Message from the ICB President,
Marcia Van Natta, CADC, CODP II

As I was sitting in front of my computer screen contemplating what to write about it occurred to me that what I need to write about has been in front of me for the past few weeks, change. I do daily meditations/readings and of late they have been focused on transition(s) and moving forward.

Now we all know that if we are living and paying attention change occurs in our lives on a daily basis and for the most part, we really don’t pay much attention. But changes that are noticeable are the ones that result in transition. Perhaps it is deciding to make a job change, retirement, return to school, get married, get divorced or buy a house. All of those changes are about transition, moving from current “normal” to whatever lies ahead.

What about changes that occur that we do not seek. I think most everyone has experienced this in the past year. Jobs were lost, friends and family became ill. Some passed away from COVID and we were left to grieve and to move forward without them. Lives were changed without warning.

And yet here we are, transitioning from what was “normal” to what is new. I recently read an article that discussed when something is old should we get rid of it and start over. My response is no. I believe we learn from the past and that helps to develop what we need to change. The key for me is to accept then I can begin to work on change and that helps me to grow as a person. Accept, change and grow is all about transition. Doing what is mine to do, with a positive attitude, even when I am unsure where it will lead, has always helped me to go forward.

As the calendar moves forward, we are going to see changes in the beautiful Summer as we move into Fall. The beautiful colors, smell of leaves and shorter days. Each season has beauty and sometimes we need to look hard to find it but it is there. The Fall Conference will be here soon and I am looking forward to traveling South and seeing old friends and making new. Change happens as we move through our daily lives.

One of my readings (author unknown) says this; “start by doing what’s necessary, then do what’s possible, and suddenly you are doing the impossible.” That seems like a positive way to transition forward in our changing world.

Peace, Marcia
From the Desk of ICB Executive Director, Jessica Hayes

The end of summer newsletter has come so quickly this year!

The shortening of days finds many awaiting decisions on mask-wearing, virtual learning and working from home, once again. COVID cases are on the rise, but so are the numbers of people vaccinated. There have been so many changes to how we provide our members with that which is needed for application, testing, certification and recertification. We are, if nothing else, flexible! The ICB leadership team continues to monitor the science-based decisions being made and have, at this time, chosen to keep this year’s Fall Conference in-person. We have made arrangements to quickly flip to a virtual event, should the science indicate that to be safest for all. The conference will be held October 18-22, 2021 in Mt. Vernon, at the DoubleTree. Please watch your emails and the ICB website for upcoming registration information. The staff and board look forward to seeing you!

Summer brings with it changes to the ICB Board of Directors. During the June ICB Board Meeting, we honored both Rex Alexander and Jamelia Hand; thanking them for their service to the board. Each have completed a six-year term and are required to vacate their board seat. Rex Alexander has been on, and off, the board for many, many terms over the years. Given the countless hours he has given to the ICB Board of Directors, he was unanimously awarded Emeritus Board Member status. During my employment with ICB, Rex has been not only a leader, but also a colleague, mentor and friend. His knowledge and expertise will surely be missed. Jamelia Hand offered great insight and perspective on many topics during her six-year term. She graciously took on the oversight of the ICB Facebook page; keeping those who follow appraised of both local and national events. Both will be greatly missed! While it’s always hard to say goodbye, we got to say welcome, to Monika Gomez! Ms. Gomez joined our board on July 1, 2021 as the Student Advisor to the Board. The board, realizing the importance of student input and to keep connected with students in the Accredited Training Programs, sought applications from the program coordinators for candidates to fill this advisory seat. Please be sure to read all about Ms. Gomez on page 7 of the newsletter. Welcome Monika!

Change is inevitable. Preparing for, and responding to, change is something the field of addiction and mental health disorder professionals have mastered. I am amazed, but not surprised, by our members and their ability to continue to put those we serve ahead of the chaos around them. A heartfelt thank you to all for your perseverance!

Jessica Hayes
Retirement Announcement

After 24 years of dedicated service IAODAPCA/Illinois Certification Board is announcing the retirement of Jessica Hayes. Jessica will be retiring as Executive Director in June 2022. Jessica is planning to spend time with her family, travel and enjoy life.

Jessica has served the field and ICB with leadership and strengthened our standing throughout the State of Illinois and country. We are grateful for her years of loyal service and wish her well as she moves forward.

ICB will soon begin a search to hire an Executive Director. Anyone interested in applying for this position will need to send their resume to a portal that will be created specifically for the process.

IAODAPCA/ICB will not accept phone calls, applications, resumes or letters except through the portal. The information for the portal will be forthcoming in September 2021.

The ICB Search Committee
The 2021 Spring session of the 102nd General Assembly started with dire warnings of severe reductions in funding and services as the Illinois Government struggled with the impact COVID-19 continued to have on the state’s economy. Everyone in the public policy world knew the battle for funding would be intense as critical funds were in short supply and high demand. Through five months of session, countless hearings, countless “zoom calls” and conference calls, late night and early morning calls with legislators and their staffs, and our sister trade and advocacy organizations, IABH was at the center of and in the middle of multiple issues from the beginning of session until early morning of June 1st.

IABH was able to pass several of our own bills and played major parts in the passage of behavioral health bills like Telehealth. On the budget front we were able to avoid the cuts many predicted were coming. That did not happen without IABH members being part of coordinated messages to lawmakers about the need to maintain critical services.

Two bills written by IABH CEO Jud DeLoss are now on their way to the governor’s desk.

- Senate Bill 0471: This IABH bill addresses the issue of network adequacy. Passed Senate 58-0-0, Passed House 112-0-0. This bill is now on the governor’s desk for his signature. View Bill Here
- Senate Bill 2312: This IABH bill addresses the issue of Patient Brokering. Passed Senate 58-0-0, Passed House 116-0-0. This bill is now on the governor’s desk for his signature. View Bill Here

In addition, House Resolution 0131 addressing county government services and written by Jud was adopted by the full house. View Bill Here

Mental Health issues were at the forefront of many members of the General Assembly’s policy priorities this year. IABH staff and lobbyists were part of working groups that moved key issues through the legislative process.

During the COVID-19 pandemic Governor J.B. Pritzker used Executive Orders to provide critical services in ways that previously had not been widely used. Included in the executive orders was the issue of using Telehealth to provide behavioral health services. The concept of this has been long debated and long sought after by medical and behavioral health professionals. Working in partnership with a broad coalition of healthcare providers, insurance and managed care plans, IABH staff and lobbyists spent almost a year assisting with drafting and redrafting proposals and negotiating with the opponents of making Telehealth a permanent part of how healthcare, including behavioral healthcare is delivered in Illinois.

The coalition proposal started on House Bill 3498 but ended up with final passage on House Bill 3308. This bill, as amended by Senate Committee Amendment 1, was among the last bills passed this session, passing the House 118-0-0 and the Senate 59-0-0. This bill is on bill has been signed by the governor. View Bill Here

The ten initial principles set forth by the coalition were achieved with a few modifications:

1) Reimbursement parity: There is no limitation on the ability of private health plans, health care professionals or facilities from voluntarily negotiating alternate reimbursement. Medicaid requires telehealth to be reimbursed at the same rate as face-to-face services.

2) The commercial mandate has a sunset clause of five years, during which time DOI and the Department of Public Health are to commission an in-state medical college to carry out a study on the efficacy of the coverage and reimbursement parity mandates. Mental health and substance use disorder telehealth services are excluded from this sunset clause.

3) Medicaid coverage and payment parity will continue to be provided and reimbursed through the permanent Medicaid rule. The Director committed to the continuation of existing coverage and reimbursement, and will work with the Coalition over the coming months to discuss what can be codified in statute.

Continues on next page . . . .
House Bill 711 was the prior authorization bill supported by the “Your Care Can’t Wait” Coalition and led by the Illinois State Medical Society. The bill established reasonable prior authorization requirements to reduce unneeded delays in medical care. The bill was a bipartisan effort that passed out of both chambers unanimously. View Bill Here

IABH worked closely with the Kennedy Forum in crafting an expansion of Illinois’ Mental Health Parity law. Assisting the Kennedy Forum, IABH CEO Jud DeLoss was part of a group of mental health providers that crafted House Bill 2595 that passed the House 116-0-2 and passed the Senate 59-0-0. View Bill Here

Introduced by IABH member, Haymarket Center, House Resolution 0296 was adopted by the House and calls for Illinois to establish a special fund to receive monies coming from the Opioid Settlement Case working its way through the settlement process. View Resolution Here

House Joint Resolution 1, which calls for mental health education in schools, was adopted by both chambers. The language in this HJR commends IABH for our Teen Mental Health First Aid Program. View Resolution Here

Senate Bill 2294 is the Medicaid Omnibus bill. Along with multiple provisions was the requirement for the Department of Healthcare and Family Services to establish a program to implement certified community behavioral health clinics. This program had been a goal of the association for over two years. This bill has been signed by the governor. View Bill Here

House Bill 0900 is a reauthorization of previously approved Capital Projects. This bill was needed to ensure projects that have been included in previous capital bills remain approved for funding should that funding become available. View Bill Here

Senate Bill 2017 is the BIMP (Budget Implementation Plan) that is required to implement the state budget. View Bill Here

Senate Bill 2800 is the state budget. View Bill Here

This year, there were multiple legislative priorities that extended beyond the typical year; redistricting, a process that happens once every ten years, was one of the main focuses. The legislature also went on to pass expansions of cannabis and gaming. These feats were not easy with further pandemic related restrictions and navigating new leadership. Nor was it possible without many of you who helped educate lawmakers on addiction and treatment issues.

The General Assembly is now on their summer break. They will return to Springfield in October for the Fall Veto Session which is scheduled for October 19-21 and October 26-28.

Join IABH on Facebook

Illinois Association for Behavioral Health - Home | Facebook
In an effort to keep ICB members informed about the current happenings in the field, we feel that it is important and necessary for our members to be familiar with those who play a vital role in our association’s decisions:

Let’s Talk About ICB Board Member, Michael Fonda, CSADC

Michael has worked for over 30 years in the field of addictions and the past 25 years in a leadership role. Currently, he trains the next generation of counselors and assists them with their internships through the Accredited Training Program at Moraine Valley Community College. He has also earned an Associate’s Degree in Computer Programming, his LCPC in 1995 and is a “Super-User” for AMITA Presence Behavioral Health’s electronic medical record.

Additionally, he continues to assist those in need at AMITA Presence Behavioral Health. Not only is Michael a ICB Board Member, he also is a member of several ICB committees and he also is an ICB conference presenter and volunteer. In his free time, Michael enjoys traveling, biking and outdoor adventures.

Did you know ........

Michael Fonda, CSADC was honored with the 2015 ICB Professional Of The Year Award! Michael humbly accepted his award at the 2015 ICB Spring Conference. Michael’s inspirational and motivating acceptance speech was heard by over 700 of his peers and colleagues.
FOR IMMEDIATE RELEASE  |  JULY 19, 2021

MEDIA INQUIRIES
David DiLorenzo
Director of Community and Government Relations

USF Student Elected to the Illinois Certification Board of Directors

Monika Gomez has been elected to a two-year term on the Illinois Certification Board, which commenced earlier this month. ddilorenzo@stfrancis.edu | 815-740-3625

Joliet, Ill. – University of St. Francis (USF) recently announced that student Monika Gomez has been elected to a two-year term on the Illinois Certification Board (ICB). Gomez, who began her term earlier this month, will be filling a newly created Board seat and will be representing students enrolled in ICB Accredited Training Programs in the State of Illinois.

This past May, Gomez graduated Cum Laude from USF with a bachelor’s degree in substance abuse counseling. At that time, Gomez also began coursework at USF toward a master’s degree in social work in pursuit of plans to become a licensed clinical social worker where she can apply her tremendous passion for the field of mental health and substance abuse counseling.

“As student advisor of the Illinois Certification Board, I am thrilled to help in not only ensuring that students are getting the most out of their education/training program but ensuring that the population we serve is getting the best quality treatment. I am so excited to have been provided this opportunity and I look forward to what the next year will bring,” Gomez said.

Jessica Hayes, ICB Executive Director, offered that Gomez presents many positives in her new role with the organization.

“It is with great pleasure the ICB announces the addition of Monika Gomez to the Board of Directors. Ms. Gomez was seated, by unanimous vote, as the Student Advisor for the July 2021 through June 2022 term. Passion and energy are the words that come to mind within the first few minutes of interacting with Ms. Gomez. A breath of fresh air, coupled with a sound knowledge base, Ms. Gomez will serve as a voice for students in the ICB Accredited Training Programs,” said Hayes.

Lawrence (Larry) Dunbar, USF Substance Abuse Counseling Program coordinator and instructor, believes that preparation and passion will have wide-reaching impact.

“I am so excited for Monika and very proud of all she has accomplished in her coursework and in her internships. I am confident that she is going to bring her passion and dedication to helping other individuals, and their families, rebuild their lives. She will be a wonderful asset to the ICB Board,” Dunbar said.

About the ICB Board of Directors

The ICB Board of Directors is responsible for the workings of the ICB, which serves as the certification organization for human service professionals such as substance abuse counselors, prevention specialists and recovery specialists. The ICB Board of Directors also oversees the executive director of ICB, maintains the organization’s code of ethics, develops new certifications, and ensures that certification exams are up-to-date, reliable and defensible. Log onto www.iaodapca.org for more information.

The University of St. Francis, in Joliet, Ill., serves close to 4,000 students nationwide and offers undergraduate, graduate, doctoral and certificate programs in the arts and sciences, business, education, nursing and social work. There are over 52,000 USF alumni across the globe. For information, call 800-735-7500 or visit www.stfrancis.edu.

University of St. Francis: Bigger thinking. Brighter purpose.
The Stigma is Real: Mothers and Addiction
Veronica Flores, Krystalle Franz, and Dana Stamps: Master in Counseling Psychology Addiction Concentration students at The Chicago School of Professional Psychology

I will never forget standing outside of my recovery agency near the green line on the west side, witnessing my client crying and screaming at the CTA car passing by. She yelled with visceral pain and ferocity. She was a failure, she messed things up again, she couldn’t do anything right, she would never be able to get her kids back again, she told me. She told me this because she was terrified about a positive drug screen and that DCFS would discover she was still using PCP. She looked at me, tears streaming down her face, and asked me, “Why are you still here? Why do you care about me?” I didn’t know how to respond. I cried with her. We stood there, both of us feeling hurt and angry and powerless at a system that should be helping her instead of hurting her.

In evaluating recent prevalence rates of substance use, maternal opioid use disorder rates have more than quadrupled from 1999 to 2014 (CDC, 2020). According to 2019 data from the CDC (2020), 7% of women who were pregnant reported using prescription opioid pain relievers during pregnancy, with 1 of 5 of those women reported misuse of prescription opioids. Severe health concerns are associated with prenatal opioid use such as preterm labor, still birth, neonatal abstinence syndrome (NAS), and maternal mortality. Studies have also shown that babies who are exposed to cocaine, alcohol, or tobacco in utero are born with brain structure changes that follow them into early adolescence that can cause behavioral problems as well as adverse effects on the child’s memory and attentiveness (CDC, 2020).

Results from a 2020 morbidity and mortality report from the CDC found that 40% of pregnant women who used alcohol during pregnancy also used one or more other substances (CDC, 2020). Despite these high rates of maternal and perinatal substance use, studies have also shown that pregnant women experiencing addiction are reluctant to seek medical treatment during pregnancy due to fear of policies and the repercussions associated with actively using while pregnant and caring for children. Many states prohibit the use of substances while pregnant and consider it a form of child abuse, which instigates fear in mothers that their children will be removed from their care and placed into child protective services (Banwell & Bammer, 2006).

Approximately 70% of women entering addiction treatment have children and face unique challenges with being the primary caretaker (Research Recovery Institute [RRI], n.d.). Compared to men, women are more likely to experience challenges in staying consistently involved in treatment due to family responsibilities (RRI, n.d). As a mother of two, the responsibilities of caring for children and having to juggle everyday life, such as working and trying to provide the best possible care, is extremely stressful. Worrying about what will happen to them based on the decisions you have made as a mom that may have not been in the best interest of the child could become unbearable, which could contribute to the reasons why addicted mothers do not seek treatment.

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As clinicians, it is imperative that we provide inclusive and non-judgmental services to all populations, but especially to vulnerable ones that are subject to intersectional oppression and stigma. In the world of addictions treatment, we know that mothers and pregnant women with substance use disorders face significant social stigma and cultural barriers to treatment, which adversely impact mothers’ treatment seeking, engagement, and retention (SAMHSA, 2015). Research has shown that women make up about “one third of the population affected by substance use problems” yet women are less likely to seek treatment due to systemic barriers that fail to address their specific treatment needs (Stringer & Baker, 2018). While interning at one of Chicago’s addiction recovery centers, I saw firsthand that mothers frequently struggled with finding care for their children while in treatment. Clients reported feeling that they had no support to attend treatment, needed to rely on other family members to take care of their children while in treatment, and experienced difficulty focusing during counseling sessions due to fearing for their children’s wellbeing.

Multiple external factors play a role in whether mothers decide to seek treatment, including economic resources and stability, insurance coverage, and accessibility to flexible treatment options that can fit with their family and work responsibilities. Oftentimes, mothers not only have to decide how they will afford treatment and if their insurance will cover it but how their children will be cared for financially. Race and socioeconomic status are other external factors that impact treatment seeking patterns for mothers. African Americans have been shown to enter treatment at markedly delayed rates compared to Caucasian population (Lewis et al. 2018) Mothers of low SES populations are also at risk for faster progression of initial use to addiction compared to high SES individuals, which can contribute to a more severe clinical profile upon initial treatment entry (Lewis et al., 2018).

Outside of external factors, internal factors also play a role in the barriers for seeking treatment. The fear of being labeled as an "unfit mother" is terrifying and warranted, as mothers and pregnant women who are actively using are subject to criminal prosecution rather than opportunities for healing and rehabilitation as their male partners who might also be using substances. Gender stereotypes place significant expectations on mother’s creating internal pressure to be more than just “good enough”. A research study done with health providers found that they had their own biases against substance use such as identifying them as “manipulative, selfish, and with low self-esteem” (Nichols et al., 2020). These preconceived misjudgments on clients before they have even entered the facility “provides a pathway for social stigma to shape provider - patient interactions” in spite of the wealth of research we have on the barrier of stigma that uniquely impacts mothers and female substance users. Mothers seeking addiction treatment continue to be seen in a one-dimensional, garish light by health care professionals - they are often perceived and described as neglectful, irresponsible, uncaring, and lacking in self-control for not being able to put their childrens' lives or their own lives before drugs and alcohol (Stringer & Baker, 2018).

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On its own, the damaging stereotype of the “selfish, neglectful, unfit mother” plays a significant role in preventing mothers from seeking and receiving necessary treatment. This stereotype reinforces feelings of guilt and shame, which acts as a further deterrent to treatment seeking. Intersectional factors further increase the social and cultural harm that mothers with addiction face in treatment. Factors including race, ethnicity, substance of choice, socioeconomic status, and harm reduction approaches to the recovery process contribute to varying degrees of addiction stigma severity for mothers in treatment. In evaluating the impact of these intersectional factors, low-income women of color bear the harshest condemnation surrounding substance use challenges and treatment seeking (Nichols et al., 2020).

When evaluating the lack of efficacy in addiction treatment for mothers, it is important to consider that not having access to their children is a significant barrier to entering and completing treatment. Mothers who have attended treatment identified their children as a primary motivator for staying in treatment. In my experience as an intern, clients frequently discussed their desire for being able to care for their child without any legal involvement while receiving treatment. When discussing their roles as caretakers, mothers would share that even before entering treatment they felt they were able to provide for and care for their child while experiencing substance use challenges. Multiple qualitative studies have reports from women confirming that they actually used substances more once their children were taken away (Smith, 2006). These mothers also reported that if they just had received parenting help instead of negative consequences which resulted in additional emotional pain, they could have been engaged in treatment sooner (Smith, 2006).

Mothers have also identified the “self” as motivation for change. They reported that once they were ready and “tired of being sick and tired,” they felt as though this was a strong motivator for change (Smith, 2006). Oftentimes, mothers combine the self and the child as motivators for change in that they want to be able to be a role model for their child and identify their caretaker role as an integral part of their identity.

As addiction counselors, we want to believe that we see the best in the people we work with, even when they show up at their worst. Hearing this information about mothers with addiction, and the ways in which we as counselors and helping professions as a whole have failed them time and time again, is painful. As advocates for the dignity and welfare of all of our clients, it is an essential facet of our identities as counselors to work toward uprooting systems that actively harm the people we work with - and that uprooting process must begin within ourselves and our profession.

In order to best serve the complex needs of mothers seeking and receiving addictions treatment, there are a few steps we can take to respect their humanity, and facilitate their journey of healing. We need to honor the sanctity of the therapeutic alliance with mothers. By having open, sincere, and honest conversations with mothers and pregnant women about mandated reporting and our duty to protect life. We can use these moments to assure mothers that we are first and foremost here to protect their lives and are on their side to advocate for them and walk with them on their recovery journeys.

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We need to not only account for childcare access in treatment, but make it a priority in working with this vulnerable population. Connecting mothers to affordable, accessible, and consistent childcare services for outpatient and intensive outpatient treatment and incorporating childcare into inpatient, residential, and partial hospitalization programs will be imperative to reduce the fear and isolation that mothers experience to ensure treatment retention and improve treatment outcomes (SAMHSA, 2015). We need to take a preventative approach to working with women and mothers. By providing person-centered and nonjudgmental psychoeducation about the dangers of substance-exposed pregnancies, as well as the viable options they have, including pregnancy termination, adoption, and receiving MAT in order to prevent their child from experiencing withdrawals after birth (SAMHSA, 2015). We need to increase treatment flexibility for mothers in offering treatment outside of typical business hours, such as telehealth options on weekends and evenings to reduce structural treatment barriers (SAMHSA, 2015). Most importantly, we need to treat mothers with addiction challenges in an integrative and collaborative framework. In order to do this, we must work in collaboration with the multitude of systems, including child welfare and primary care systems, that affect mothers with substance use challenges. By framing addiction treatment as an integrative and holistic process, we can begin to provide a continuum of care that focuses on healing rather than punishment. We need to remember that the presence of one or multiple addictions in mothers is an attempt to cope with an underlying problem - therefore, we must prioritize treatment-first approaches rather than criminal prosecution for mothers and pregnant women in order to instigate lasting change and help our clients re-author the narrative of fear and stigma that is so often associated with mothers struggling with addiction (Stringer & Baker, 2018).

References


Guidelines for Clinical Supervisees - By Michael Fonda, CSADC

In the last Newsletter, Mark Sanders discussed Best Practices for Clinical Supervision which focused on some very important tips for Supervisors. In this Newsletter, I would like to put the focus on the supervisee.

Supervisees play an important role in the supervision process! While their role is primarily one of learning and listening to enhance their skills, supervisees can also contribute to the effectiveness of the supervision experience. Approaching the supervision meetings with certain attitudes and behaviors can help to ensure that clinical supervision is a worthwhile pursuit that benefits their work, clients and organization.

Here are some of the attitudes and behaviors that a supervisee should consider:

1. Actively participate in developing a working partnership with your supervisor. Your input is vital to a rewarding supervisory experience. Making sure you present your needs and skill areas that you wish to develop is necessary. Do not rely on your supervisors input only.

2. Actively participate in negotiating the supervision contract at the beginning of the relationship. As a supervisee, you are not responsible for initiating the contract but you should be prepared to discuss practicalities such as scheduling, past experiences of supervision, goals and expectations of supervision, theoretical or philosophical underpinnings of your work, hopes and concerns about the supervisory relationship, current developmental level as a helping professional, particular skills and knowledge, and learning needs. The contracting stage may include many other topics, and its depth and breadth depends entirely upon the sense of safety, trust, openness and awareness that exists between you and your supervisor, which should amplify over time. It is expected that contracting would be reviewed and revised as needed.

3. Prepare for supervision sessions in whatever manner is agreed upon with your supervisor. Your supervisor should discuss with you the modalities and methods that will be used in the supervision process so that you know how to prepare (e.g., case presentation, filmed session, etc). Additionally, you should identify what you are hoping to achieve by raising a particular problem or issue in supervision (e.g., Why this client? Why now? What would be a helpful outcome of the supervision session?).

4. Keep records of supervision, as a reminder of helpful ideas and possible interventions, to ensure agreed-upon action is taken, and to refer to in future if needed. These should be kept separate from clients' files.

5. Be prepared for reflective processes. Clinical supervision is about much more than the actual content of the client work; it is also about the process of the work, which includes the dynamics occurring between you and your client, and reflection on whether your emotional responses to the client are aiding or hampering a successful outcome.

6. Be open to feedback and reflect on its implications for future practice. Also, be prepared to offer feedback to your supervisor about the experience of the supervisory process and relationship.

7. Take responsibility for your own defensive responses, and be prepared to address them. This requires awareness of what is triggering a defensive reaction: Is it the clinical supervisor, about whom one was given no choice? Is it the idea that clinical supervision is only for students, or inexperienced workers? Is it that an uncomfortable dynamic has occurred in the course of supervision, such as perceiving the supervisor as overly didactic and directive? Is it fear of being seen as incompetent?

8. Take responsibility for your own professional development and personal self-care. Clinical supervisors should assist supervisees in developing a plan that helps them to enhance their knowledge and skills as well as resourcing them against compassion fatigue and burnout, but it is your job to collaborate in this effort, and to look after yourself.

Note: It is important to remember that there is a beginning, but not an end, to gaining clinical knowledge and enhancing one's skills: be wary of workers or supervisors who think they know all there is to know and who believe they require no input from others.

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The Rights of a Supervisee
Carroll and Gilbert (2005) outline declarations of both rights and responsibilities for the supervisee. Addressing supervisees directly, the authors claim that supervisees have the right to:

- be respected for being a professional;
- become the professional they can be and want to be (and not just a clone of their supervisor);
- a safe, protected supervision space;
- a healthy supervisory relationship;
- fair and honest evaluations and reports;
- see a supervisor's reports on them with opportunity to comment on the contents;
- know what their supervisor thinks of their work;
- make good any areas of development outlined by his/her supervisor;
- clear and focused constructive feedback;
- give clear and focused feedback to his/her supervisor;
- ongoing, regular and systematic reviews of the supervisory arrangement;
- their own learning style;
- negotiate the supervision contract (and being aware, in advance, what is non-negotiable in the contract);
- mediation should the supervision relationship break down;
- Appeal decisions made in supervision with which they have problems.

The Responsibilities of a Supervisee
Carroll and Gilbert (2005) write that supervisees should be responsible for:

- their own learning;
- preparing for supervision;
- using supervision time effectively (managing time boundaries);
- presenting their work openly and honestly;
- delivering the best service possible to his/her clients or client group;
- creating learning partnerships with their supervisor;
- applying learning from supervision to his/her work;
- being aware of other stakeholders in the supervisory arrangements - e.g., the families of clients, clients themselves, taxpayers, one’s profession, training courses, organizations (where applicable);
- monitoring and evaluating their own work;
- reflecting on their work;
- feeding back to themselves and to others (other supervisees and the supervisor);
- being aware of cultural, religious, racial, age, gender and sexual orientation differences
- between themselves and others;
- creating ethical and professional environments for their work;
- where appropriate, giving regular overviews of their work to his/her supervisor (the big picture)

... Article concludes on page 17
ICB Congratulates its Newly Credentialed members!

Please note: These are professionals credentialed by ICB between April 1, 2021 to August 1, 2021. This list also includes those who have successfully transitioned to a higher level of Certification or Board Registration.

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CAAP

Juan Aguirre CAAP
Fabian Aviles CAAP
Joshua Crane CAAP
Joshua Cutter CAAP
Kendric Hayes CAAP
Aram Pierce, Sr. CAAP
If you are seeking employment in the field, check out the Job postings on our website. The link below will be your path to opportunity. Don’t wait, apply today!

Jobs | Illinois Alcohol and Other Drug Abuse Professional Certification Association (iaodapca.org)
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. Whatever 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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Taking responsibility as a Supervisee is necessary to ensure that your supervision experience meets your needs and assists you in becoming an effective counselor who provides excellent quality service to all your clients. Our clients deserve the best and good supervision helps us to be our best!

Resources:

**On Being a Supervisee: Creating Learning Partnerships Paperback – October 1, 2005**
by Michael Carroll (Author), Maria C. Gilbert (Author)

THE BOUVERIE CENTRE, VICTORIA'S FAMILY INSTITUTE, 8 GARDINER STREET, BRUNSWICK VIC 3056 https://www.bouverie.org.au/
Oakton Community College
Substance Abuse Counseling Program:

In a changing world, you need an education that will prepare you for anything. At Oakton, you’ll prepare to thrive in times of change. Whether you’re planning to step directly into a career, transfer to a four-year institution, or engage your mind in a lifelong learning class, your Oakton education will teach you to solve problems, think analytically, and see the big picture.

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Oakton is the community's college. By providing access to quality education throughout a lifetime, we empower and transform our students in the diverse communities we serve.

Oakton Community College's Substance Abuse Counseling Program is designed to prepare you for employment as an alcohol and other drugs (AOD) counselor. Our program also provides counseling education and training for social services and human services professionals concerned with individuals and their families.

We offer an associate of applied science (A.A.S.) degree in substance abuse counseling, as well as certificates in preparatory substance abuse counseling and advanced substance abuse counseling. Our program and curriculum are accredited by the Illinois Certification Board (ICB) and meets the association's requirements to sit for the Certified Alcohol and Other Drug Counselor (CADC) certification examination.

Additionally, the program has offered mental health first aid, ambassador of trauma informed care certifications, and a host of trainings to compliment the certificate and degree program. In July 2021, the substance abuse counseling program was awarded a $12,000 grant through Oakton’s Educational Foundation to provide free mental health first aid certification, and host specialized training and workshop in women treatment and recovery services during the 2021-2022 academic year.

Finally, the Substance Abuse Counseling program will partner with the Human Service program to offer a Mental Health & Crisis Response for Public Safety Certificate. To learn more about this program and begin your work as a substance abuse counselor, please contact Department Chair, Bakahia Madison, at 847.635.1845 or bmadison@oakton.edu
"The CADC Program at the Behavioral Services Center, located in Skokie, IL, is geared toward educating working professionals who want to expand their knowledge and understanding of addiction. The Program offers unique flexibility for diverse clinicians and those who wish to become clinicians to receive a great education in the clinical field. When the pandemic started, the Program was transitioned to online education without interruption to its students. At this time, the faculty is working on developing a hybrid program to meet educational requirements for its students. The philosophy of the Behavioral Services Center has been to apply empirical knowledge and approaches to education and treatment. Currently, the Behavioral Services Center recognizes multi-disciplinary and diverse treatment approaches for addictive disorders and delivers such education to its students. The Faculty of the Behavioral Services Center has been dedicated to its students at these challenging times and has been playing a significant role in delivering a new generation of addiction counselors. For more information about the Accredited Training Program at the Behavioral Services Center, please contact Eugene Isyanov, Program Coordinator, at 847-673-8577 or email eisyanov@behavioralservices.us. You can also visit their website at Behavioral Services Center - Substance Abuse Treatments in Chicago, IL (integrative-health.us)"
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