



# IITAP

June & July 2011



# Reflections

setting the standards in education for addiction professionals

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## Upcoming Events

- June 1-5, 2011 - Mod 1, Chicago, Illinois
- June 22-26, 2011 - Mod 3, Tucson, Arizona
- July 21-23, 2011 - CMAT Training (CD), Denton, Texas
- June 22-26, 2011 - Mod 3, Tucson, Arizona
- July 21-23, 2011 - CMAT Training, Denton, Texas
- August 24-29, 2011 - Mod 4, Plymouth Meeting, Pennsylvania
- September 7-11, 2011 - Mod 1, Los Angeles, California
- September 21-24, 2011 - SASH, La Jolla, California
- October 26-30, 2011 - Mod 3, Oklawaha, Florida
- November 2-6, 2011 - Mod 2, Chicago, Illinois

## 2011 IITAP Symposium Keynotes Selected!

IITAP is pleased to announce that the keynote speakers for the 7<sup>th</sup> Annual Symposium, which will be held February 16-18<sup>th</sup> in Scottsdale, AZ, are Dr. Allan N. Schore and Dr. Stan Tatkin who will be presenting on the subject of attachment and attachment disorders.

Dr. Allan Schore is on the clinical faculty of the Department of Psychiatry and Biobehavioral Sciences, UCLA David Geffen School of Medicine, and at the UCLA Center for Culture, Brain, and Development. He is author of three seminal volumes, "Affect Regulation and the Origin of the Self", "Affect Dysregulation and Disorders of the Self" and "Affect Regulation and the Repair of the Self", as well as numerous articles and chapters. His Regulation Theory, grounded in developmental neuroscience and developmental psychoanalysis, focuses on the origin, psychopathogenesis, and psychotherapeutic treatment of the early forming subjective implicit self. His contributions appear in multiple disciplines, including developmental neuroscience, psychiatry, psychoanalysis, developmental psychology, attachment theory, trauma studies, behavioral biology, clinical psychology, and clinical social work. His groundbreaking integration of neuroscience with attachment theory has led to his description as "the American Bowlby" and with psychoanalysis as "the world's leading expert in neuropsychanalysis."

Stan Tatkin, PsyD, MFT, is a clinician, researcher, teacher, and developer of A Psychobiological Approach To Couples Therapy® (PACT) which integrates neuroscience, infant attachment, arousal regulation, and therapeutic enactment applied to adult primary attachment relationships. He maintains a practice in Calabasas, California, and runs a bi-weekly clinical study group for medical and mental health professionals ([www.ahealthymind.org/](http://www.ahealthymind.org/)) and training programs in Los Angeles, San Francisco, Boulder, Seattle, Austin, and New Jersey.

Dr. Tatkin received his early training in developmental object relations (Masterson Institute), Gestalt, psychodrama, and family systems theory. His private practice specialized for some time in the treatment of adolescents and adults with personality disorders. Over the last decade, his interests branched out toward psycho-neurobiological theories of human relationship, integrating principles of early mother-infant attachment with adult romantic relationships. He speaks to professional audiences on subjects of couples therapy and preventative psychotherapy through early intervention with infants, children and their parents. He has published several articles on the psychology of couples' therapy and is currently training therapists on his unique approach to couples work using attachment theory, neuroscience, and principles of arousal and affect regulation.

Continued on Page 3...



As always – so much happening! We are very excited to announce the release of “A House Interrupted- A Wife’s Story of Recovering from Her Husband’s Sex Addiction” authored by Maurita Corcoran. It includes journal entries written along her journey through recovery. It is a very compelling book. You may purchase it by calling Megan at 480-488-0150 x 10. It will soon be on [www.gentlepath.com](http://www.gentlepath.com) and is also available on Amazon.

As you will note with the cover story, we are making progress with the plans for the 2012 (can you believe we’re talking about that already) Symposium. If you haven’t already done so, save the dates! The Symposium will be February 16-18<sup>th</sup> in lovely Scottsdale, AZ. We will likely offer the CSAT Refresher prior to the Symposium so you may want to just save the week.

I’m writing this from Mod 2 in Oklawaha, FL which was hosted by The Refuge. They (as always) are wonderful hosts and we are grateful. June 1-5<sup>th</sup> we’re at the **sold out** Module 1 co-hosted by Millennium Counseling and SRI/The Ranch/Promises. We are so excited about all our participants and their commitment to the training and certification process.

We are pleased to announce the next Module 1 training will be hosted by SRI/Promises/The Ranch in the Los Angeles, CA area on September 7-11<sup>th</sup>. More information is and will be available on [www.iitap.com](http://www.iitap.com) under “events/workshops”. As we had to turn people away for Module 1 in Chicago, please do not wait until the last minute to register. If you have any questions about the training and certification program, do not hesitate to contact [Tami@iitap.com](mailto:Tami@iitap.com) or call 480-575-6853 x11.

Back by popular request, the Chemical Dependency three day training for CSATs/ASATs and Candidates for the task centered chemical dependency training will be offered again this July 21-23<sup>rd</sup> in Denton, TX hosted by Sante’ Center for Healing. This provides an opportunity to learn about the chemical dependency tasks and performables which will be outlined in the Facing Addiction workbook (similar to Facing

the Shadows but for chemical dependency). The workbook is due out in the next 45 days (watch for more information on this) and has had a lot of pre-sales from clients. This will be a very useful workbook and the training will help you to implement it with your clients. More details are on [www.iitap.com](http://www.iitap.com) under “events/workshops”.

A note, we will now be sending out newsletter out bi-monthly. We hope you will take a few minutes to review this as it will be out less often.

A handwritten signature in black ink that reads "Tami VerHelst".

## HEALING MONEY TRAUMA

by Bonnie A. DenDooven, MC, LAC

In the eyes of a child money is alive. Money leaps out of machines in a mysterious way and solves problems or creates others. Money jumps in the middle of parental arguments and draws its sword, threatening to separate a child from his family. Money leaves powerful messages in marriages; it “wakes” up emotions as it “writes letters” to the family in the form of bills or makes phone calls to the household in the form of bill collectors. Money-talks are frequently the most emotionally charged conversations that a child hears, and children become aware of the social implications of money as soon as they become aware of, and responsive to, others. Money becomes a god that Mother sacrifices Motherhood to obtain and Fathers forsake home life in pursuit of “making a living”. Money is the visible representation that a child sees as individuals connect one to another and exchange the green stuff. A child observes the social contracts of money between people and knows that money itself is social; it creates agreements, happiness, and pain as it pulls people together or separates them forever.

Understanding our client’s financial and work dilemmas requires much more skill than just offering them the telephone number for credit-consolidation companies. The behaviors themselves can be as varied as trauma repetition, mood-altering experiences, or acts of defiance, as well as many other possibilities. Debt may be for one individual an act that quiets a suppressed and unconscious fear of separation; for another it might be an angry response to feeling confined and trapped; to a third it might mean an anesthetizing behavior allowing one to “zone out”.

## iPhone Quit-Smoking Apps Don't Make the Grade

A new study finds that iPhone software applications designed to help people quit smoking fall short of the mark because they do not meet accepted standards. <http://www.newswise.com/articles/view/573160/?sc=dwhn>

## Depression Symptoms Increase Over Time for Addiction-Prone Women

Unlike alcohol problems and antisocial behavior, depression doesn't decline with age in addiction-prone women in their 30s and 40s – it continues to increase, a new study led by University of Michigan Health System researchers found. <http://www.newswise.com/articles/view/573627/?sc=dwhn>

## Homeless Kids' Use of Social Networks Affects Sex Behavior

A new UCLA AIDS Institute study suggests that the use of social networking websites by homeless youth can lead to an increase in risky sexual behaviors. But interestingly, homeless kids who used these sites were also more likely to have been tested for sexually transmitted infections and to be better informed about preventing such infections and HIV. <http://www.newswise.com/articles/view/573873/?sc=dwhp>

## Alcohol and Marijuana Were the Most Commonly Abused Substances by Those Referred to Treatment from Probation Or Parole

A new study shows that the most commonly abused substances among those 18 and older referred to substance abuse treatment from parole or probation was alcohol, followed by marijuana and methamphetamines. <http://www.newswise.com/articles/view/574047/?sc=dwhp>

## Gamers May Not be Desensitized by Violent Video Games

Violent video games such as Grand Theft Auto may not desensitize players to negative situations or events, suggest psychology researchers from Ryerson University. <http://www.newswise.com/articles/view/573513/?sc=dwhn>

## No Cognitive Impairment Found Among Ecstasy Users

The drug known as ecstasy has been used by 12 million people in the United States alone and millions more worldwide. Past research has suggested that ecstasy users perform worse than nonusers on some tests of mental ability. But there are

concerns that the methods used to conduct that research were flawed, and the experiments overstated the cognitive differences between ecstasy users and nonusers. <http://www.medicalnewstoday.com/articles/216524.php>

## DEA Ban: Faux Marijuana "Imminent Threat To Public Safety"

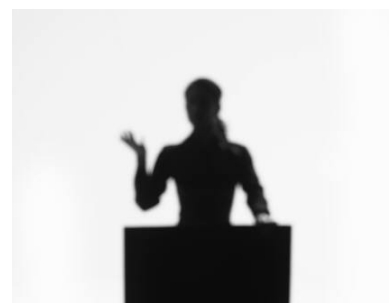
The United States Drug Enforcement Administration (DEA) has issued the most severe ban possible this week, exercising the Controlled Substances Act by putting a federal control on chemicals used to make faux marijuana products. This emergency action was necessary to prevent an imminent threat to public health and safety according to the enforcement agency. <http://www.medicalnewstoday.com/articles/217850.php>

*Continued from Page 1 ... "2011 IITAP Symposium Keynotes Selected"*

In addition to his private practice, he teaches and supervises first through third-year family medicine residents at Kaiser Permanente, Woodland Hills, through which he is an assistant clinical professor at the UCLA David Geffen School of Medicine, Department of Family Medicine. He is also adjunct faculty for Antioch University, Santa Barbara Graduate Institute, and California Lutheran University.

Dr. Tatkin is a veteran member of Allan N. Schore's study group. He has trained in the Adult Attachment Interview through Mary Main and Erik Hesse's program out of University of California, Berkeley. His new book, *Love and War in Intimate Relationships: Connection, Disconnection, and Mutual Regulation in Couple Therapy* with Marion Solomon for Norton's Interpersonal Neurobiology Series is now available.

Additionally, our own Alex Katehakis, who has studied with both of keynote presenters, will provide a plenary bridging the two presentations. More information on the Symposium will be available soon on [www.iitap.com](http://www.iitap.com) under "events/workshops".



Healing wounds made by money and work is best approached as if the behaviors themselves sat on a three-legged stool — not to be understood unless all three legs are available. For clinicians the first leg is to understand the **Attachment and Trauma** issues that arise out of early childhood experiences that serve to create templates for adult behaviors. The second leg is isolate the exact **Temperament** — answering the question that it is both nature and nurture that give us our attitudes and behaviors with money and work. The third leg is **Affect** — when we help our clients to understand that the phenomenon of debt creates feelings of emotional pain and fear — and sometimes it is the emotion itself that is most attractive to a traumatized individual.

The money and work disorders create a collage of dysfunctional behaviors. Clients may display a pattern of compulsive shopping, spending and/or debting; some may have progressed into hoarding or shoplifting. Other clients become obsessed with money or work, and some retreat into deprivation and under-earning. Some gamble, either in traditional ways with slot machines and gaming tables or with high risk investments and business adventures. Still others might find themselves paralyzed by the wealth they have inherited or with which they have grown up, and are now unmotivated and untrusting, alone in a threatening world. Assessment of money disorders frequently shows a correlation between adaptations such as gambling with embezzlement, shopping with shoplifting, workaholism with at-risk entrepreneurship or embezzlement, or compulsive giving with relational issues (the "Financial ALANON Factor"). Regardless of how the puzzle pieces fit together to create the unique profile, the treatment follows a predictable course.

Specific steps that need to be taken by clinicians wishing to approach and understand the emotionally-charged, compulsive work and money behaviors include:

1. An *assessment* of disordered patterns of work and money.
2. An *evaluation of client's temperament* and confirmation of underlying personality-specific innate fears.
3. Childhood memories narrative to *determine*
4. *template(s)*.
5. Re-scripting of *cognitive distortions* regarding finances and work.
6. *Vision work* to establish clear goals for future behavior.
7. A *relapse prevention plan* based on knowing risk and trigger issues.

Money trauma and the related adult behaviors surrounding money are the unspoken burdens of shame that often take our clients into relapse. In the past twenty years we have made great strides in healing the wounds of sex addiction and we can now talk about sex openly. The time has come for us to talk about money as well and conquer the shame that has kept this subject in silence for too long.

Bonnie A. DenDooven: Author of the MAWASI® for therapy and healing of financial disorders and work behaviors. Primary & family counselor at The Meadows and former Assistant clinical Director for Dr. Patrick Carnes (sex addiction). Schooled in Gestalt therapy and member of Silvan Tomkins Institute of Affect Script Psychology. Advocate of Martin Seligman Positive Psychology and champion for the initiative for VIA Classification of Strengths and Virtues (jokingly referred to as the "un-DSM"). Former business owner and entrepreneur turned therapist for a second career.

## Have You Checked Your Website Listing Lately?

Please check your website listing to make sure the information is accurate. If the zip code is incorrect, the search will not work properly. If the phone number is incorrect, clients can't reach you. Go to [www.iitap.com](http://www.iitap.com) then "Therapist Locator." Type in your state and click the search button or your zip code and give a radius and click the search button. You can also just type in your last name but it can be helpful to have a broader perspective. If we need to correct any information, please e-mail [tami@iitap.com](mailto:tami@iitap.com).

## Join A Linked in® Group

If you are an ASAT, CSAT or Candidate who would like to join a Linked In networking Group called **Certified Sex Addiction Therapists**, contact [tami@iitap.com](mailto:tami@iitap.com) or go to the Linked In page for Tami VerHelst or John and Elaine Leadem. This is an opportunity to ask questions, obtain feedback, give and receive support. ■



## Contact IITAP

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## New Directory Listing

This is a New Benefit for Our CSAT Community and Sponsors!

In an ongoing effort to match clients seeking help with our CSAT community, we have created a new Certified Therapist Directory. To view the directory visit [www.sexualaddictiontherapist.com](http://www.sexualaddictiontherapist.com). This website provides quick access to the therapist directory, the sponsors information as well as the SAST-R so that potential clients can pre-qualify themselves. We believe this will be another benefit for our CSATs and hope you find even more referrals coming your way!

# CSAT Spotlight -

Lisa Keller, M.S.C., LAC, NCC

## 1. Tell us a little about yourself – where you live, family, education, hobbies, etc.

I was born and raised in Tucson, Arizona. I have four children and a wonderful husband of 18 years. We have made a choice to stay planted in Tucson because most of our extended family continues to live here. One desire my husband and I share is for our children to benefit from regular time with grandma, grandpa, aunts, uncles, and cousins. Most weekends, my family and the some of the extended family/close friends get together for cookouts and fun. As for hobbies, I have four children, so many things I love to do revolve around their lives, to include: having family game nights; extended family gatherings with games, of course; volleyball; camping (one of my favorites); and, a hobby of my very own, caving.

## 2. Tell us about your path to becoming a therapist. What obstacles have you had to overcome?

Throughout college, I envisioned myself as a therapist; however, I did not always believe in myself enough to know I could be. After graduating with my bachelor's degree, I was married and went to work to support myself and husband, who was a student. Soon, we were having children, and my love and passion changed from pursuing a career to raising my children. After staying home with my children for a time, the desire and passion for becoming a therapist began to emerge again, so I went back to school. During this period in my life, it became necessary for me to go back to work full-time. Now juggling three full-time jobs, a mother, a student and working full-time, the goal of becoming a therapist seemed as though it would be impossible. However, with the support of my wonderful husband and children, I was able to complete school and move on to pursue my dream.

## 3. Do you believe that there is still a stigma surrounding sex addiction?

I believe there is a stigma surrounding sex addiction. Some evidence I have witnessed surrounding sex addiction stigma has been from patients (in treatment themselves) at Sierra Tucson. In their comments, I hear them representing sex addiction as the lowliest of the addictions and sexual compulsivity appears to be, in their mind, reserved for the "perverts." A similar stigma is vocalized by the outpatient population and the general population. I find many people (including some therapists) are unaware, ignorant, or in denial of the prevalence and validity of this addiction and have similar negative reactions regarding those who struggle with sexual compulsivity.



## 4. Tell us about your practice – types of clients you see, tools you utilize, what is working for your clients.

I work at Sierra Tucson, an inpatient treatment facility, working with patients struggling with single or dual diagnoses to include sexual compulsivity. I also have a part-time outpatient practice working with individuals who are of the Christian faith, who are struggling with sexual compulsive behaviors.

The tools I utilize at Sierra Tucson are: The SAST and the ten diagnostic criteria from the SDI-R for assessing, Patrick J. Carnes' "Facing the Shadow" workbook and "Recovery Start Kit," First-Step work (from the Twelve Steps), timelines, and frequently other non-sex addiction tools to address the multi-diagnosis of most of my patients. In the outpatient practice, I utilize the Facing the Shadow workbook, the SDI-R, and First Step work. The Facing the Shadow workbook, in conjunction with the Recovery Start Kit, has been an asset to my program at Sierra Tucson.

## 5. What are your future goals for your practice?

I work full-time at Sierra Tucson and, therefore, have kept the outside practice part-time. Goals I envision for the Sierra Tucson sexual compulsivity program include:

- Staff to continue obtaining CSAT training
- Continue working to regularly educate the community of patients at Sierra Tucson through psycho-educational lectures to assist in eliminating or minimizing the stigma around sexual compulsivity and, therefore, allowing for more acceptance
- Continue to utilize the Recovery Start Kit and implement regular use of the SDI-R in assessment
- Participate in networking breakfasts to increase education to local communities on sexual compulsivity.

One of my future goals in my private practice is to specialize in working with individuals of the Christian faith who are struggling with sexual compulsivity. I have seen (and been made aware of by others in the community) of the enormous amount Christian men who struggle with sexual compulsivity issues but have not received treatment because of the additional shame they feel, the tendency to feel isolated in their sexual acting out behaviors, and not having anyone to go to because of fear of exposure and loss of friends/position.

**6. Are you treating clients of both sexes? If so, does the treatment differ between the sexes?**

I have treated both sexes for sexual compulsivity, although only a small amount of sexually compulsive women. I have also worked with the wives (and a small number of husbands) of sex addicts. When working with individuals with sexual compulsivity, I have utilized the same material for both sexes. In addition, when working with female sex addicts, I found that we address the trauma much sooner in treatment. I have found with males, a majority of their inpatient stay is used to work on the denial, education, and acceptance of the addiction, and, therefore, I have additional support from ancillary services for their trauma work.

**7. Are you interested in research/new findings, etc., about sex addiction?**

I am absolutely interested in new findings and research regarding sex addiction. I still have much to learn in this field and possibly some to contribute in research.

**8. What do you see for the future in sex addiction therapy?**

I see an exponential growth happening in sex addiction therapy. With this growth, there will be a need for more therapists to become trained in this area. My hope is, as more people are affected from this addiction, we will begin to see some decrease in the stigma, and, therefore, more people willing to seek help.

**9. Are you active in your community? Tell us about it.**

My favorite thing to do is volunteer (when I can) at my children's school. I have been a camp counselor for high school girls for several years at a summer camp. I am involved with educating parents and at my children's school in regards to sex addiction and preventive techniques to protect their children (and, ultimately, all our children). I plan to continue working to educate the administration in my children's school and larger groups and churches.

**10. What are some things about you that the CSAT community doesn't know.**

When I decided to pursue a counseling degree, sex addiction would have been the last area I would have chosen to work in. However, I believe God had a different plan for me and He inspired my path. I first started working with the spouses of the sex addicts and almost immediately I knew I was home in this area. I felt a passion for this work that I had not felt before, and here I am.

## Open Letter

Dear Fellow CSAT's:

I would like to take up the call for a needed resource for our CSAT community that was identified at last year's IITAP Symposium. The idea that was announced then was to create a professional electronic recovery support group for those CSATs who are themselves recovering from sex/love addiction. Such a group would offer a better option to clinicians who mostly are forced to choose between attending meetings with their clients or not attending meetings at all. It is my understanding from Tami that the idea for this meeting has lain untouched and that it was not discussed again at this year's symposium. Tami said IITAP staff are too stretched to take on this task and that no clinician has stepped forward to organize the effort.

Initially I considered volunteering to be the point person but due to some significant changes I have decided to make in both my professional and personal life, I realize I could not devote the time and energy this task would require. So instead, I am doing my bit by putting this challenge out in the hopes that it will appeal to someone as an avenue of service and who might benefit personally. I don't think the time and effort to get something going would really be that extensive. Tami has offered to help with announcements, etc., and hopefully this letter might bring forth a few people needing it and willing to figure out the details.

The optimal solution, even better than the electronic meeting, is when there are enough recovering CSATs in a given location to establish a closed in-person professional recovery group that can be attended with full confidentiality and anonymity. Here in Houston we are fortunate to have such a meeting which has been in existence for many years. To insure a sufficient core size for meetings, helping professionals in related fields such as clergy, physicians and teachers, are included, for whom there is a similar sensitivity in the nature of their professional mentor/provider relationships with their congregants, patients and students. Unfortunately, many locations have limited possibilities for such meetings, due to being smaller communities with fewer prospective members. Plus, it does take some dedication and follow-through to get these meetings going and to maintain them. (If perchance someone has more passion to start an in-person professional group, go for it!)

As for the electronic meeting, my thought would be to have one group (phone or Skype) for CSATs and ASATs, and another group for candidates. I supervise a recovering candidate in a foreign country who would really benefit from having this group, and I have come across CSATs needing something like this.

In closing, I'd like to comment on what I judge to be a subtle form of resistance in addressing this need, or maybe denial would be

the better term. New ideas usually require a long time to take root, and I have observed that our organization is no exception to that norm. In our profession and community it is easy to stay busy serving our clients' needs and to use a hit-and-miss approach to meeting our own. This is problematic for any clinician but dangerous if we are an addict treating addicts. If, because we don't want to be a peer with our clients, we justify not going to meetings (which can include not having a sponsor and not working the steps either), we at a minimum are engaging in poor modeling (even if the client doesn't know about it), plus we are upping the ante for a relapse with its attendant minions: secrecy, double messages, isolation and shame. If we do opt for attending regular meetings by trying to devise means of avoiding meetings clients attend or using discretion about how much we share, we cannot avoid the risk of some form of dual relationship and/or we reduce the safety and benefit meetings are meant to provide.

'Nuff said. So, if you are reading this, and needing this, I challenge you to step up... Tami would be the contact person for getting started, and I offer to share my thoughts as someone with a long history of 12-step participation and who in the past was the point person to start a local meeting.

Jerry Goodman, LCSW, CSAT



### Networking Groups

The following is a list of networking groups for ASAT/CSAT and Candidates. If you are interested in helping to form a group in your area, please e-mail Tami VerHelst at [tami@iitap.com](mailto:tami@iitap.com), or call 480-575-6853. This is a great opportunity to network, support each other and share information.

Area	Contact
Northern California	<a href="http://www.ncpasat.com">www.ncpasat.com</a>
Southern California	Chad Kellan at <a href="mailto:cjkelland@hotmail.com">cjkelland@hotmail.com</a>
Illinois	Hedy Tan at 312-335-1428
Nashville, TN	Tom Knowles-Bagwell at 615-972-7652
Phoenix, AZ	Marcus Earle at 480-947-5739
Tucson, AZ	Sherry Simon-Heldt at <a href="mailto:simonheldt@cox.net">simonheldt@cox.net</a>
Northeast United States	Jim Bresnahan at <a href="mailto:jimbres2000@yahoo.com">jimbres2000@yahoo.com</a>
Washington, DC Area	Patricia Fahey at <a href="mailto:pat@ftaai.com">pat@ftaai.com</a>
Wisconsin	Roger Northway at <a href="mailto:northpath@sbcglobal.net">northpath@sbcglobal.net</a>
UK/Europe	Jenny Dew at <a href="mailto:jennyedew@aol.com">jennyedew@aol.com</a>
Colorado	Michael Barta at <a href="mailto:michaelb2007@gmail.com">michaelb2007@gmail.com</a>
Portland, OR	Catherine Cooney at <a href="mailto:cooneycatherine@yahoo.com">cooneycatherine@yahoo.com</a>
Dallas, TX	Cole Adams at <a href="mailto:cole@bluffviewcounseling.com">cole@bluffviewcounseling.com</a>
North Carolina	Patricia Catanio at <a href="mailto:pnlee_2000@yahoo.com">pnlee_2000@yahoo.com</a> *
	FRIENDLY REMINDER: Some weeks I don't check email daily. If you need a quick response, please call me at 919-260-1243. I will get back to you ASAP.
New York, New York	Bart Mandell at <a href="mailto:askbart@aol.com">askbart@aol.com</a>

## Our New CSATS

- Jill Abramson
- Jim Anderson
- Ronit Argaman
- Stuart Camp
- Russell Forrest
- Ryan Hosley
- David Llewellyn
- Vicki Mead
- Dan Morris
- William Muhr
- Duane Osterlind
- Mahla Wood



Mod 2 in Ocklawaha, Florida - May 2011

## Skype Therapists Needed

We receive many inquiries at the office from people seeking help who do not have an ASAT/ CSAT/ Candidate nearby. Though we continue to work on filling the gaps, people need help now. If you are able and willing to work via Skype, we suggest you include this information on your website listing. Contact [tami@iitap.com](mailto:tami@iitap.com) to request an Enhanced Website Listing form. Please make sure you understand any restrictions your licensing may have around this type of therapy before advertising it.

## Copyright Infringement is a Crime

Did you know that it is a copyright infringement to photocopy copyrighted content without permission from the Publisher? If you are copying materials from a Gentle Path Press Publication (Recovery Start Kit, Facing the Shadows, Recovery Zone, etc.), to use without written permission, it is not only illegal, it is unethical and prosecutable by law. Please make sure you are not violating your ethics requirement by doing this. If you have any questions, contact [CCasanova@NewFreedomCorp.com](mailto:CCasanova@NewFreedomCorp.com).

## Don't Forget to Renew

We send e-mail reminders about your renewal beginning approximately 60 days prior to the expiration date. Beginning two weeks after the expiration we will remove your name from the websites for referrals. Don't lose opportunities for new clients – keep your certification current!

The renewal form on [www.iitap.com](http://www.iitap.com) under “for therapists” or the combined CSAT and Supervisor renewal is on [www.iitap.com](http://www.iitap.com) under “for therapists” and “Supervisor resources”.

## We are here to help YOU ...

DO YOU NEED HELP? Are you a member of the CSAT community and are struggling, personally, with your addiction? Do you need assistance finding professional help? Please do not hesitate to contact our office. We understand the struggles and are not a punitive organization – We want to help all in our community to be the best possible person and therapist. Call Tami or Stefanie at 480-575-6853.

## RECOVERY ZONE MODEL

200 Days Community Based Model		Workshop Intensive Model
Content Focus	Time Required	<b>WEEK ONE</b>
Intro Workshop	1 Day	Decision Table
Decision Table	2 Weeks	Recovery Zone
Recovery Zone	2 Weeks	Addiction Interaction
Addiction Interaction	4 Weeks	Grievance Story
Long Night Ordeal	1 Week	Trauma
Grievance Story	3 Weeks	3-Month Plan
Fear	4 Weeks	<b>WEEK TWO</b>
Shame	4 Weeks	Shame
Grief	3 Weeks	Grief
Restructuring Self	3 Weeks	Restructuring Self
New Covenant	2 Weeks	New Covenant
Recovery Zone Transition	1 Day	Revised Decision Table
Elapsed Time	28 Weeks (196 Days)	3-Month Plan
		<b>WEEK THREE</b>
		Vision Table
		Relationships
		Money and Work
		Physical
		Legacy Table
		One Year Plan

## The IITAP Forum

The IITAP Forum has been created to give ASATs, CSATs, and Candidates a place to discuss topics and coordinate travel arrangements for upcoming events without having to wait for us to post roommate requests to the website or send group e-mails about airline travel.

If you are interested in joining the IITAP Forum, go to [www.sexhelpworkshops.com](http://www.sexhelpworkshops.com) and register. Please feel free to start a thread on the site - It's there for your use!

## Therapist Tokens Available

If you are an ASAT, CSAT or a Candidate, and would like to take the SDI-R using a Therapist Token, please contact: [info@iitap.com](mailto:info@iitap.com), or call 480-488-0150.

This is a FREE token for your use. The token provides an opportunity to use the test, personally, without using a client token, but also provides research for the test as a comparison group with the general public. The tests are anonymous and individual test results are provided only upon your request.



<b>Title</b>	<b>Presenter</b>	<b>Price</b>	<b>Qty.</b>	<b>Cost</b>
"Let's Talk About Fear"	Patrick Carnes	\$25.00		\$
"Recovery Zone: The Next Phase"	Patrick Carnes	\$25.00		\$
"I Love You, I Hate you: Transference & Counter-transference Issues in Supervision"	Alex Katehakis	\$25.00		\$
"Ethical Dilemmas for Therapists Treating Families and Sex Addiction – Don't Get Caught with Your Pants Down – Part 1"	Stefanie Carnes	\$25.00		\$
"Taking Chemical Dependency to Tasks"	Jes Montgomery	\$25.00		\$
"Fighting the Demons – Comparing and Contrasting the Modalities of Trauma Treatment and the Impact on the Therapist"	Panel: Judy Crane, Arlene Story, Charlie Risien, Caroline Smith, E.C. Hurley	\$25.00		\$
"Ethical Dilemmas for Therapists Treating Families and Sex Addiction – Don't Get Caught with Your Pants Down – Part 2"	Stefanie Carnes	\$25.00		\$
"Making Cents in Recovery: Introduction to the New Money and Work Assessment and Treatment Tools"	Bonnie DenDooven	\$25.00		\$
"The Rhythm of Group Supervision"	Cara Tripodi	\$25.00		\$
"Recovery Start Kit: Understanding How to Use It"	Barbara Levinson Kent Ernsting	\$25.00		\$
"Treating Sex Addiction in the New Media Frontier"	Rob Weiss	\$25.00		\$
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"Young Adult and Adolescent Sex Addiction: Implementing the Task Model"	Bonnie Phillips Ryan Butterfield	\$25.00		\$
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