Message from the ICB President,
Joseph Lokaitis, CAADC

In the summer of 1986, I had a decision to make. I had spent the first five years of an Air Force Career working on fighter jets and the last five as a substance use counselor. The Air Force, while committed to effective drug and alcohol treatment, decided that my skills were most needed as an Avionics Sensor System Specialist and if I was to continue my military career, it would be working on jets. While I treasured my time in the military, I knew where my heart was. I chose to leave active duty and a promising career and pursue the work I had come to love.

After discharge, I quickly found a position as inpatient counselor at the St John’s Hospital Libertas Program in Springfield Illinois. While I had very good training as a military counselor, the Libertas staff opened up a whole new world of knowledge, experience, and skills I had only imagined. Their commitment to patient care seemed magical and their skills continually challenged me to improve. While their backgrounds and education varied, the one thing they had in common was their certification. In the Fall of 1986, I walked into the Springfield IACB office on Fourth Street and took the CAC exam (paper and pencil). It was graded on the spot and I walked out a Certified Alcoholism Counselor. It was one of the proudest days of my life. I had joined an elite group of professionals dedicated to helping those who suffer from drug and alcohol abuse. I spent the next 32 years fulfilling the commitment to this field I made over three decades ago.

It is with that same intense pride that I now assume the duties of ICB Board President. Since joining the Board, I have been continually amazed at the professionalism and commitment to excellence demonstrated by Jessica Hayes and the entire ICB staff. They make board membership enjoyable and productive work. I am also grateful to now Past-President Dan Lustig, for his outstanding leadership these past two years as well as to the entire ICB Board for their confidence in my stewardship going forward. As we all move ahead in these changing and uncertain times, ICB professionals should be assured that the Board and staff are committed to making ICB the preeminent certifying body in the nation. We will strive to ensure that sense of pride I felt over 30 years remains alive and ready to be passed on to a new generation of professionals far into the future. Sincerely, Joseph Lokaitis
From the Desk of ICB Executive Director, Jessica Hayes

Welcome to the Summer, 2018 Newsletter Edition!

ICB has been busy working on your behalf since our April publication. We have many new and exciting things coming soon to take our customer service to the next level!

- On-line bill payment is coming soon! Beginning with invoices mailed on September 3, 2018 members will have the ability to pay their recertification fees on-line. The invoices, at this time, will continue to be mailed to you. There will be a link on the invoice, allowing you to pay on-line with a credit card. Your CEUs must still be mailed in to the office at this time.

- Beginning in September of 2019 we will move to a fully automated on-line recertification process. Invoices will be emailed to you beginning September 2019. You will have the opportunity to pay on-line and upload your CEUs; scanning them to the office for review. ICB will, at that time, implement an audit process where you will be responsible for mailing in the originals of all CEUs for review. You will be notified by email if your recertification is chosen for audit. It is your responsibility to recertify your credentials. Please be sure we have your updated email to avoid any disruption in your credentials.

- A new ICB website is being developed to allow for a more user-friendly environment. Stay tuned for the update, a notification of new features will be emailed to you all once the development is complete.

I continue to represent the workforce at many levels. At the State level, I continue to sit on the Governor’s State University Advisory Council, I hold a seat on the Executive Committee for the International Certification and Reciprocity Consortium (IC&RC) as the Administrative Representative and have just been re-elected to the Illinois Association of Behavioral Health Board of Directors where I currently am seated as Vice Chair.

Message continues on next page . . . . .
Federally I have been identified as a subject matter expert for the Service Members, Veterans and their Families (SMVF) initiative; continuing ICB’s work with Peers in the VA community. Additionally, I am working with the Illinois State Board of Education (ISBE) and Illinois Higher Board of Education (IHBE) to advance a plan for giving college credit to courses at the High School level, in an effort to encourage students to choose a career path in the Behavioral Health field of study.

ICB is currently working out the final details of the ICB Fall Conference, held this year at the Mt. Vernon Hotel and Event Center, October 22-26, 2018. Mark your calendars and Save the Date to attend this top-notch training opportunity!

ICB is also updating the language in all of our models and applications to remove outdated verbiage and bring our products in-line with current, first-person and non-stigmatizing language. This is a team effort and I would like to thank the ICB staff for their part in this huge undertaking. As a part of this movement, the largest change is evident in the name change of the MISA I and MISA II credentials. Information has been emailed to all who hold either the MISA I or the MISA II, announcing the name change to CODP I and CODP II. As members recertify, a new certificate is issued with the new acronym. For now, the two are interchangeable as we continue to monitor the use of the old verbiage with our partners/affiliates. One of the biggest questions we receive is “If my CEU certificate says MISA, will it still be accepted?” The answer is absolutely! Those who apply for accreditation of CEUs have been notified of the name change, however, publications and certificates are created in advance and accreditation is good for two years so there will be overlap! If you have any questions, please contact the ICB office.

On a final note, I’d like to acknowledge the hard work and dedication of those who sit on the ICB Board of Directors. We said goodbye to Stella Nicholson as her term came to an end on June 30, 2018. She is truly an ICB icon and will sorely be missed. We are excited to announce two new board members, Adriana Trino and Timothy O’Boyle, both of who bring with them a strong energetic commitment to the Board. And finally, we ushered in a new Executive Committee consisting of: President, Joe Lokaitis, President-Elect, Marcia Van Natta, Secretary, Dona Howell, Treasurer, Rex Alexander and Past President, Dan Lustig. We’ve got a lot of work to do on your behalf and an amazing leadership team to guide us in the best direction!
IC&RC sponsors the 2018 National Conference on Addiction Disorders
June 25, 2018 11:33 AM | Rachel Witmer (Administrator)

IC&RC is proud to sponsor the 2018 National Conference on Alcohol and Addiction Disorders. The conference will be held on August 19 - 22, 2018 in Disneyland, CA. Attendees can earn up to 23 CE Hours including 6 Ethics Hours.

For more information and to register for the conference, visit its website at https://vendome.swoogo.com/ncad-2018/home.

About the conference:
Join addiction treatment and behavioral healthcare professionals of all types working together to heal our communities and build sustainable and successful treatment organizations.

NCAD is a comprehensive conference experience, with dedicated tracks for clinicians of all types, executives managing treatment organizations, and marketing and business development professionals working in the community. Earn CE and ethics credits, network with your peers, and take valuable and actionable education back to your office by attending NCAD 2018.
Reciprocity

Professionals that hold eligible certifications or licenses are able to transfer their credentials between jurisdictions that use IC&RC products.

Boards may offer reciprocity to certified or licensed professionals in other jurisdictions and have the authority to set reciprocity requirements for entry to their jurisdiction. Not all certifications and licenses are eligible for reciprocity. It is vitally important that certified professionals investigate reciprocity prior to relocating to another jurisdiction, because it can be a very complicated process. It is recommended to reciprocate at least three months prior to a credential's expiration.

1. Professional contacts the IC&RC Member Board in the jurisdiction to which s/he wants to relocate to learn about the requirements to reciprocate credential.
   
2. Professional contacts current IC&RC Member Board for Reciprocity Application.
   
3. Professional completes the application and returns it to current board with the appropriate fee.
   
4. Current board verifies application and sends it to IC&RC.
   
5. IC&RC approves the application, notifies the professional, and sends it to board in new location.
   
6. New board contacts professional when the process is completed.
Saying Farewell to a True Icon

Submitted by: Rob Castillo, CAADC, CODP II

How does one pay tribute to an individual who has played a huge role in your professional and ultimately personal development? How does one give this man justice knowing there are ultimately thousands of patients, clients, colleagues, friends and his family who may read this? First, you ask yourself, “what did you get yourself into?” Then you use a phrase that this man, your mentor, has inspired. You ask yourself, WWJD? “What would John do?”

I am speaking of John V. Reese. John has inspired so many people in this field as well as the countless numbers of patients he has helped in numerous ways. I was blessed to have John as a teacher, a colleague, a mentor, and most importantly, a friend. I was devastated, as I am sure so many people were (and still are) when I learned he fell ill, and then of his death. I truly felt lost, I felt as if I was punched in the gut. I was scared; who will teach me now? So after I let the initial shock wear off, I did what I believed would be a healing process for me and hopefully for many who read this. I asked the ICB Executive Director if I could write something for the Newsletter that would encompass the importance of mentorship as well as serve as a tribute to John Reese. If you are reading this in the Newsletter, that means it was approved.

I plan to write about John and some of his numerous accomplishments. I want to add the disclaimer that this will not be an exhaustive list. The best I can hope for is to scratch the surface and cover the tip of the iceberg of his amazing work so we are all reminded what a remarkable man John truly was, and will hopefully continue to be through all of us. I will also integrate some research I have done on the topic of mentorship and the loss of a mentor. I will end this with some personal thoughts and experiences regarding John.

I started to look up definitions of what a mentor is and became quickly discouraged because I was not finding anything that I felt described John. The Merriam Webster dictionary simply stated a mentor was “a trusted counselor or guide.” Well, yes, John was certainly trustworthy, he guided me oh so many times, and he was a great counselor. But I still felt underwhelmed. Then I went to the English Oxford Dictionary, that sounded like a distinguished publication. Their definition was “an experienced and trusted advisor.” Seriously? John was so much more than this.

I have to admit I have a bias towards Wikipedia, but it popped up in my search. I thought to myself it can’t be any worse than what I found so far. To my surprise, Wikipedia described a mentor as “a relationship in which a more experienced and/or knowledgeable person helps guide a less experienced and/or knowledgeable person…with a defined area of expertise”. Well, this was still not perfect, still not fully describing John, but if we combine all the definitions and add something about passion, selflessness, and humility, then we start to get a picture of who John Reese was/is.
John V. Reese was born May 12, 1945 and he died April 11, 2018. During that time, he accomplished so much. Before I get into his career, I would like to say I do believe his greatest achievement was his family. I made several trips to Springfield from Aurora with John. Anyone who has taken that drive knows how grueling it can be. However, John actually made it bearable. The only time there was no talking were the times I may have “rested my eyes”; other than that, John always had something to say. One of his favorite topics; his wife, his children, and towards the end, Grandpa duty.

John earned his BS in Psychology (1967) and his Masters in Rehabilitation Instruction (1969). He was the Executive Director for Parkside from 1980 to 1984 in Connecticut. In 1984 he moved to IL where he opened his private practice, Reese Clinical and Consulting where he helped thousands in the Aurora area for 16 years. In 1986 he started to teach at College of DuPage as an adjunct professor. He taught there until 2000. It was in the year 2000 he closed his private practice and decided to pursue teaching full time. He joined the faculty at Waubonsee Community College in August of 2000 and retired in June 2016. His soft, yet knowledgeable demeanor led him to becoming one of the most well-known and respected professionals in the Addiction Field in IL. Everyone knew John or knew of him. In today’s world of “haters” and cynicism, one would be hard pressed to find someone who would have a negative word to say about John.

John was very involved in numerous aspects of the field. He was very passionate about making sure we as a state and a country were able to provide adequate care for those afflicted with addiction and other mental health issues. As one person put it, “John has been a leader in the addiction field since there has been an addiction field in IL” (Johnson, 2011, CORE). John has been in the field and certified for a very long time. In fact, his certificate number is 10. This year would have marked his 50th anniversary as a certified addiction counselor.

John was always very humble, rarely fully accepting the kudos he truly deserved. John was a very stoic man. There was one time I did see him on the verge of tears. It was in 2008 when at the Spring Conference he received the prestigious Professional of the Year. He was very humbled by the honor. Not being one to let it be totally about him, he commented, “Today we are all standing on the shoulders of the giants that made all of this possible, it is imperative for us to acknowledge them and our history. We must repay them by being the mentors to the next generation of counselors” (Reese, 2013).

Many of us have been trained in dealing with the dynamics of helping others cope with various issues. Some are comfortable dealing with issues of grief and loss as part of their practice, others may refer out. What I found interesting is that there is little research on helping us as therapists to deal with our own significant loss, especially when the loss is related to our work. There seems to be a lack of open support available as we continue to work while harboring this complex grief (Scofield, 2005; Rubel, 2004; Doka, 1989).
I think I met John Reese around 1991. He was a teacher of mine as I was attending College of Dupage. I was finishing up my Associates in Addictions Counseling. I remember thinking John was very serious, and he said what was on his mind. It was here he said one of the first things that had always stuck with me, one of those nuggets that seem to change meaning from time to time. Two students were arguing in a discussion, both had different backgrounds, both wanted to get the CADC. John said, “Do you know what the difference is between a social worker and an addiction counselor when working with a client?” The two women as well as the rest of the class waited on the edge of our seats. John said, “The social worker asks the client ‘how does that make you feel’ while the addiction counselor asks, ‘how will this impact your recovery?’”

The class laughed and everyone seemed ok with the answer. I pretended like I knew what he meant, and that answer swirled in my head all the way home and for months. What I have come up with, is there is no right or wrong answer. We all have skills and as long as the client is at the center of the issue, that is all that matters.

John was a big proponent of no self-disclosure of recovery status. He had many reasons for this, all of which I agree. He also knew that there were times we may have to utilize self-disclosure on some topic to truly help the client, and only the client. It could never be about us. I remember John saying he did not believe any counselor should ever self-disclose in group. When we self-disclose, we have to do a quick assessment of if the person we are about to self-disclose to can handle what we are about to say, and do a self-assessment of why we feel the need to share the information. Is this really the best time and only option to help the client. In group, it is impossible to do this for every person in the group in that short amount of time. I remember him saying something like “I don’t think Yalom himself could do what needs to be done in a group setting for safe self-disclosure”. I actually use that line now. Thanks John.

John was always there to help. He assisted me when I was hired at Aurora University (AU) to start the Addiction Training program. I remember before I started my position at AU he took me down to Springfield to meet staff at the then IAODAPCA Board. He always told me “You got this.” As our program got off the ground, he included me in other things, such as when CORE went to Springfield for the first time. I was able to take some of our students there. As the budget crisis began to really become a reality, I went with him and some of my students to Chicago and then downtown Aurora. John was on a panel discussion on an event we had at AU, some of the review comments read (I am not kidding) stated “more John Reese.”

John Reese had a following, dare I say cult? In fact, I remember one time I had a new concern come up early in the addictions program at AU. I was talking to my colleague, also a fan and former student of John, Dr. Brenda Barnwell about it. She looked up, smiled, and said WWJD? I was confused…which I often am. She said What Would John Do?! A new saying was born; one I have used many times.
John and I would periodically meet for lunch to catch up. We would talk about serious things and not-so-serious things. One very important topic I remember talking about is where the field is headed. John knew the history of the field pretty well. He said for the longest time we focused maybe a little too much on “recovery” and not enough on the treatment side; how to get the clients to recover. Now, he says although it is good to have “evidenced based treatment” and research about treatment protocols, he said the pendulum has swung too far. We talk about treatment but we have forgotten about the importance of recovery.

One day after one of our lunches, he said he was excited to show me his newest toy. John excitedly showed me he had his green little sports car (not sure of the name) he had been working on. He was very proud of it. It was the biggest smile I had ever seen on him. He wanted to take me for a ride. Now those who know me could see a problem. I informed John I had to decline for fear that a) I would not fit in and/or b) if I did get in I may not get out! John laughed, tried to assure me I would fit, but I actually had clients coming soon.

Like many people, I had just seen John at the 2018 ICB Spring Conference. I was always amazed at how many people wanted to talk with “MY” mentor. We had talked about meeting for lunch or coffee in the upcoming weeks. It was unbelievable we both live so close and besides a few emails and FB exchanges, we somehow had gone a year without our usual lunches. Sadly, there was to be no more lunches with my mentor. No new lessons to learn. No more insights from this icon. Yet in a way, I felt like in typical John Reese fashion, he had a few more lessons for me.

I have learned there is nothing more important than making time for important people in your life, I will forever regret not trying harder to make time to have lunch or coffee with John. I always thought there would be another day. Life can be cruel and sometimes does not give us that additional day.

I also must continue spreading John’s philosophy. I love sharing with students where I came from. I love sharing the knowledge of the mentors I have been blessed to have and still do. I remember John saying to me once something to the effect that “It will be your time to pick up the torch.” I think I now know what that means. I must, like many of those who hopefully read this, proudly stand on John’s shoulders and repay him by trying to become mentors to others, to carry the message not just to clients, but to people of power who need to understand that addiction is not a choice. Addiction has no boundaries and is an equal opportunity destroyer of life.

Rest well John. Peace be with you my mentor, my colleague, my friend. Class dismissed.

John V. Reese, CAADC
May 12, 1945-April 11, 2018
ICB Congratulates its Newly Credentialled members!

Please note: These are professionals credentialled by ICB between April 12, 2018 and August 1, 2018

This list also includes those who have successfully transitioned to a higher level of Certification or Board Registration.

Alexandra Divito CADC
Allan Harris CADC
Allison Hart CADC
Amie Kuntz CADC
Amy Kelly CADC
Amy Delashmit CADC
Andrew Garrison CRADC
Ashley Doubet CADC
Ashley Repinski CADC
Bonnie Hansen CADC
Brandi Grimes CADC
Breanne Pedersen CADC
Brittany Gruver CADC
Bronwyn Campbell CADC
Brooke Projansky CADC
Bryan Addington CRADC
Charis Foust CADC
Christina Drymon CADC
Christina Gordon CADC
Christopher Killmer CADC
Cicily White CADC
Colleen Nolan CADC
Cory Hall-Hogue CADC
Courtney Holbrook CADC
Cristie Kovarik CADC
Danielle Zaha CADC
Danielle Paoli CADC
Darci Brasseur CADC
Darren Kohlberg CADC
Debra Taylor CADC
Delaney Saviole CADC
Dennis O’Brien CADC

Karen Nugent CADC
Karla Ciombor CADC
Kathleen Brink CADC
Miller CADC
Katie Smith CADC
Kristin Channels CADC
Lauren Fish CADC
Lauren Smith CADC
Lauren Chambers CADC
Lisa Smith CADC
Lori Ferricks CADC
Olga Goncharova CADC
Patrick Ryan CADC
Peter McInerney CADC
Philippe Lambert CADC
Raquel Escobedo CADC
Rebecca Gonzalez CADC
Rebecca Markiewicz CADC
Robert Pfeil CADC
Rochelle McGhee CADC
Sara Benavides CADC
Sarah Ezell CAADC
Sean Smith CADC
Skip Dettman CAADC
Stephanie Hood CADC
Steven Forsyth CRADC
Tammy Crumlett CADC
Tammy Tunn CADC
Tammy Steiner CADC
Tara Southard CADC
Taylor Salata CADC
Veronica Robinson CADC

Derrick Spradley CADC
Destinee Migues CADC
Donald Brady CADC
Eden Ryan CADC
Elizete de Souza Streitmatter CADC
Ellen Scollins CADC
Elisa Montoto Vega CADC
Emily Strachan CADC
Emily Cooksey CADC
Evelyn Delgado CADC
Gregg Fields CRADC
Hillary Robertson CADC
Isabel Ramos CADC
Jacqueline Morgucz CADC
Jaimee Ory CADC
Jasmine Hawkins CADC
Jennifer Andel CADC
Jerica Hayes CADC
Jessica Carter CADC
Jillanna Mercer CADC
John Zidek CADC
John Keehn CADC
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Joy Myong CADC
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Tammy Tunn CADC
Tammy Steiner CADC
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Veronica Robinson CADC
Summer/Fall 2018

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constantine alexander CPRS  
Robert Eldridge CPRS  
Ruthie Williams CPRS  

¢ 305  
2200 South Main Street  
Lombard, IL 60148  
Fax 815-248-9295  
Phone 630-620-5100  

... helping people to put the pieces together  
STELLA M. NICHOLSON AND ASSOCIATES  
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Consultation/Training Services provided:  
Program Design  
In-Service  
Schools/Universities  
Staff Development
Failed To Recertify

The following is a list of members who have failed to renew their credential with ICB.
There are a number of reasons why they have not renewed. These include, transferring credentials to another state, failing to pay fees and/or failure to obtain ceus, retired or simply left the field.

What ever the reason may be, it is the responsibility of ICB to inform the field and the public regarding any and all persons change in credentials.

Thank you.

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Illinois Suicide Prevention Advocates Sound Alarm on Crisis Calls Surge, Funding Shortage

(Springfield, IL) – A top Illinois behavioral health advocate group is sounding the alarm on inadequate state and federal funding for crisis call centers as pleas for help to the national suicide help line surge.

“Both suicide hot line calls and suicide itself in Illinois and U.S. are approaching crisis levels,” said Illinois Association for Behavioral Health C.E.O. Sara Howe. “But inadequate funding is eroding the network of crisis centers across the country as suicide has increased in 49 out 50 states in the last two decades.

Howe noted that during the next four years, the National Suicide Prevention Lifeline (800-273-8255) expects 12 million calls, equal to the calls it previously received over 12-years between 2005 and 2017. There are currently 150 local crisis centers across the country that answer calls from the Lifeline, but from 2008-2012, nine centers dropped out of the network and from 2013-2017, 23 centers dropped out. In 2018, three centers closed.

In Illinois, there are currently seven crisis call centers. In the last six months of 2017, those seven centers could answer only 27% of the 32,675 calls from Illinois residents that poured in. The rest of the Illinois calls had to had bounce elsewhere around the country in search of an available crisis counselor.

Meanwhile, the Illinois Department of Human Services, which funds crisis services through grants to community-based providers, has seen their crisis care prevention budget cut by $400,000. In Fiscal Year 2015 there were 85 awards to community-based providers totaling $13.2 million. And in Fiscal Year 2019 there are 76 awards totaling $12.8 million.

“The crisis call center network funding needs to be growing, not shrinking, as the call volume escalates,” said Howe. “Desperate pleas for help can’t bounce around from one overwhelmed crisis center to another throughout the country if we’re serious about preventing suicide.”

In June, a report from the Centers for Disease Control and Prevention revealed that in every state except Nevada, rates of suicide increased between 1999 and 2016. Illinois saw an increase of 22.8 percent. Between 2006 and 2015 in Illinois, 12,121 succumbed to suicide, according to the Illinois Department of Public Health. The department also reports that for young adults, 15 to 34, suicide is the 3rd leading cause of death in Illinois.

The highest rate of suicide in Illinois per 10,000 residents between 2006-2015 was in Central Illinois’ Mason County with a 24.6 rate. Cook, Kane, and De Witt Counties tied with the lowest rate at 7.8. The City of Chicago had a 6.8 rate. Howe says state funding for Illinois’ seven centers must increase by 10% or $1.2 million over the current budget of $12.8 million.

“We are losing youth and young adults to suicide at an alarming rate, while the state has eroded funding for suicide prevention, putting even more young people at risk,” said Howe. “State governments need to step up their crisis care funding by at least 10% or $1.2 million, and suicide prevention should a top priority of Illinois’ next governor.”

Sara Howe, sara@ilabh.org
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John Reese, CAADC –Member since 1989
Michael Rouffa, CADC-Member since 1989

“Good bye may seem forever. Farwell is like the end, but in my heart is the memory and there is where you will always be.” -Walt Disney