from the PCB website.

Reinstatement includes:

- The audited candidate submitting the required education/training.
- The recertification fee.
- The reinstatement fee.

Candidates cited for failure to submit required education/training and are then reinstated will automatically be audited for their next recertification period. Further, PCB reserves the right to apply additional sanctions to those audited and who fail to obtain the necessary education/training.

All candidates for recertification will sign a statement verifying that the education/training requirement for their particular credential(s) has been met. This signed statement will be included in the recertification application. Candidates for recertification will also be required to submit a complete list of all trainings attended in their two-year recertification period. A new page in the recertification application will be included for this purpose. The list must include date of training, title of training, provider of training, name of trainer(s), and number of hours awarded for training. Signature of candidate attesting to candidates' participation in the trainings must be included on the training page.

The PCB recertification application will be revised to reflect the new audited process. If you have any questions regarding this new process, please contact PCB via email at info@pacertboard.org or phone at 717-540-4455 extension 102. ■

News from the Field

Steven Saul, MA, CAADC, CCDP Diplomate, LPC was recently appointed by Governor Tom Corbett as a new member of the Pennsylvania Governor's Advisory Council on Drug and Alcohol Abuse. Steve is the Director of Drug and Alcohol Programs at the Northeast Community Center MH/MR in Philadelphia. Steve has been certified by PCB since 1996 and is a strong advocate for the credentialing process in PA. PCB extends congratulations to Steve on his appointment.

Congratulations to **Deanna Sherbondy**, CADC, CCS, Certificate of Competency in Problem Gambling who retired as an Administrator/Supervisor with the Fayette County Drug & Alcohol Commission after many years in the field. Deanna always encouraged her staff to become certified and saw this accomplishment as a benefit to the agency and most importantly the clients. Her absence from our field will be greatly missed but her impact will leave a lasting impression for years.

Dennis Deal, CADC, CCDP Diplomate was named the new Executive Director of Malvern Institute (Chester County) in August 2011. Dennis' career included 39 years at Eagleville Hospital prior to his appointment at Malvern Institute. PCB wishes Dennis all the best in his new position.

Redux Beverages pulled Cocaine from stores nationwide on May 7, 2007, after receiving an FDA warning letter. The FDA questioned Redux's drug-promoting statements such as "Speed in a Can," "Liquid Cocaine" and "Cocaine Instant Rush" (Barrett, 2008). Redux Beverages opted to market the drink under a new label called "No Name." (Sowry, 2006).

Another energy drink that mimicked drug use and invoked the wrath of the FDA was Blow. Marketed in vials, this white caffeine-based powder had a logo spelled out in white, grainy powder that resembled cocaine.

In 2008, the FDA warned Blow that the product did not have FDA-approved application legalizing its sale and is an unapproved drug "intended to affect the structure or function of the body. FDA has become aware of the proliferation of various products that are being manufactured, marketed, or distributed as alternatives to illicit street drugs. FDA is concerned that these products pose a potential threat to the public health."

Blow founder Logan Gola argued that his product was intended as "tongue in cheek" and was "mimicking a lifestyle," similar to the lyrics in rock and rap music. He explained that he wanted Blow to be "edgy, hip and cool" setting it apart from the flooded energy drink market (Barrett, 2008).

Peter Nicholson, partner and chief creative officer at Deutsch New York explained the controversial marketing strategy as standard practice in the industry. He said, "There has always been a desire for products that are legal to provide you with the experience of something illegal. And beyond the experience, it's the lifestyle associated with that. Being "bad." Society is enamored with the lifestyle of being "bad." We glorify it in movies, fashion, art, music etc. These types of products are just trying to capitalize on it.

"They're not selling anything illegal. They're not creating false advertising. They are using metaphor, albeit an illegal substance, to talk about the power of their drinks" (Barrett, 2008).

In 2007 that strategy backfired on The Hershey Co. after their Ice Breakers Pacs were criticized for being too similar to the tiny plastic bags used to sell crack, heroin and cocaine.

The realistic pouches even fooled Philadelphia Police Chief Inspector William Blackburn. "Being in narcotics the majority of my career, I thought it was the real stuff," said Blackburn. "It's a disgrace to see a company selling a product like this and basically glorifying the drug trade. The best word to describe it is despicable." (Porter, 2007).

It may be impossible to monitor, control and eradicate all of the dangerous products currently being marketed, but at least young consumers will not be tempted to purchase energy drinks such as Cocaine and Blow, synthetic marijuana like K2 and the aforementioned and dangerous bath salts. As always, the best strategy in this ongoing "war on drugs" is to remain informed and vigilant. ■

Maxim W. Furek, MA, CADC, ICADC, is Director of Garden Walk Recovery, an organization "promoting wellness through drug prevention and education." He is the author of The Death Proclamation of Generation X: A Self Fulfilling Prophecy of Goth, Grunge and Heroin. He can be reached at www.maximfurek.com

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