



# YADAP VIEWS

APRIL 8, 2008

VOLUME 1, NUMBER 1

## **SAVE THE DATE**

**June 16 – 20, 2008**

**VSIAS is early in 2008**

**The theme this year is:**

**“Looking Forward: Building Resilience, Supporting Recovery and Treating Trauma”**

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## **President's Message** from **Sandy Kanehl, M.Ed., CSAC**

Dear Members, Colleagues and Friends of VADAP,

It is an exciting and challenging time for our Association and our field! We have come such a long way in the nearly 30 years I have been doing this work. We have strong momentum now in many areas, and power to keep it going. These days, it is more important than ever for us to communicate with each other, support our organizations and coordinate our efforts. We thank our current member programs and encourage everyone else to join us! Many of you who will read this are old friends of VADAP, though we haven't heard from you in awhile. We want to hear from you again! We have expanded our mailing list in an effort to share information more widely among us all, and to offer a forum for a more inclusive dialogue on issues of importance to us all. VADAP has always worked to promote professional development through quality training, legislative and grassroots advocacy, and communication/networking for all of us who are interested in substance use disorders.

Consider some of the monumental progress we have made in recent years. Our steadfast commitment to practice improvement has led to a number of Evidence-Based Practices with demonstrated clinical and cost-effectiveness for substance use disorder treatment, and enhanced credibility for our discipline. Our depth and breadth of legislative and grassroots advocacy has positively influenced parity and other legislation, and organizations like SAARA and FAVOR have gained strength and visibility. Public awareness of science-based information about substance use disorders, medicines for treatment, etc. is at unprecedented high levels – consider the example of the HBC documentary, ADDICTION. This multimedia project has reached millions, and will continue to reach more as the DVD is used for educational discussions in many venues and the website is discovered by more and more people. Parity legislation, especially the Paul Wellstone Mental Health and Addiction Equity Act of 2007, continues to progress in our favor. Our numbers of well known and visible advocates continue to grow. It is an amazing time to be doing what we do!

At the same time, our challenges remain formidable, and we must remain engaged in our work and bring others, including young professionals, into our circle. We still have a long way to go in the fight against stigma and discrimination directed toward people with substance use disorders, their families, addiction researchers and treatment professionals. We must make especially diligent efforts to help those with opiate addiction to gain medication assisted recovery options when indicated, and we must promote mainstream acceptance of these treatments. We also have an important role in addressing services for our veterans - service men and women who need help with substance use disorder and other post-combat/post-traumatic stress conditions. And these are just a few of our challenges.

VADAP is working hard to contribute to the statewide progress of our programs, services and treatment professionals. Here are some of our current initiatives:

- **Regional Training** – This year our focus is training addiction professionals and others to provide addiction treatment and recovery services, and co-occurring PTSD services for returning veterans and their families. We support NAADAC's position on veterans' health care (see [www.naadac.org](http://www.naadac.org)) and will coordinate our efforts with our colleagues - VAADAC, the Mid-Atlantic ATTC and others, to accomplish this goal.
- **VSIAS** – The 2007 Virginia Summer Institute for Addiction Studies was a great success with over 900 people in attendance. Our Board Member Cindy Blanton is Chair of VSIAS 2008 and the faculty also includes Board Members Jack Mallery and Jerri Shannon.
- **VADAP Position Statement** - We are working in consultation with our colleague Janis Dauer, of the Alliance for the Prevention & Treatment of Nicotine Addiction (APTNA), on a VADAP position statement on tobacco.

use, dependence and treatment. This is an area where we seem to be inconsistent in our views/practices, and we wish to encourage greater consistency across programs. We will be asking you all to participate in this effort via your online input and discussion.

- **Workforce Development** – VADAP, along with our other colleagues, is offering academic support for students interested in a career in addictions. The CSAO Workforce Development initiative has dispersed \$12,000 to date in scholarship funding for 6 students! Contact Board Member Jack Mallery at [info@vadap.org](mailto:info@vadap.org) for more information.
- **Improved Communication and Networking** – The launching of this newsletter, in a new format, with wider distribution, will put more of us in touch with each other. We will get more information out to you, and encourage more dialogue among us on the issues we need to address. Thanks to those of you who have already helped to expand our mailing list. Please tell us who else might like to receive this newsletter – send contact info to: [info@vadap.org](mailto:info@vadap.org).

Stay tuned for more information, and tell us what else you'd like to hear! Your colleagues at VADAP wish you and yours a Safe and Happy Holiday Season!

**Happy  
Holidays!**



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### **Meet the VADAP Board of Directors:**

l to r, Gail Campbell, Karen Redford, Jerri Shannon, Dawn Obliskey, Cindy Blanton, and Sandy Kanehl. Not pictured: Mark Blackwell, Deena Bise, Jack Mallery, Stephanie Savage, Brent McCraw, Mellie Randall, Paula Horvatich, Inge Tracy, and Cathy Reiner.

## **Department Sponsors Conference – Transformation - The Nitty Gritty of System Transformation: How to Make it Happen**

**Mellie Randall, Manager – Community Program Planning &  
Standards  
OSAS, DMHMRSAS**

As a project of the Virginia Integrated Service Integration Program (VASIP), the Department sponsored a three-day conference September 10-12 that focused on the process of implementing evidence-based practices. The Department chose this focus out of the awareness that, although evidence-based practices and programs (EBPs) are the standard to which we all aspire, there are often practical barriers that make it difficult to implement EBPs. However, there is a body of knowledge that supports strategies that can overcome these barriers. Training, by itself, will not support implementing evidence-based practices and programs. After all, implementing an EBP requires changes in clinician behavior, and we all know how much support it takes to change behavior! In addition, successful implementation may require changes in administrative practice, data collection, hiring and supervision. Attended by over 300 individuals representing the leadership of community substance abuse and mental health services in the Commonwealth, the program focused on identifying and addressing barriers to implementing evidence-based practices and programs in real-life clinical settings. Dean Fixsen, Ph.D., Co-Director of the National Implementation Research Network at the University of South Florida, was the keynote speaker. Dr. David Mee-Lee led and



extended workshop on the bridging between the practice cultures of traditional mental health and traditional substance abuse for these clinicians to work collaboratively and effectively with people with co-occurring mental health and substance use disorders. The program also put a strong focus on including consumers in designing their own treatment, and hosted a Recovery Celebration. The conference concluded with summary remarks by Dr. Stanley Sacks of SAMHSA's Co-Occurring Center for Excellence (COCE) and regional meetings to develop action plans for implementing selected EBPs. The conference was supported with funds from the Department's COSIG (Co-Occurring Substance Related and Mental Health Disorders State Infrastructure Grant), a project of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). For more information about VASIP, please visit <http://www.dmhmsas.virginia.gov/VASIP/Vasip-COSIG.htm>

## Preview of VSIAS 2008

By Cindy D. Blanton, Chair

The planning for The Virginia Summer Institute for Addictions Studies for 2008 is underway and we are looking forward to another successful year. VSIAS will be celebrating its 7<sup>th</sup> year of operation in 2008! We will have keynote and pronounced speakers coming from a multitude of locations around the States. Tracks will focus on Prevention, Trauma, Recovery, Criminal Justice, Adolescents, Gender-Specific, Skill-Building and other related core knowledge. Watch your mailbox for the "Early Bird" postcard in January and the full online brochure in March. The Institute will be held on the beautiful campus of The College of William and Mary, in Williamsburg, Virginia. Mark your calendar and come join us for the most exciting event you don't want to miss, **June 16-20, 2008.**

## General Assembly 2008—What to Expect

By Mark Blackwell, Executive Director,  
SAARA of Virginia

The upcoming General Assembly promises to be heavily influenced by the Virginia Tech massacre of April 16, 2007 in Blacksburg, Virginia. 32 people were killed and 25 wounded before the gunman committed suicide, making the incident the deadliest shooting in modern U.S. history.

On August 20, 2007 Governor Kaine addressed the joint meeting of the Senate Finance and House Appropriations Committees. From the Governor's speech: "I also foresee the need for critical new investments in the coming biennium in mental health and education. Strengthening Virginia's mental health system is imperative. I am awaiting the Virginia Tech Panel's report, scheduled for release later this week, as well as recommendations from the Chief Justice's Commission and legislative proposals to fully develop my budget for this biennium. Preliminary analysis of the tragedy on April 16 shows that we need to strengthen emergency services and ensure that treatment is available and reliable in the community. And we need to focus on preventing future tragedies by strengthening our children's mental health system. "

Hence, there will be a strong emphasis on emergency services. In anticipation of this focus, SAARA has worked with the VACSB to craft the following legislative priorities for ALL consumers, including those with substance use disorder:

Rapid/Urgent Care Triage and Access for Adults and Children Experiencing Crisis or Emergency Needs

Targeted Populations





Virginia

- Children and adults who are under an outpatient treatment order (within 24 hours of order)
- Children and Adults who have been released from an ECO, after a TDO or after an involuntary inpatient commitment and in need treatment and services
- Children and adults who, without outpatient treatment, would be at risk of involuntary inpatient treatment

Rapid Stabilization Services (intensive, aggressive, problem solving, immediate overnight needs, short term)

Counseling/Crisis Counseling/Case Management (including aggressive engagement, monitoring and court reporting when applicable)

Psychiatry/medication

SAARA of Virginia is working with other key advocates to develop legislative initiatives for additional resources. Whereas we recognize the need for additional emergency services on the front end, we will also advocate for resources that we feel consumers with substance use disorder need to sustain recovery. Studies show that the longer the consumer engages in treatment, the greater the likelihood they will sustain recovery.

AARA, CSAO, VACSB and other Advocates are proposing legislation that would create a dedicated funding stream for prevention and treatment. We have engaged Legislators who have agreed to sponsor the bills. They have asked that we not publicize the details until they have preemptively communicated the initiative to potential oppositional forces. MORE TO COME!!!

Please visit our website at [www.saara.org](http://www.saara.org) and sign up on the LEGISLATIVE ACTION CENTER to stay abreast of new developments AND TO ADVOCATE!!!

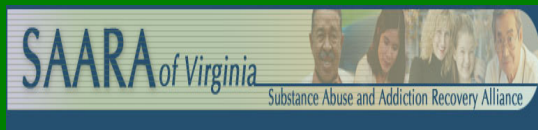
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### **DMHMRSAS's Office of Substance Abuse Services has released the following response to the '06 OIG Report.**

The Office of the Inspector General for Mental Health, Mental Retardation & Substance Abuse Services (OIG) conducted a review of the statewide system of community services board (CSB) substance abuse services during August 2006. This service was selected for review because drug and alcohol abuse and addiction are among the Commonwealth's most serious and complex public health problems, with far reaching consequences for families, employers, social services systems, and the criminal justice system. The OIG found the range, variety, and capacity of substance abuse services not to be "adequate to meet the needs of consumers in the majority of Virginia communities." For example, the waiting period to enter active treatment at Virginia's CSB substance abuse outpatient programs was found to be an average of 25.4 days. Very few consumers receive adequate case management to provide assistance in addressing severe shortages of core services needed for successful recovery in the community, such as affordable housing, reliable transportation, employment assistance, etc. The Inspector General's Report highlighted findings and recommendations that form the basis of the Department's budget proposals to address major gaps and deficiencies in substance abuse treatment services for the biennium budget cycle. The Office of Substance Abuse Services (OSAS) is requesting additional state general funds to address the issues raised in the OIG report for the following services:

(Advocates have been polled and ranked the recommended services in priority order)

Outpatient Services; Case Management Services; Medication Assisted Treatment; Supportive Housing; Peer Recovery Support Services; Expansion of Treatment to Work Initiative; Workforce Development; Polytrauma and Combat Stress; Underage Drinking



Prevention Initiative.

## Member Program Update

By Stephanie Savage, LPC

Services Administrator/Substance Abuse & Prevention  
Portsmouth Department of Behavioral Healthcare  
Services

Portsmouth Department of Behavioral Healthcare Services has been operating a Women's Intensive Outpatient Program (WIOOP) since August 2006. The opening of the program was preceded by a year of vigorous planning that culminated in a lovely reception and orientation on July 25, 2006. WIOOP meets two times per week for four hours at a time and consists of two – eight week phases. Phase 1, the Reflection Phase, focuses on stabilization, relationships, life skills, and stress management. Phase 2, the Empowerment Phase, focuses on relapse prevention, emotional healing, relaxation techniques, and resource enhancement. WIOOP participants are also provided with individual therapy, transportation to and from the program, lunch, and case management services. Additionally, women participate in such activities as arts & crafts, outdoor recreation, job readiness training, and guest speakers who address women's concerns. On November 9, 2007, WIOOP members participated in Spa Day, a day of pampering, spa treatment, movies, dinner, and group discussions. The women loved it and report that it was a new and exciting experience for them. Staff were pleased at consumer responses to the event and feel that the women participants gained in self esteem, experience in fun drug free activities, improved stress management techniques, and general socialization and bonding opportunities. WIOOP continues to establish itself as a viable treatment service that offers women a structured environment that focuses on their unique treatment needs.

## Spirituality in Addiction and Recovery: Science and Poetry

By Brent McCraw

*...Yet, as a wheel moves smoothly, free from jars,  
My will and my desire were turned by love,  
The love that moves the sun and the other stars.*

The Divine Comedy, Paradise

Politics and religion aside, spirituality can be a tricky subject to discuss, and even more difficult to grasp. What does spirituality mean anyway? Bill W, cofounder of Alcoholics Anonymous, approached it well. "Do not let any prejudice you may have against spiritual terms deter you from honestly asking yourself what they might mean to you."

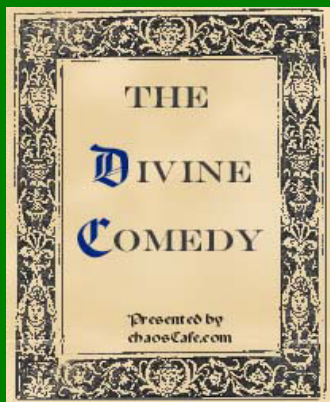
The medical field is rediscovering the value of spirituality to health. The developmental psychologist, Erik Erikson, said that the battle of faith is won or lost by age two as the child learns, or not, to trust that the world is good and will provide for her needs. In Stages of Faith, James Fowler declared that "Faith is so fundamental that none of us can live well for very long without it."

More recently, William Miller Ph.D. in his seminal work Quantum Change established scientifically two types of transformation in which people experienced permanent changes in personality, emotional health and world view. One type was a gradual change akin to learning theory. The other was an instantaneous change most often described as a spiritual or religious experience. The sudden conversion experience of Bill W in which the obsession to drink was removed, would illustrate this type of quantum change.

Still, the question remains to the form or meaning of spirituality. To launch into the

Commonwealth of Virginia Department of  
Mental Health, Mental Retardation  
and Substance Abuse Services





subject, listen to a group of Pathways' patients describe how addiction impacted their spirituality. "Addiction took my spirituality from me; left a hole with feelings of emptiness, fear and anger." Other descriptors included: shame, conflict, closed off, shut down, blocked, self-centered, spiritual bankruptcy, betrayal and desperation. For these patients, addiction clearly impeded spirituality, and the void became flooded with despair.

This same group also portrayed what spirituality meant to them. "Prayer and meditation provides a sense of love, security, protection, like an embrace." "... a belief in God, an inner peace, a relationship that provides strength, courage and wisdom." "I can believe in me because something greater than myself believes in me." Other themes included: assurance, forgiveness, presence, responsibility, relief, hope, surrender and concern for others. Could there be a greater contrast between the experience of spirituality and its absence?

In a letter to Bill W, the psychologist Carl Jung stated that a "spiritual awakening" is necessary for the recovery of severe alcoholics. A recovering alcoholic wrote in Came To Believe, "A spiritual experience, I think, is what God does for a man when the man is completely helpless to do it for himself. A spiritual awakening is what man does through his willingness to have his life transformed by following a proven program of spiritual growth."

Again from Came To Believe, a recovering woman wrote, "This compassion, a feeling accompanied later by love, opened the door to a huge fortress within me which had been forever blocked... I was not, in sobriety, returning to my former state... I was becoming 'weller than well'... I found a new substance inside of me... Now something was taking root... I began to feel for others... I was part of a gigantic, wonderful mystery."

Spirituality has always been left to the poet to transmit. The experience of recovery, best articulated by alcoholics and addicts, flows from the common spiritual well. That grace that brought Dante from the depths of hell up to paradise, that higher power is ready to transform darkness to light, resentment to gratitude, sickness to "weller than well"... in ALL of us.

## Ginger Acey Award Recipient *Thanks VADAP...*

*Dear VADAP Members and Board,*

*I am writing belatedly, to say thank you for honoring me with the Ginger Acey Award. As a former member of the VADAP Board, I understand your commitment to recovery and providing the treatment and support to our citizens that are victims of addiction. I know how rewarding it is to play a part in changing a life path from misery to one of hope and promise.*

*As you all know, my work is to prevent youth from ever experiencing the tragedy of addiction. I am passionate about this because I know it works for many young people. I am disheartened that the State of Virginia has not been more receptive to a public health logic model that embraces prevention and improves outcomes for citizens and communities. Sometimes I feel like I need to be leading marches in the street (like we did in the sixties) to force our citizens and elected officials to care more about our children and youth. When I see children suffer it breaks my heart. These children are not just numbers on a page to me. I see them in public places with their parents yelling at them to shut up and can only imagine what happens to that child at home, behind closed doors. I know these children are at a greater risk for becoming a substance abuser, if for no other reason than to avoid the emotional pain they endure. They are also the children that are at great risk for multiple failures in life. Effective prevention strategies provide caring and nurturing adults and peers who contribute to the development of positive attitudes and behaviors. Children are innocent and their potential is unlimited.*

Again thank you for your support through the recognition provided by the Ginger Acey Award. Keep up the great work that you do and during our journey we will positively touch some lives along the way.

With Gratitude,  
Freddie Simons

## Benefits of Membership in VADAP:

- Free state of the art training opportunities for member program staff
- Free listing of program websites and job openings on VADAP website
- Membership in the State Associations of Addictions Services (SAAS) including national news and training opportunities, discounts on purchases of addiction publications, drug screening tools, food services and more – visit <http://www.saasnet.org>

Please visit our website at [www.vadap.org](http://www.vadap.org) and click on the 2008 Membership Application, so your program may enjoy all the benefits VADAP has to offer.



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