

PCB NEWSLETTER

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PCB BOARD OF DIRECTORS UPDATE

The PCB Board of Directors says good-bye to long time board member Patricia (Pat) Lutz, CAADC/CCDPD, who will be leaving the board after 24 years of service in December.

Pat is founder of The Turning Point Halfway House in Washington, Pennsylvania, which has served the Washington community since 1991. The trust in the original mission of service to women in recovery has been steadfast and unwavering. The Turning Point at Washington has served some one thousand (1,000) clients at its residential treatment facility.

In her 24 years of service and dedication to PCB, Pat has served on numerous committees, has been a Subject Matter Expert for various credentials, and has been an item writer for our exams. She has promoted PCB and its credentials throughout the state, taking every opportunity to speak proudly about the accomplishments of PCB.

Pat's dedication to the certification process will have a lasting impact on all who have worked side by side with her over the years. We cannot begin to express our thanks and gratitude to Pat for her time, talent, dedication and commitment to PCB. From everyone at PCB, know that you will be missed Pat!



Pat Lutz (bottom row, right center) pictured with other PCB Board Members: Tom Baier, Theresa Murphy, Paul Toth, Dennis Deal, Sandi Grottola, Rich Foster, Arlene Prentice, John Massella, Jared Young, Lori Simons, Stephanie Murtaugh and Marilyn Stein.

Save the Date

PCB's 18th Annual Conference

May 1-2, 2017

NEW LOCATION: Eden Resort & Suites, Lancaster, PA

Keynote Speakers

Deb Beck, MSW Deborah Beck brings over 30 years of clinical, policy and legislative experience working in the alcohol and drug abuse prevention and addiction treatment field to her positions as a drug and alcohol consultant and President of the Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP). She also is a member of the Therapeutic Communities of America, a national organization, is a co-founder and Board Member of the National Alliance for Model State Drug Laws and a Board Member of the Pennsylvania Recovery Organizations Alliance (PRO-A).

Jean M Bennett, PhD, MSM, MSN, BSN, RN In 2011, Dr. Jean Bennett was selected as the SAMHSA Regional Administrator responsible for the federal Region III territory which includes Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia. In this new SAMHSA leadership role, Dr. Bennett works closely with federal, regional and national behavioral health leaders and stakeholders. Prior to joining SAMHSA, Dr. Bennett served in the HHS Office of the Secretary as Senior Advisor to the Assistant Secretary for Administration, who had responsibility for providing Department-wide support services for all of HHS. As Senior Advisor, Dr. Bennett collaborated on designing solutions to shared administrative and management challenges so as to better serve internal and external stakeholders of HHS.

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ETHICS CORNER: AN UPDATE ON THE ISSUE OF CLIENT ABANDONMENT *BY: TOM BAIER, CADC, CCS*

Most recently, at the September PCB Board meeting, we collectively engaged in the continuation of a conversation that has been ongoing for several years. As a means of maintaining a relevant code of ethical conduct for our credentialed individuals, these conversations are critical for this purpose. Many times, these lengthy discourses result in changes to the code. Sometimes these changes become more about an interpretation of a code than any changes to the code itself. To this end, we have recently simplified the discussion area related to the code that addresses client abandonment.

Rule 5.7 of our Code of Ethical Conduct reads as follows:

The certified professional shall not discontinue professional services to a client nor shall they abandon the client without facilitating an appropriate closure of professional services for the client.

The previous interpretation of this rule provided a distinction between practitioners in private practice and those working within an agency setting. The belief was that in an agency setting that the continuity of services was the sole responsibility of the agency and not the responsibility of the individual practitioner working within the agency. With this interpretation, a certified individual could suddenly terminate his or her professional relationship with clients without concern for being held to an ethical standard for having abandoned these clients.

Keeping in mind that our primary mission in credentialing individuals is consumer protection, we have made a change to the interpretation of this rule that would now allow the Ethics Committee to entertain complaints against certified individuals who suddenly, and without clinically appropriate closure or transfer, abandon clients.

The recent edit to the discussion for this code now reads:

In the case of a certified professional who has direct care responsibilities, this person shall not discontinue professional services to a client unless

- 1. services have been completed;***
- 2. the client requests the discontinuation;***
- 3. alternative or replacement services are arranged, or the client is given reasonable opportunity to arrange alternative or replacement services.***

What this means for certified professionals under this ethical rule: If one morning your contentious relationship with your boss exceeds your ability to cope and you suddenly tender your resignation on the spot, pack up your personal belongings, load them in the car after passing your waiting clients in the lobby, you may be charged with abandonment of your clients. From a consumer protection point of view, this action may and can cause significant distress to the clients on your caseload. The point here is that you could have prevented this sudden disruption in the lives of your clients and you have chosen your own needs over the needs of their clients.

How can you prevent this from happening? The simplest way is to provide the appropriate notice to your employer and then work diligently with your clients to assist them in the continuity of services as needed. All employee handbooks state conditions for employment termination. These are typically, at minimum, two weeks' notice and, in many cases, might be up to four weeks. Since these ethical complaints are most often generated by employers when an employee suddenly quits, the best way to prevent such a complaint is to follow the dictate for terminating your employment as defined in your employee handbook or otherwise defined in agency policy.

Please note that as of this publication date, all certified individuals granted a credential by the PCB will be held to this standard. As always, the Ethics Committee is open to feedback and questions regarding our Code of Ethical Conduct or specific questions regarding ethical concerns.

NEW RETEST POLICY EFFECTIVE JANUARY 1, 2017

Candidates will be provided four opportunities to test after which remedial action will be required. Remedial action includes suggestions such as additional training in weaker domains; supervision; obtaining a study guide, etc. After remedial action is completed and documented by the candidate, they will be provided with two additional retakes only.

PCB CODE OF ETHICAL CONDUCT VIOLATIONS

Hamilton, Hiyonia CRS 9541

Revocation effective 9/23/2016 for violation of Rule 10.1 under Cooperation with the Board

Smith, Deborah CAAC 8307

Six-month suspension effective 9/1/2016 for violation of Rule 5.5 under Professional Standards

Klein, Courtney CRS 9606

Revocation effective 7/25/2016 for violation of Rule 2.1 under Romantic/Sexual Misconduct

The following suspensions are due to failure to comply with the audited recertification process:

Andrew Malkiewicz CAADC 8374

Kathy Marcil CIP 10221

Robin O'Donnell CADC 8081

Jodi Paisner CAADC 8745

Cathy Tanenhaus CADC 9122

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 examinations.

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.

Upcoming free workshops you may be interested in attending are as follows:

Tuesday, April 4, 2017, 10:00 am to 11:30 am

BHTEN

520 N. Delaware Ave., 7th floor conference room
Philadelphia, PA

Tuesday, April 11, 2017, 11:00 am to 12:30 pm

Pittsburgh Mercy

249 S. 9th St., Room 226

Pittsburgh, (Southside) PA

To arrange for a free workshop at your facility/agency for 10 or more individuals or to RSVP for one of the scheduled workshops above, please email PCB at info@pacertboard.org.

SPECIAL THANKS

The following facilities/organizations have provided space for various PCB functions:

Caron Treatment Centers
Eagleville Hospital
Gateway Rehabilitation Center
Pittsburgh Mercy

Everyone involved in the certification process appreciates the generosity of these facilities and their continued support of our efforts and initiatives.

THE RELATIONSHIP AMONG DRINKING GAMES, BINGE DRINKING AND GAMBLING ACTIVITIES IN COLLEGE STUDENTS

BY: LORI SIMONS, PH.D., LPC, CAADC, CCDPD

The co-occurrence of alcohol use and gambling activities has been well documented in college students (Ladouceur, Dube, & Bujold, 1994; Martens et al., 2009) and the general population (Walker, Clark, & Folk, 2010). Both alcohol use and gambling behavior is a source of great concern for the college population because of the potential health risks involved. Compared to college students without gambling problems, students with gambling problems are more likely to engage in unsafe behavior including greater use of alcohol, tobacco, marijuana, driving under the influence, and unsafe sex after drinking (Engall, Hunter, & Steinberg, 2004; LaBrie, Shaffer, LaPlante, & Weschler, 2003).

Binge drinking (also known as HED or heavy episodic drinking) has been defined by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) as a pattern of alcohol consumption which brings the blood alcohol concentration (BAC) to 0.08-gram percent and above. This BAC typically corresponds to consumption of five or more drinks in two hours for males and four or more drinks in two hours for females. Young adults showing signs of problem gambling behavior were found to be more likely to indulge in binge drinking (Walker, Clark & Folk, 2010). The prevalence of binge drinking has been reported to be as high as 40% in the college population (Wechsler, Lee, Nelson, & Kuo, 2002). College-age binge drinkers were more likely to engage in unprotected sex, suffer physical injuries and cognitive impairment and experience employment and inter-personal problems (Hanson & Engs, 1992; Weschler & Isaac, 1992).

A total of 293 (31% male, 68% female) college students completed a survey about binge drinking and gambling activities to fulfill a research credit requirement in introductory to psychology courses at a private metropolitan university in a northern metropolitan area during the 2009-2010 and 2010-2011 academic years (see Bhullar et al., 2012). Students who played the lottery once a week had lower binge drinking scores compared to students who played the lottery more than once a week and those students who never played the lottery. Similar patterns were also detected for students who engaged in sports-betting, card-playing, and games of skill. Students who met the criteria for binge drinking were likely to engage in sports-betting, video and regular poker, internet, office pools, and other games of skill compared to students who did not meet the criteria for binge drinking. Binge drinking is linked to some of the gambling activities among college students; therefore, it is vital for prevention programs to focus on these populations and not view binge drinking and alcohol consumption as a relatively normal phase of college life as some surveys from young individuals have demonstrated (Coleman & Cater, 2005). The possible impact of drinking on gambling behavior and vice-versa points to one of the many possible long-term negative consequences of both on the individual, family and the community.

References

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QUESTIONS: THE RELATIONSHIP AMONG DRINKING GAMES, BINGE DRINKING AND GAMBLING ACTIVITIES IN COLLEGE STUDENTS

1. Is heavy episodic drinking also known as binge drinking?
 - a. Yes
 - b. No
2. The research study indicates that college students who played the lottery once a week were more likely to engage in binge drinking.
 - a. True
 - b. False
3. Some research has shown that alcohol consumption or binge drinking is a relatively normal phase of college life.
 - a. True
 - b. False
4. Research suggests that collegiate gambling can have a long-term aversive impact on the individual but not on his/her family or community.
 - a. True
 - b. False
5. There is concern for the college population that engages in gambling and binge drinking due to
 - a. the potential for risky and aggressive behavior
 - b. the potential for college drop out
 - c. the potential for health risks
6. Binge drinking corresponds to:
 - a. consumption of five or more drinks in two hours for males
 - b. consumption of eight or more drinks in two hours for males
 - c. consumption of ten or more drinks in two hours for males
7. Students who engage in gambling behaviors are also more likely to
 - a. use more alcohol, tobacco, and firearms
 - b. use more alcohol, tobacco, and marijuana
 - c. use more alcohol, opiates, and speed

Answers located on next page.

ANSWERS: THE RELATIONSHIP AMONG DRINKING GAMES, BINGE DRINKING AND GAMBLING ACTIVITIES IN COLLEGE STUDENTS

1. A
2. B
3. B
4. B
5. C
6. A
7. B

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

AD RATES

The rates to advertise in the PCB Newsletter are:

\$600/year (2 issues) full page ad, or \$450 per issue

\$400/year (2 issues) half page ad, or \$250 per issue

Ads must be submitted in electronic format only (PDF, JPG, TIFF, PNG are all acceptable), colored ads preferred.

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PENNSYLVANIA CERTIFICATION BOARD

298 S. Progress Avenue
Harrisburg, PA 17109

717-540-4455 phone

717-540-4458 fax

info@pacertboard.org

www.pacertboard.org