



Message from the ICB President, Lawrence Dunbar, CAADC

Seasons Greetings and Happy Holidays!!!



Well, WOW, it's that time of the year again! December is a busy, crazy time for many of us. Lots of rushing around and visiting friends and lunches and shopping and all that. I must admit that it kind of snuck up on me again. It's been a weird year, but then what year hasn't had its share of weirdness?

This is the time of the year that we reflect on the past year and make plans for the next year. So, how has your 2023 been? I have learned something over all these years on this beautiful big blue ball. That is that there are things we can control and things we cannot. Of those things that we can't control, I am learning to move past and not let them interfere in my life anymore than they must. People like to say, "It is, what it is." I disagree. That seems rather fatalist and allows others to dictate our life path. I believe it's more like, "It is, what we allow it be." We need to take back control of what we connect with and allow into our lives. For me, there is too much negativity in the world, especially in the media which we all seem "addicted" to. The thing is, there is SO much positivity in the world today that we don't hear about. So, I like to look for the positives. Here are some that I found.

- Mall Santa learns sign language so that he can communicate with all kids.
- Mom battling cancer is surprised by a flash mob donation.
- “Layaway Angel” pays off nearly \$200,000 in balances at Walmart.
- Hospital worker saves all year to buy Christmas presents for sick children.
- Secret Santa pays off lunch balances for elementary school students.

There are so many of us doing good stuff! We need to look for and share more of these stories. These “shards of humanity” as the late Leonard Nimoy said. We need to begin celebrating the positives we find and sharing them with others. Let's move away from the negatives that we seem to be inundated with on a daily basis. It's all about taking care of ourselves. We are good at helping others but what about us?

Something that I learned from Dr. Andrew Weil a number of years ago was something called a “news fast.” As Dr. Weil explains it, “A news fast simply means opting out of watching the news on television, listening to it on the radio, reading newspapers, or following the news on the Internet for a few days or even a week at a time. I believe that taking periodic breaks from the news can promote mental calm and help renew your spirits. In this way, the anxiety and overstimulation catalyzed by the media may be minimized, and your body will function better.” I do this on a daily basis. Give it a try. Yes, it works!!!

Anyway, I want to wish you all a VERY Merry and Happy Holiday Season and a VERY Happy New Year. Let's make next year the best year ever! There are a lot of cool things happening at the ICB. I'm sure Chris's article will tell us all about them. Be kind, compassionate and loving to all you meet. Not just during the Holidays, but throughout 2024. And remember that even the “Scroogiest” of us can change. Remember what they said of old Scrooge:

“And it was always said of him, that he knew how to keep Christmas well, if any man alive possessed the knowledge. May that be truly said of us, and all of us! And so, as Tiny Tim observed, God bless Us, Every One!” — Charles Dickens, A Christmas Carol

Happy Holidays and I will see you all at the Spring ICB Conference in Itasca, March 18th – 22nd.

Peace! - Uncle Lar

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From the Desk of ICB Executive Director, Chris Boyster

This time of year can be very busy and that is certainly the case here at the Illinois Certification Board (ICB). 2023 has been a busy year here at ICB in general. This year we launched the CADC Workforce Expansion program in conjunction with the Illinois Department of Human Services (IDHS) and the Division of Substance Use Prevention and Recovery (SUPR). Last month we announced that 8 schools will be participating in the program and several media outlets have reached out to talk about the need for increasing CADCs in the workforce. For more information, go to <https://ilcadcworkforce.org/>. Soon you may hear radio ads that are running throughout the state promoting the CADC Workforce Expansion Program both in English and Spanish. You may also see social media ads running as well.

Our Fall Conference was held virtually this year and we had such a great turnout that for the first time in a long time, we had to cut off registration to ensure we had a successful conference. Judging by attendance and reviews it appears that it was successful and we are truly grateful for the participants and presenters. Next year's conference will be held in Springfield, Illinois October 7th through October 11th at the Northfield Center.

Our Spring Conference is also right around the corner and we are going to be announcing some very exciting news shortly and are proud to announce that there are going to be some changes this year to our lineup. This year's conference promises to be one of our best. The ICB Board has been busy as well. This year ICB Board President Larry Dunbar formed a new ad hoc committee to look at the ICB Ethics Code. In addition, the Board Approved the CRSS Young Adult Endorsement and our Certification Testing and Criteria committee has engaged in ongoing conversations about how to bring more peer professionals into the field.

SUPR Director Laura Garcia and I recently drafted a letter to the International Certification and Reciprocity Consortium (ICRC) urging them to look at developing tests in the Spanish Language. My recent discussions with ICRC staff have indicated that this is something that ICRC is working on developing and will be launching soon. We are very grateful that ICRC heard our concerns. Look for further information as things develop.

ICB will also be getting a new phone system installed this December. As you may be aware ICB receives a large volume of phone calls and we are hoping that this will assist in improving our customer service. We will also be updating our database which could improve efficiencies as well. I know it can be frustrating but please understand we are a small staff that receives hundreds of calls each day. Our staff works diligently to be as prompt as possible.

Last year I was fortunate enough to be in the Netherlands to ring in 2023. One of the Dutch traditions on New Year's Eve is to eat a delicious pastry dough that is similar to a donut and covered with powdered sugar. The tradition originated in the 17th century and has become a staple of the Dutch tradition during the holiday season. For as much has changed in the world the recipe is still about the same. This can be said of ICB. 2022 and 2023 have been years of growth and change for ICB. As the Executive Director, I have a lot of ideas for growth and innovation. As much as things change some things will always remain the same, our insistence on adhering to our mission and providing the best service possible to our membership.

I turned 50 this year, and my husband and I expanded our family. So, for me, this was a year of growth and change. Life is always evolving. I wish you and yours a very happy holiday season, may your new year be full of grace, peace, and joy. See you at the Spring Conference!



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YOURS**

**WE WISH YOU A
CHRISTMAS FILLED WITH
LOVE, LAUGHTER, AND
CHERISHED MOMENTS
WITH YOUR LOVED ONES.**

**AND WE WISH YOU A
HAPPY NEW YEAR!**

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Advancing Culturally Inclusive Care: A Commitment to LGBTQI+ Mental Health and Substance Use Treatment

In the ever-evolving landscape of mental health and substance use disorder treatment, the call for culturally inclusive care has never been more pronounced. Recognizing the unique needs of the lesbian, gay, bisexual, transgender, questioning, intersex, and other gender expansive (LGBTQ+) folx is paramount in fostering an environment of understanding, support, and healing. By enhancing knowledge, competency, and professional counseling skills, mental health and substance abuse professionals can play a pivotal role in ensuring equitable and effective care for individuals who identify as LGBTQI+, their families, and the broader community.

Understanding Diverse Identities

The first step towards creating culturally inclusive care is a commitment to understanding the diverse identities within the LGBTQI+ umbrella. Counselors must educate themselves on the distinctions of sexual orientation, gender identity, and the intersectionality of diverse identities within this community. This foundational knowledge is crucial in establishing trust and rapport with clients, ensuring they feel seen and validated in their unique experiences.

Building Competency and Sensitivity

Cultural competency is a dynamic process that involves continuous learning and self-reflection. Counselors must actively seek opportunities for education and training on LGBTQI+ issues, staying abreast of evolving language, and cultural norms. Sensitivity to the unique challenges faced by LGBTQI+ folx in the realms of mental health and substance use is essential for fostering an environment of trust and openness.

Tailoring Counseling Approaches

Adopting counseling approaches that resonate with the experiences of LGBTQ+ folx is key to providing effective mental health and substance use treatment. Counselors should be well-versed in LGBTQ+ affirmative therapy, integrating frameworks that validate and support diverse sexual orientations and gender identities. Recognizing the impact of societal stigma, discrimination, and the unique stressors faced by the LGBTQ+ community enables professionals to tailor interventions that address specific needs.

Supporting Families and Communities

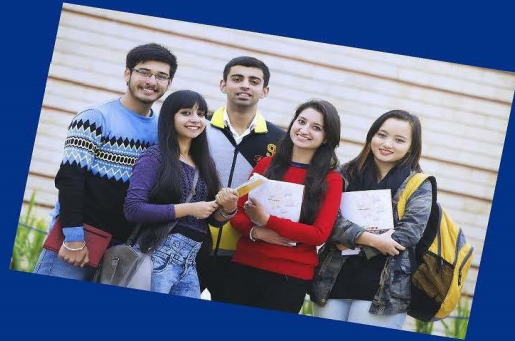
Culturally inclusive care extends beyond group and/or individual counseling sessions. Counselors should actively engage with families and communities to foster understanding and acceptance. Offering education on LGBTQ+ issues, providing resources for families, and actively participating in community initiatives contribute to the creation of a supportive network that enhances the well-being of LGBTQ+ folx.

Conclusion

Promoting and enhancing culturally inclusive care in mental health and substance use disorder treatment is not only a professional responsibility but a moral imperative. By increasing knowledge, competency, and professional counseling skills, counselors can contribute to a more compassionate and equitable healthcare system. This commitment not only benefits those who identify as LGBTQ+ but also enriches the overall fabric of our communities, fostering resilience, understanding, and collective well-being. In this shared journey, embracing diversity becomes the cornerstone of effective and transformative mental health and substance use care.



By: Autumn Gonzalez (she/her), LCPC, LMHC, CAADC, CCMHC - Autumn is the behavioral health clinical manager, at The Project of the Quad Cities, and licensed mental health counselor and certified advanced alcohol and drug counselor, at Bettendorf Counseling Center. She graduated from Western Illinois University in 2019, with a Master of Science in Education, Clinical Mental Health Counseling, and is now pursuing a doctoral degree in Clinical Psychology. She currently serves as a board of director for the Autism Society of the Quad Cities (ASQC) and Illinois Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (ISAIGE).



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Treatment For Women With Substance Use Disorders

By Sydney Wolf

The population of substance use disorders is a very specific population on its own. Individuals with substance use disorders is a very specific population with its own treatment models. Theories such as CBT, DBT, motivational interviewing, and additional use of support groups are present in many residential treatment facilities. CBT is empirically supported as a way to help individuals find connections between their thoughts, emotions, and behaviors as it is related to healthy recovery actions. DBT helps individuals learn the skills of mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance. Motivational interviewing helps an individual strengthen their intrinsic motivation. In residential treatment facilities individuals will be encouraged to join support groups, and the research suggests they are included in most treatment curriculums. Support groups can include Alcoholics Anonymous (AA), Dharma Recovery, and SMART recovery. In these groups individuals can be around people who can relate to them. This creates feelings of universality. However, they are not co-facilitated by a licensed counselor. These treatment interventions are predominant in much of the existing research of substance use disorder. Another theme that exists in much of the research is how these treatment models fail to include interventions that would support women. Women have additional needs and characteristics that should be included in their treatment due to the overarching themes that guide their addiction. One study reports how women are often grouped in with existing research for treatment models, but their individual needs differ from those of men in treatment.

Over 87 million females ages 12 and older reported drinking alcohol sometime this year. Additionally over 26 million females ages 18 and older reported using some type of illicit drug this year. 17 million women are diagnosed with a substance-use disorder. Within this 17 million, 9.5 million women are also diagnosed with a mental disorder of some kind. Research suggests that the pathway many women take when it comes to substance use differs from that in males. It was found that women have a shorter history of use for substances including alcohol, marijuana, cocaine, and opioids, but when they enter treatment it typically tends to be with more severe medical, behavioral, social, and psychological problems. It was also found that women show a quicker progression from their first use of a substance transitioning to levels of dependence. It was also noted women will delay entering treatment due to feeling hesitant. Women comprise less than a third of those in treatment for substance use disorders, but show similar rates of use to men, with the gap between the two shrinking. Shame, guilt, stigma behind treatment, and the fear of legal repercussions are barriers for women entering treatment. Additional future research can be aimed at ways to increase the likelihood of a woman entering treatment when appropriate and ways to include psychoeducation about the importance of treatment.

When it comes to treatment of substance use in residential treatment facilities, the research is limited. The overall goal for women in treatment is to use a gender-responsive approach. This includes focusing on the importance of family, the prevalence of co-occurring mental health disorders, self-efficacy, emotional regulation, and addressing trauma. Additional factors include incorporating smoking cessation for women, and yoga. The family approach focuses on including the family in the treatment process when applicable and appropriate such as an occasional family session while in treatment. The focus on women can include discussions of their family role and how to navigate this while in treatment as well as when entering back in the family. Previous research also highlights the importance of continuing to monitor a women's level of change and intrinsic motivation to change. These factors are held to equal importance in treatment at the residential level as a whole, similar to the skills of mindfulness and emotional regulation that are both part of the DBT skills training. One study highlighted attempting a smoking cessation program in an addiction center for women. However no statistically significant findings between smoking cessation using different methods was found. This appears to be an area for future research to be conducted. Several studies demonstrated the importance of increasing self-efficacy in treatment for women. Self-efficacy occurs when an individual believes they are capable of dealing with a stressful event or circumstances that might arise. It is noted that women can benefit from increased self-efficacy because they might feel at risk of using substances with the several roles going on in their lives. While the data mainly focuses on increasing self-efficacy in both men and women, one study emphasized the benefits of a single-gender approach for treatment. This allows women to feel more understood when it comes to factors such as interpersonal relationships, life stresses specific for women, parenting roles, and views on addiction and treatment. Finally, additional interventions including yoga and SMART recovery or support groups for women appear promising in research. Yoga appeared to be a good asset to the already existing treatment models in residential for women particularly.

Clinically, the current research can be helpful. There is strong evidence for the use of CBT, DBT, and support groups in residential treatment facilities, but the literature lacks the inclusion of the unique needs of women in treatment. More research can be conducted surrounding the use of improving self-efficacy for women, and with a single-gender approach. Additional somatic approaches such as yoga can be used in treatment for women. Focuses on family roles by rooting in a theory such as family systems could be helpful in navigating the unique family roles a woman might face while in treatment. Overall, it is evident more work can be done to explore not just the treatment for women.

About the Author: *Sydney Wolf is currently enrolled at Lewis University earning her masters degree in clinical mental health counseling with a certification in addiction studies and is completing her internship at residential level of care for addiction. References on page 13*



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its Newly Credentialed
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**Please note: These are
professionals credentialed
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**This list also includes those
who have successfully
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Aldridge	Anastasia	CADC	Chirnside	Brandon	CADC
Anderson	Jamie	CADC	Chuc	Carlos	CADC
Arreola	Christine	CADC	Clark	Jennifer	CADC
Bairstow	Emma	CADC	Cochran	Andre	CADC
Baricovich	Samuel	CADC	Coleman	Brooke	CRADC
Barren	Sherry	CADC	Connor	Charles	CADC
Bartz	Laura	CADC	Cooke	Benjamin	CADC
Becker	Rehna	CADC	Curry	Larri	CADC
Bell	Maurice	CADC	Davis	Julie	CAADC
Benton III	Anderson	CADC	DiGiovanni	Christopher	CADC
Brock	Carley	CRADC	Dill	Lori	CADC
Brown	Dixie	CSADC	Duram	Sandra	CADC
Bryant	Alexis	CADC	Early	Tiffany	CADC
Budimir	Megan	CRADC	Falcon	Sandra	CADC
Fegan	Thomas	CADC	McGinn	Erin	CADC
Fickling	Melissa	CADC	Mills	Jamie	CADC
Force	Jill	CADC	Mitcham	Michael	CADC
Gaines	LaToya	CADC	Moreno	Oak	CADC
Gayman	Michael	CADC	Munoz	Jose	CADC
Gold	Jaye	CADC	Murillo	Martha	CADC
Gray	Leslie	CRADC	Muscarella	Nicole	CRADC
Greenberg	David	CADC	Nesbit	Graeme	CADC
Grimes	Alison	CADC	Niemyjska-Toczek	Maria	CADC
Haiman	Mary	CADC	Ohl	Lily	CADC
Hamilton	Joseph	CADC	Parris	Andrea	CADC
Hatch	Vashti	CADC	Perkins	Heather	CADC
Hodo	Shaunika	CADC	Person	Jessica	CADC
Holloway	Ashley	CADC	Peterson	Morgan	CADC
Hopkins	Camden	CADC	Phillips	Debra	CAADC
Hughes	Andrea	CADC	Prate	Katelyn	CADC
Huston	Lori	CRADC	Price	Nathaniel	CADC
Johannes	Amy	CRADC	Pritchard Palmer	Roberta Cheryl	CADC
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Johnson	Nicole	CADC	Ramirez	Xiomara	CADC
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LaFollette	John	CRADC	Russell	Brenna	CADC
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CPS

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Cerentano	Amber	CRSS	Weis	Randall	CRSS
Chrapkiewicz	Debra	CRSS	Welton	Lauren	CRSS
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D'Alessandro	Patrick	CRSS			
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Edwards	Amber	CRSS	Alford-Spitze	Kathleen	CPRS
Gatlin	Jessica	CRSS	Bufford	Robert	CPRS
Gee	Donta	CRSS	Cerentano	Amber	CPRS
George	Lora	CRSS	Chrapkiewicz	Debra	CPRS
Ghant	Allis	CRSS	Gabiniski Smith	Lucy	CPRS
Hankes	Kathleen	CRSS	Gordon	Tanya	CPRS
Holt	Toni	CRSS	Hanks	Nicki	CPRS
Huber	Christopher	CRSS	Hatch	Lillian	CPRS
Hypes	Claudia	CRSS	Hill	Tyrone	CPRS
Labashosky II	Thomas	CRSS	Houser	Kyle	CPRS
Lewis	Kristin	CRSS	Mireles	Leonardo	CPRS
Liebscher	Anna	CRSS			
Logue	Timothy	CRSS			
Majors	Amanda	CRSS			
McCormick	Angel	CRSS			
McDermott-McGill	Danielle	CRSS			
Meloy	Digna	CRSS			
Michels	Rebecca	CRSS			
Mireles	Leonardo	CRSS			
Morganstein	Daniel	CRSS			
Mullins	Kristi	CRSS			
Muse	Zane	CRSS			
Noda-Lake	Fatima	CRSS			
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Thank you.

Counselors

Abraham, Henry
Adams, Linda
Adams, Michelle
Allen, Melissa
Antosch, Taylor
Bannack, Cynthia
Bayer, Bruce
Beyer, Wayne
Blando, Katarzyna
Bonner, Jennifer
Bramhall, Nealy
Bree, Vicki
Breneman, Bradley
Broeren, Rachel
Buehler, Nikole
Campbell-Jackson, Zina

Cardott, Rachel
Clavell, Richard
Collins, Henry
Collins, Mary
Cook, Andrew
Crayton, Milton
Dunham, Cassandra
Evans, Anna
Fasken, Walter
Fitzgerald, David
Franz, Lisa
Fromm, Nancy
Goldin, Rick
Gonzalez, Mirand
Griffin, Dora
Hadesman, Steve

Haines, Linda
Hall, DiChay
Harris, Ariel
Harris, Triana
Hedrick, Lexi
Hilliard, Minor
Hofbauer, Lynn
Horton, Kevin
Ingram, Tonete
Johnson, Cicely
Johnson, Danyel
Johnson, David
Karraker, Kristin
Lindblade, Melanie
Lobatos, Erika
Loichinger, Lynn

Ludwigs, Miles
Mazenko, Virginia
McCrea-Kois, Janet
Mellott, Claudia
Moore, Frank
Noesen, Jessica
Nowak, Victoria
Owens, Misty
Owens, Reginald
Pickens, Thoms
Prior, Philip
Ratarac, Rena-Thea
Rodriguez, Margarette
Rosner, Abigail
Santos, Valeria
Schilling, David
Shackelford, James
Shaughnessy, Margaret
Shields, Michelle
Siddiqui, Sana
Simcox, Deborah
Smallwood, Jan
Steuer, Anthony
Stewart, Josphe
Stockwell, Brian
Swafford, Dwight

Thompson, Sylvia
Tinken, Michael
Trafny, Wendy
Trahant, Lawrence
Varney, Whitney
Waszak, Eric
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Johnson, Danyel
Scott Tolbert, Shilynda
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Benton, Christopher
Blakeley, Taylor
Brandt, Marcia
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Ramirez, Dan

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Mayer, Emily
Wright, Marquita

CARS

Baker, Adrienne
Denney, Sharon

CCJP

Craig, Michael

CAAP

Dogan, Robert
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References from: Treatment For Women With Substance Use Disorders By Sydney Wolf, pg 8

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