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N NAADAC *NEWS*

The Association for Addiction Professionals • We help people recover their lives.

Vol. 18, No. 5, December 2008/January 2009

Adolescents and Treatment:
*Treating the Disease,
Coping With Defiance*
pages 6–12





Editor's Note

With this edition of *NAADAC News* we celebrate the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 into law as part of the Emergency Economic Stabilization Act (HR 1424). Many addiction professionals, friends and family have fought a long time for parity and to you we say thank you for all of your dedication and hard work! This is truly a historic victory.

I hope that all of you had the opportunity to participate in some of the wonderful National Alcohol & Drug Recovery Month events that happened across the country in September. NAADAC sponsored over forty events this year and we hope to keep the momentum going for next year. If you had an event, please send me photos, video, radio spots, etc. so that SAMHSA can use it to continue to promote Recovery Month. We may also feature your photos in next year's Recovery Month edition of *NAADAC News*.

In this issue you will find a lot of information about the election and politics. We are also featuring a guest column: "THE UN-COMFORT ZONE with Robert Wilson." Since this is a new column for *NAADAC News*, I especially welcome your feedback on it.

Anne Luna
 NAADAC News Editor
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Change of Address: Notify NAADAC three weeks in advance of any address change. Change of addresses may take up to six weeks, so please notify us as soon as possible.

Send your old and new addresses to NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or send an email to dcroy@naadac.org.

Stand Up and Be Counted

Nominations are Open for 2009 NAADAC Elections

Roberta Taggart and Jeffrey Wedge, Nominations and Elections Co-Chairs

Mohammed Ali once said, “The service you do for others is the rent you pay for the time you spend on earth.” If you have been looking for an opportunity to step forward and participate in NAADAC’s leadership, your opportunity may present itself this spring. Below we’ve laid out some of the key details on the 2009 elections.

Running for Election

There are five positions open for election in this year. Four Regional Vice President (RVP) positions and one for Organizational Member Representative.

The RVP positions up for election are:

North Central (*Represents Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, & South Dakota*)

Mid-Central (*Represents Illinois, Indiana, Kentucky, Michigan, Ohio & Wisconsin*)

Southeast (*Represents Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee*)

Southwest (*Represents Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah*)

The Organizational delegate of the Association shall be installed at the annual meeting following their election and shall hold office for two (2) years. Nominations will be solicited from all current NAADAC Organizational Members during the NAADAC nomination period. Organizational members will vote for the candidate of their choice during the NAADAC election period.

Eligibility

Candidates must:

1. Be a NAADAC member in good standing
2. Hold either a state or national credential
3. Have served either on the NAADAC or state affiliate board of directors or have been a chair of a state or NAADAC committee, and
4. Have been actively engaged in the counseling profession for a minimum of two years.

Campaigning

As laid out in the NAADAC Policies, candidates are not allowed to campaign for NAADAC offices. If a member makes an independent inquiry, then you are welcome to discuss any issue they would like to discuss.

Information on Candidates and the Election Process

If you would like to know more about the elections and the candidates, there are three easy ways to access information.

1. Candidate nominations must be received by February 17, 2009. A nomination packet can be requested from Donovan Kuehn at 800.548.0497, ext 125 or

dkuehn@naadac.org or downloaded from the NAADAC Web site.

2. Every eligible voter will be sent a hard copy of the April/May *NAADAC News* which lays out all of the candidates’ information.
3. Biographies will be posted on the NAADAC Web site and can be accessed by visiting the NAADAC homepage (www.naadac.org).
4. Biographical information will include an e-mail address so members can contact candidates directly.

Election Results

To ensure that all votes have the opportunity to be counted, we will wait ten business days after the election before tallying the results in order to ensure that any mail-in ballots make it to the election administrators. A final elections report will be delivered to the Nominations and Elections co-chairs in May and candidates will be notified after the results have been certified.

We hope this answers any questions you may have. If not, please let us know! Contact us at RLTaggart@genesec.edu (Roberta Taggart) and jwedgej.nh@netzero.net (Jeffrey Wedge).

Nomination Timeline

1. Candidates seeking office must complete an official nomination form and submit it to the NAADAC Nominations and Elections Committee on or before **February 17, 2009**. It is the responsibility of the candidate to ensure that his or her nomination has been received.
2. Candidates will be notified by the Chair of the Nominations and Elections Committee of the acceptance or rejection of their application.
3. A slate of candidates who meet the specific qualifications of the office they are seeking will be featured in the **April 2009** issue of the *NAADAC News*.

Election Timeline

April 1, 2009 – Ballots will be mailed to all NAADAC members in good standing

April 30, 2009 – Ballots must be postmarked by this date to be valid.

May 21, 2009 – The NAADAC President and all candidates will be notified of the election results by the Nominations and Elections Committee Co-Chairs.

Appeals to the Nominations and Elections Committee by candidates must be made by **June 1, 2009**.

If you do not receive a ballot packet by April 7th, 2009, please contact Donovan Kuehn at 800.548.0497, ext 125 or dkuehn@naadac.org.

Unleashing the Inner Advocate

Addiction-Focused Professionals Create Positive Change

Daniel Guarnera, NAADAC-NAATP Government Relations Liaison



This spring, addiction professionals will leave their group therapy sessions and paperwork behind for a new client: the nation's lawmakers. NAADAC, the Association for Addiction Professionals, the nation's largest association for addiction service professionals, is joining with the National Association for Treatment Providers (NAATP) to co-host the Advocacy in Action Conference.

The conference, running from March 8–10, 2009, in Washington, D.C., will provide the opportunity to meet face-to-face with the nation's lawmakers and help re-shape how they view addiction.

The Advocacy in Action Conference is designed to educate addiction professionals about current public policy issues in Washington, D.C., and bring their day-to-day experiences and stories to decision-makers at all levels of government. Advocacy in Action will feature briefings on current addiction policy initiatives from leaders in the profession. Prior to meeting with lawmakers, participants will receive training on advocacy strategies to promote effective prevention, treatment and recovery policies and become active advocates back home and year-round. All attendees will put their new skill set into practice by meeting with their Members of Congress.

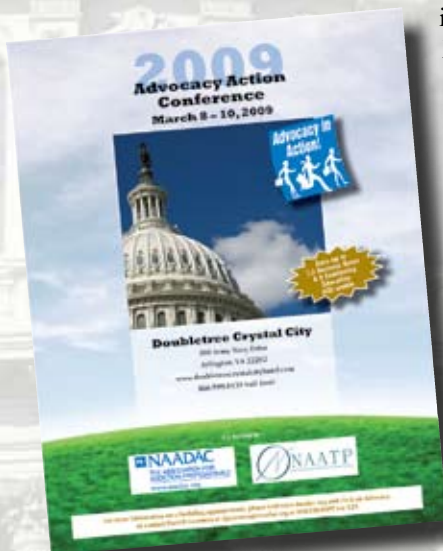
This is expected to be NAADAC's most ambitious advocacy conference ever. Continuing education credits will be offered and participants will have an opportunity to be briefed on issues such as the future of addiction treatment in Medicare and Medicaid, health care reform in 2009, insurance parity and on the initiative by university presidents to lower the drinking age.

"You can't overstate the importance of NAADAC members coming to Washington to meet with their congressional offices in person," said Gerard Schmidt, chairperson of

the NAADAC Public Policy Committee. "Advocacy in Action is not only a great training experience, but it's a central part of our mission to build strong relationships with members of Congress and educate them about addiction."

"This has been such a busy year legislatively," added NAADAC Executive Director Cynthia Moreno Tuohy. "The effort of NAADAC members to pass insurance parity, the Second Chance Act on prisoner reentry and other important legislation demonstrates what a strong voice we can have when we work together. The Advocacy in Action conference is so important to addiction professionals because it gives us the tools to ensure we are heard and understood by decision-makers in government."

To see an overview of the schedule or to register, please visit www.naadac.org and click on "Upcoming Events" or visit www.naatp.org. If you have any questions, please contact Daniel Guarnera at 800.548.0497 ext. 129 or dguarnera@naadac.org.



2009 Advocacy in Action Registration Form

March 8-10, 2009 • Doubletree Crystal City • 300 Army Navy Drive, Arlington VA 22202
www.doubletreecrystalcityhotel.com • 866.999.8439 (toll free)

Register online at www.naadac.org or www.naatp.org

Registration Fees

	EARLY BIRD SPECIAL! (Register by Feb. 11)	Regular Price
Student	\$75	\$100
NAADAC & NAATP Member	\$125	\$150
Non-Member	\$150	\$200

This is my first advocacy event. Yes No

For non-members to receive the member rate for the conference, join NAADAC by calling 800.548.0497 or visit www.naadac.org or join NAATP by calling 717.392.8480 or visit www.naatp.org.

Conference Refund Policy: A partial refund of 75% of registration cost is refundable with written cancellation received 30 days before the conference. Thereafter, 50% of conference fees are refundable.

REGISTRANT INFORMATION

NAADAC/NAATP Member # _____ (if applicable)

(Please Print Clearly)

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

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Please return check or money order by mail to:

NAADAC

1001 N. Fairfax St., Ste. 201

Alexandria, VA 22314

VIA FAX: 800.377.1136

CONFERENCE FEES

_____ Conference Fee (see fee schedule above)

_____ Ticket for the NAADAC Political Action Committee (PAC) reception (March 8, 2009). \$35 suggestion donation. Corporate checks or credit cards cannot be used to pay for PAC tickets.

_____ Guest Dinner Ticket for Legislative Awards Dinner. \$50 per guest. Dinner is included in your conference registration fee.

_____ **TOTAL AMOUNT ENCLOSED**

Please send me additional information about membership.

PAYMENT INFORMATION

Check made payable to NAADAC (by mail only).

Visa MasterCard American Express

Name as it appears on credit card (please print clearly):

Account # _____

Exp. Date _____

Signature _____

Conference Agenda

Sunday, March 8, 2009

1 - 2:30 pm Advocacy Strategies and Techniques

3 - 4 pm Advocacy 101 and Advocacy 201

4 - 5:30 pm Current Issues in Addiction Policy and The Future of Addiction Treatment in Medicare and Medicaid

6 - 8 pm NAADAC PAC Reception
(for NAADAC members only)

6 - 8 pm NAATP PAC Reception
(for NAATP members only)

Monday, March 9, 2009

9 - 10:30 am "Health Care Reform in 2009 and Beyond"
Panel

11 am - 1 pm Lunch Panel
"Is It Time to Lower the Drinking Age?"

1:30 - 3:30 pm "What's Next for Insurance Parity?"
Strategic Planning Session

4 - 5 pm Hill Visit Preparation and Training

6:30 - 8:30 pm Awards Dinner

Tuesday, March 10, 2009

8 - 9 am Hill Visit Kick-off

9 am - 5 pm Meetings on Capitol Hill

3 - 6 pm Debrief

Working with Defiant Adolescents in Treatment Strategies for Long-Term Success

Chris Bowers, CSAC, ASE

*"You say yes, I say no
You say stop and I say go, go, go
Oh no, you say goodbye and I just say hello
Hello, hello, I don't know why you say goodbye, I say hello
Hello, hello, I don't know why you say goodbye, I say hello"*
Paul McCartney: "Hello Goodbye"

Adolescence is that time in the life cycle when individuation takes a uniquely energetic turn. Teens are focused on moving away from their attachment to parents and moving toward something...but there's the issue. Teens have their eyes on the "out there" with their friends and school, though family remains significant. Resistance to parental and other social expectations, rules and direction, is usual. Adolescence could be termed the "age of opposition," as well as the age of exploration and experimentation, all of this to invite discovery and the mapping-out of one's identity. This includes the teen's own style or unique self (for an interesting presentation about per-

sonality styles, see "The New Personality Self-Portrait" by Oldham and Morris).

Resistance by teens is expected and not enjoyed by parents and others. Opposition with a measure of cooperation is typical; opposition with enacted defiance that is constant and damaging to relationships, school attendance and grades, and noncompliance with social expectations including the law, is when counselors are usually called. Add chemical misuse to this and a substance abuse counselor may be seated in an office with an oppositional-defiant adolescent, or have to deal with this behavior in a treatment group.

What is "defiance" and how does this differ from normal adolescent resistance and opposing? DSM-IV explains Oppositional Defiant Disorder as "*a pattern of negativistic, hostile and defiant behavior lasting at least 6 months,*" with four or more behaviors including the teen losing his temper often, frequent arguments with adults, direct defiance or refusing to comply with the requests or rules of adults, deliberately an-

SECAD Conference Bigger and Better in 2009

*New Tracks, Partners Aim for an Unforgettable Experience
Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP*



On February 9–11, 2009, after more than 33 years, SECAD will reinvent itself, and in doing so will change the way the addiction profession educates, instructs and informs those in our industry preventing, intervening, and treating addictive disorders.

For the first time SECAD will turn, not to one, but to the two most highly regarded addiction associations in the world, NAATP (The National Association of Addiction Treatment Providers) and NAADAC, the Association of Addiction Professionals, to develop a conference agenda that will work to educate and inspire counselors, trainers, medical professionals, and managers. Together, these two associations will use their vast experience, knowledge, and industry connections to develop sessions and workshops that will educate and inspire. Keynote presentations and panel discussions will highlight and debate key treatment strategies and the impact of new laws that will impact patient rights, insurance, and continuation of treatment.

SECAD 2009 will include a full range of educational opportunities including:

- General session keynote presentation from industry experts
- Panel discussions with recognized industry leaders from treatment, insurance, and government
- Pre-conference workshops to provide small setting highly interactive learning
- Pre-conference ethics lectures for counselors and clinicians needing as many as six continuing education credits
- Knowledge Track Sessions — allowing you to pick from three topic areas each educational hour

This conference is being developed to maximize education time while still providing networking and exhibitor time. By combining all of the educational opportunities attendees can receive credit for up to 20 CEU hours as well as an additional six Ethics continuing education credit hours.

SECAD will be held February 9–11, 2009 at the Sheraton Atlanta Hotel, in Atlanta, Ga. For more information, please visit www.SECAD09.com.

2009 SECAD will be bigger and better than ever before. Improvements in the conference content include:

- An expanded agenda with added tracks that continue to attract treatment professionals, but also include a stronger medical focus that will attract doctors and hospital administrators, as well as a stronger "train the trainer" track.
- A broader geographic reach expanding beyond the Southeast region, resulting in more diverse contacts for sponsors and exhibitors that will include a much larger demographic of trainers, doctors, and hospital administrators, in addition to addiction professionals.
- A partnership with the NAATP and NAADAC to ensure greater consistency of content and a higher level of speakers.

FEES

Conference Registration Fee \$ 400

Ethics Pre-Conference Workshop \$ 150
(6 CEUs; separate registration required)

Pre-Conference Workshop \$ 150
(6.25 CEUs; separate registration required)

noying people, blaming others for her own mistakes or misbehavior, being “touchy” or “easily annoyed” by people, anger and resentment that is frequent, and often being “spiteful or vindictive.”

DSM prompts this diagnosis based on a teen behaving this way more frequently than typical for her age group and level of development.⁽¹⁾ In other words, a pattern of strong repetition as compared with other teens, shows the difference between normal, expected opposition and a defiant disorder.

Now, take note that the suggestions in this writing aren’t focused on one degree of opposition or another. Severity in behavior is always difficult to measure. Yet, teens can say ‘no’ in a variety of ways and in the end it means the same thing. So, you are encouraged to see how these approaches might fit with much of teen behavior, all nonetheless having some measure of defiance. Given this, how can a clinician work with defiant adolescents in treatment?

Create options in decision-making about abstinence and other treatment issues

For example, the adolescent may have to decide to quit use or continue it, but she can also go on a “vacation.” This means the teen has the third option to put off deciding for a time period; yet alternative must include a commitment to avoid all chemical use. During this ‘vacation’ from deciding and using, the teen puts her energy into family, school, goals, and other life issues, to address problems in these areas. Toward the end of the vacation time the adolescent then talks with someone trusted and explores a decision to quit use, return to it, or go on another vacation. What this third option does is to give the teen flexibility for making choices and considering potential results. It also keeps the power for choosing in the hands of the adolescent.

Another approach by the clinician is to negotiate with an oppositional teen about treatment goals, the program’s requirements, or relationship issues with parents and caregivers. The clinician can propose a mutually-focused move...give up some of your position to compromise with

what the teen wants, all within good clinical boundaries of course. The goal is to create options available to the adolescent.

Spell out the possible results of action choices by teens

Relate behavior to the teen’s treatment issues and help the teen understand what can happen in the future due to this behavior. Rebellion doesn’t stand alone, resistance doesn’t either. These are always connected to a diagnostic issue being addressed and the need is to assist the teen to look out of the moment and how the attitude and behavior connects with larger issues for the future.

Enhance peer feedback

Ask the teen’s peers in the treatment group to give feedback on the issue in discussion; this is more powerful than a clinician’s comments, and moves the focus away from the adolescent and clinician interaction. The need also is to keep track of how the interaction might position the teen over against his peers, and for the clinician to support the oppositional teen and peers giving comments.

Set clear limits and back up what the rules are in the treatment setting

Stick to the rules, but be flexible: back up accountability and rule-breaking consequences with understanding that is clearly communicated and yet also a willingness to consider options with the teen. Don’t turn over too much power: the stability of the treatment program, center, and therapy session needs to be maintained for the adolescent’s therapeutic progress. Maintaining one’s clinical stance when needed is more helpful than giving-in because a teen is angry about something.

Give consistent support

- Give time for the adolescent’s concerns: allow and support the teen’s “venting.”
- Offer to talk about it individually after group; this can lower the tension in a treatment group by affirming the teen’s challenge or resistance as worth



discussing, yet that it can be better done individually.

- Avoid being or sounding punitive: *voice tone is the melody of personal intention.* Voice says what the person truly intends, despite whatever is said in content or done. Impatience, condescension, judgmentalism, a lack of caring, or acceptance, understanding and validation among else, are all communicated through the instrument of voice.
- “Roll with resistance”...the classic, supportive response in a motivational enhancement style. The adolescent does not have to change on command, be agreeable all of the time, go along with everything we clinicians say, or do what is best right now! We choose when to challenge resistance and how, based on therapeutic wisdom and a client-centered style.
- Communicate that you as the clinician will be there for the adolescent through everything, even when a rule violation has to be faced by the teen, and that the teen will have another chance tomorrow to deal with the treatment issues.

Defiant, cont. on page 8

Defiant, from page 7



I have found that many oppositional teens want another chance to demonstrate cooperation, and they look for assurance in the rapport that has been established with their treatment counselor. Sometimes this ‘looking for’ shows up as an intentional “hello” spoken by the teen, or a little joking toward the counselor. The teen checking-out the counselor’s facial response can be a sign that the teen values the rapport. If the clinician consistently affirms the connection with the adolescent, the oppositional behavior becomes connected to the rapport, and is not just what has to be confronted. It is helpful for the clinician to recognize that “paying your dues” by building rapport results in the equity needed to more effectively address a teen’s oppositional behavior. Otherwise, you are just another authority figure to be opposed.

The obvious and tricky waters: don’t try to win out over an oppositional teen

Counselors and others in treatment centers have to deal with their own “authority issues,” if they have any, so that every resistance from an aggravated teen is not viewed as a challenge to an adult’s age or position. Skip the authority struggle and keep your authority: avoid the win-lose game (I have to win, you have to lose). If you play this in treatment with an oppositional teen, either outcome will always mean *you lose* as a clinician. Take note of when a “power struggle” is happening: A power struggle with an oppositional teen will result in a further loss of authority in the teen’s view of the clinician. When the teen is engaging in this, it is difficult to completely eliminate the struggle because the teen will most often see any response not in agreement with his own as being against him, and so has to ‘power up’ in response. A parental approach to a resistant teen will most often invite a power struggle. Also, an old piece of advice still works: pick your battles... how important is the present issue in the adolescent’s overall treatment process? Further, gauge the feeling char-

acter in a teen’s challenging...what’s the mix? To nudge the teen toward more cooperation, work with one feeling element in the moment and not respond to another. For example: the teen gives a slight smile when voicing opposition with a somewhat angry tone...try working with the slight smile and not the anger.

Work on your personal limits and understanding of defiance

- Monitor your frustration tolerance: don’t try to keep on dealing with a belligerent teen because you think you have to. Back away and let someone else try it for awhile if you know you are at or above your “frustration ceiling.” Consulting with colleagues or arranging peer supervision is a good way to keep your personal support going.
- ODD teens don’t typically have ongoing violations of the rights of others by intimidating or threatening, getting into fights, using a weapon, or being “physically cruel” to people or animals, these behaviors being more usual in Conduct Disorder. And, a varied etiology may prompt a defiant disorder, yet parenting that is punitive and callous with inconsistent punishment for misbehavior seems to be the background pattern established early in a defiant teen’s life. Parent management training assists parents in their own behavior change. And note that a child with an alcoholic parent who has legal problems is about three times as likely to have ODD.⁽²⁾⁽³⁾⁽⁴⁾
- ODD is a symptom as a diagnosis: name and work with the mental and emotional wounds, where the hurt is for the teen. Also, consider other diagnoses the teen may have in addition to oppositional defiance, since this does not usually occur by itself: Substance abuse or dependence, ADHD, Bipolar, Dysthymia, Major Depressive Episode or Disorder.

An oppositional-defiant adolescent will try your interpersonal, clinical skill. The goal with any counseling approach is to nudge the teen toward a more mutual way of relating, a manner with others that will prove successful in the long run.

Chris Bowers, CSAC, ASE, serves as the Chairperson of the NAADAC Adolescent Specialty Committee.

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Teenage Substance Abuse Prevention Success Happens When Family Members and Others Come Together

Kevin Large, MA, LCSW, LMFT, MAC, ICAC-II, SAP

The headlines are all too familiar all across America. “Teenager dies of drug overdose.” “Teenage deaths are on the rise due to drugs and alcohol.”

Despite attempts to intervene and provide substance abuse prevention and the availability of substance abuse treatment, and in spite of the combined public education efforts about the risks of drug and alcohol abuse, young adults continue to experiment with illicit drugs, prescription drugs, over-the-counter drugs, alcohol, household cleaners and other chemicals that can be hazardous to their health or incur fatal results.

The risks associated with teenagers and children becoming involved in substance abuse are high: loss of life, sudden death, coma, permanent brain injury, lifelong addiction, functional and social impairment, legal problems, family problems, loss of career goals and loss of reaching their potential.

The key is to try to reach those teenagers and children who are at risk at becoming involved in the use of drugs or alcohol, and to help guide them toward making healthy and life-affirming choices so that they can hopefully go on to lead healthy and productive lives.

Substance Abuse Prevention Efforts

There have been efforts and programs put into place to help deal with the problem, typically through offering substance abuse prevention services, substance abuse treatment, and public education for parents, teenagers and children.

While many of us are involved in substance abuse *treatment*, the profession of substance abuse *prevention* is described as having a different body of knowledge, skills and objectives as compared to what we are used to in substance abuse treatment.

In a nutshell, some of our very familiar tools in substance abuse *treatment* are assessment, counseling, education, relapse prevention, and development of a support system.

In substance abuse *prevention* services, the emphasis is on developing public awareness of the problem, public education, developing strong linkages between the kids and the community and bringing together parents *and* schools *and* probation *and* clergy *and* community groups, with the aim of seamless openness and support for the developing youth.

“Best Practices” and “Promising Practices”

Research efforts seek to quantify the effectiveness of both substance abuse *prevention* programs *and* substance abuse *treatment* programs. We are familiar with the term “best



practices” in both substance abuse and mental health treatment when a treatment program or modality has been researched and described as being among the “best practices” for an approach to treatment in the specific profession. Some examples include those modalities that have been described as being the best practices in the treatment of co-occurring disorders, family therapy with teenagers and family psycho-education.

In examining programs that provide substance abuse *prevention*, the term “**promising practices**” has been used to describe those substance abuse prevention programs that have what are believed to be the essential and necessary components

of an effective substance abuse prevention program.

One of the most concise summaries that covers this body of knowledge is found on the Fasten Network organizational website. The title of the article is *Best Practices Checklist: Youth Substance Abuse Prevention*. The main points in the article are listed below.

- The program you implement should be based on research and theory.
- Information presented in the program should be accurate and developmentally appropriate.
- Teach participants to identify and resist social pressures.
- The program should teach kids that most people, both adults and students, do not use drugs, alcohol, and tobacco.
- The program should teach personal skills, social skills, and comprehensive health education.
- Information should be presented interactively (at least in part).
- Train those who will be presenting/teaching the material in the program and offer them on-going support.
- The Program should be long-term and in-depth with follow-up.
- Be sensitive to the culture, ethnicity, and gender of your participants.
- Prevention programs should use as many components/outlets as possible, addressing all aspects of participants’ lives.
- Have the program evaluated regularly by an independent evaluator.

The article concludes by saying that “All of the above components should be included in a program so as to ensure the greatest chance of success, but research has shown that the following three are the most important: Normative Education (teaching youth what’s normal as most believe substance use

Prevention, cont. on page 11

Prevention, from page 10

is more prevalent than it really is); Cultural Sensitivity; and Resistance Skills.” Source: <http://www.urbanministry.org/wiki/best-practices-checklist-youth-substance-abuse-prevention>

Where do we go from here?

We have seen that the age of onset of substance use has gotten earlier and earlier. For some time, we have known that the “gateway drug” for kids and teens is tobacco cigarettes. Notice that this is not an illicit drug. This is the one of the most visible and commonly accessible drugs that kids are exposed to, oftentimes on a daily basis. There are numerous ways that kids come into contact with cigarette smoking in their daily lives: when a parent or other family member in the home that smokes cigarettes; when peers or older kids are smoking cigarettes, either at school or in their neighborhood.

One of the key things I believe we have learned over the past several decades is that, when working with a teenager, all of the key adults involved in the care of an adolescent need to be active, involved and communicating with each other. Otherwise, the adolescent is typically able to continue their behaviors and activities, and the adults end up relatively isolated from each other.

Success happens when the parents, family members, teachers, the principal, the school counselor, the coach, the probation officer, the judge, the pastor, the community agency staff all come together, meet, discuss their concerns, keep in contact with each other, and together as a unified whole to hold the teenager accountable for his or her behaviors. This model has

been successful in breaking through the manipulation and tangled web of lies and excuses that the troubled teens often weave to help protect their dysfunctional lifestyle.

Hope for the Future

In reflecting on what is needed in the care of our youth... we are aware of the need for a sense of hope... and the need for the development of a positive sense of self-esteem. Without these, the human spirit is diminished.

Let us be ever mindful of the impact that we may have on a young and developing person. Let us help instill a sense of hope. Let us share some coping skills, with the hope that they pick one up and try it someday. Let us show them, by example, how a person can be, so that we may become a role model to them — whether we ever find out, or not.

Kevin Large works as a clinician in northern Indiana.

Recommended Reading:

“Adolescents and Alcohol Abuse: New Knowledge, New Challenges, Volume 14, Number 10, American Psychological Society, © 2001. Source: <http://www.psychologicalscience.org/observer/1201/niaaa.html>

“Adolescent Substance Abuse: A Public Health Priority, An evidence-based, comprehensive, and integrative approach,” Brown University, © August 2002. The contents include a section: An Evidence-Based, Comprehensive and Integrative Approach to Adolescent Substance Abuse. Source: <http://www.brown.edu/Departments/PLNDP/Resources/adolescent.pdf>

“Components of a Model Adolescent AIDS/Drug Abuse Prevention Program: A Delphi Study,” Rebecca A. Adams, Fred P. Piercy, Joan A. Jurich and Robert A. Lewis, *Family Relations*, Vol. 41, No. 3 (Jul., 1992), pp. 312-317 (article consists of 6 pages). Published by: National Council on Family Relations. Source: <http://www.jstor.org/ps/585196>

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Visit www.freethebowl.com for Complete Details

Donovan Kuehn, Director of Operations and Outreach



winner of the contest will receive a brand new 13” Apple Macbook with Final Cut Express 4.0 software.

Reasons for the Campaign

According to the Marin Institute, the Super Bowl delivers the one of the year’s largest youth TV audiences and this fact is exploited by the alcohol industry which some of its most memorable, and expensive commercials.

Facts cited by the Marin Institute include:

- In 2008, an estimated 30 million underage youth viewed more ads for beer than any other single product during the Super Bowl. Millions more viewed beer ads online after the big game.
- The more youth are exposed to alcohol advertising, the more likely they are to drink, and drink to excess.
- 10.7 million underage youth drink; 7.2 million binge drink.

- Alcohol-related problems from underage drinking cost the country \$60 billion annually.

The Marin Institute is encouraging young people to develop their own commercials, which will be featured on YouTube, an online video sharing site.

Competition Rules

- Submissions are open to individuals (no group submissions)
- Video submissions must be 30–60 seconds long
- Video Title must be preceded by “Free the Bowl 2009 Contest –” (Example: Free the Bowl 2009 Contest – your title here)
- Minimum, one (1) fact must be used in video from 2009 Free the Bowl Fact Sheet available at www.freethebowl.com
- Participants under the age of 18 must get parental consent
- Winners must have release forms signed by video participants.
- See sample release forms available at www.freethebowl.com
- Video Submission is open to all U.S. residents ages 13–20.
- Viewing and voting on videos is open to everyone, so get your friends and families to vote on their favorite videos!

The submission deadline is January 25, 2009.

Prizes include:

- 1st Place – 13” MacBook with Final Cut Express 4.0 Software
 - 2nd Place – iPod Touch 8GB
 - 3rd Place – iPod Nano 8GB
- Please visit www.freethebowl.com for complete details.

Treating Adolescents At Risk for Addiction Support and Alternatives are Key to Success

Linda Hammock, LPC, LCAS, CCS

I don't know about where you live, but the mental health system in North Carolina is broken when it comes to treating substance abusing adolescents. There is not a single residential *substance abuse specific* treatment facility for adolescents left in North Carolina. Nor, in my entire region, do we have a functioning *public* outpatient substance abuse provider for teens. I suspect this is a national problem. I could rant endlessly about how our country has shot itself in the foot with mental health reform because all these untreated addicts are going to grow up and hit the system (if they haven't already!) but I am determined to focus on the solution rather than the problem.

So, unless your clients can afford to go to an expensive residential program, we have to find effective ways to intervene with adolescents on an outpatient basis. This is not new — we have been working with families on an outpatient basis forever - but it was in the context of a continuum of care. I always knew that if I was unsuccessful in interrupting a teen's substance use I could contribute to getting him/her "treatment ready" and facilitate both a residential placement and an aftercare process.

Redefining Outpatient Care

So...what do we do now? I believe we need to re-define what we mean by outpatient care for this population. Fifty minutes, once a week with a substance abusing kid is not going to make a dent.

We can develop rapport and give them a safe, objective adult with whom they can talk about their life, choices and consequences. We can provide addiction education to help them more accurately interpret their experiences regarding their relationship with substances but we cannot facilitate adequate change. I believe that we have to treat these kids with a systems approach and work with the parents as well as the adolescent. If we believe it is a family disease, we have to treat it like one! By the time parents come to me, they feel completely disempowered. So, in addition to the individual work I described above, we need to do weekly sessions with the parents to provide them both addiction education and parent coaching to empower them to provide adequate structure and discipline in their homes. Parents need to have clarity about their child's risk for addiction and the necessity for different parenting strategies than the average teen requires.

Parents need A LOT of support to make the necessary changes. Just as our teenage clients need a process to understand their own risk level for addiction, so too do the parents need a process to work through their own fear, denial and grief before they become willing to make adequate levels of change to protect their own sanity as well as appropriately parent their teen. In addition, we need to do family work with both the teen and the parents to facilitate the change process. I help parents develop a very concrete behavioral contract which

defines not only the primary five rules (the first of which is always sobriety) that need to be enforced but also how it will be monitored (such as urines, breathalyzer, etc.). The contract also defines the specific incentives if the teen complies with the contract (such as driving privileges or a later curfew) and the specific consequences if the teen does not comply (such as loss of car or an earlier curfew). This eliminates the need for parents to make "on the spot" emotional decisions when the teen violates the contract (which they will). For intact families, it minimizes Mom and Dad sabotaging each other's efforts due to differences of parenting styles. Successfully presenting a united front can soothe a strained marriage. The contract cuts down on the arguing in the household as well as giving the teen a reason to consider complying — since they can earn incentives that actually matter to them. The parents decide on the rules but the teen participates in negotiation with the parents (for which I prep the parents with good negotiation skills) to determine the incentives and the consequences to get the teen's "buy in." The insertion of this structure into the family provides a vehicle for ongoing assessment as to whether, when provided sufficient support and structure, the teen is CAPABLE of interrupting his or her use. It also provides much needed drama reduction and stress relief for the parents. I often say that parenting these kids is like trying to play basketball with the Harlem Globetrotters!

The above interventions assume that you have functioning parents who are able to participate in a process — and, needless to say, not all parents are available for this. But that is another article!

Parental Involvement is Not Enough

Assuming you have the parents involved, this is still not enough. An actively using teen, who is at risk for addiction, needs to be introduced to the 12-step program. Our goal is to successfully coordinate outpatient care with 12-step participation because it is practically impossible to expect substance abusing kids to change their social world by themselves. There are lots of valid concerns that prevent practitioners from including this in their practice with teens. But let's get real — how else will we provide daily support for this recovery process on an outpatient basis? So I will share how I have navigated some of the challenges in order to maximize the strengths.

First of all, we have to get teens to go to meetings. The first hurdle is the teen's inability to believe that they need to go. I tackle this in a variety of ways. I rarely make this an initial intervention (unless the teen already believes s/he is an addict). I wait until it becomes obvious that the teen cannot maintain compliance with the sobriety portion of the contract. In fact, I often use attendance at 12-step meetings in the contract as the identified consequence for being unable to maintain sobriety — so they know the deal on the front end. Parents

express anxiety about their teen being exposed to “undesirable influences” (which is their code for “addicts”). I basically tell parents that there are two kinds of addicts — active addicts and addicts who are working on their recovery. I can usually point out that their teen is already hanging out with the *active* addicts so I suggest that *recovering* addicts are preferable. I encourage parents to attend an open Alcoholics Anonymous (AA) meeting before we put that in the contract. This gives them the opportunity to see what it is like and get their concerns addressed before they decide whether or not to support that intervention for their teen. I simultaneously encourage parents to attend Al-Anon so they become familiar with the program and experience the benefits themselves. It also promotes empathy for the teen — which by now is in short supply.

For safety reasons I initially stick to sending kids to AA over Narcotics Anonymous (NA), in spite of the fact that most teens use drugs as much if not more than alcohol. Both programs are wonderful and both have strengths — but AA, as a rule, tends to be a stronger, larger fellowship with significantly more clean time available. I help clients understand the semantics of “alcoholic” vs. “addict” — since I believe it is essentially the same disease and the same recovery. Only when I believe that a teen has authentically engaged in a recovery process do I promote attendance at NA.

When a teen has agreed to try an AA meeting, I call a recovering young person (same gender as my client) and ask if they will meet me and the client at a coffee shop an

hour before the teen’s first scheduled meeting. I facilitate them getting to know each other and have the recovering young person escort my client to the meeting.

A major reason teens sometimes resist returning to AA meetings initially is their perception that “everyone in AA meetings are old.” If you, as the practitioner, are not in recovery, you will need to do some extra work to connect with recovering young people to address this concern. But it is not that hard. You can attend *open* AA meetings (the schedules online identify which meetings are open to outsiders). At the end of every meeting is an opportunity for “announcements for the good of AA”. Simply announce that you are a clinician seeking recovering folks who are willing to be initial contacts to introduce “at risk” teens to AA and ask that interested persons see you after the meeting. Then stick around and talk to folks. If there are no young people in the meeting take names and numbers of whoever is willing, and also ask if they could connect you with younger people (at least under 30) *who have a minimum of two years sober*. My community has two AA meetings specifically for young people called NCCYPAA (The North Carolina Conference of Young People in Alcoholics Anonymous) which I have supported significantly by bringing my clients. If you don’t already have a young persons’ meeting in your town you can approach the local General Service committee for AA and request that they consider starting one. When a teen enters an AA meeting and sees other teens it makes a huge difference in their gut response to the experience.

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NAADAC Organizational Members

NAADAC Welcomes Six New Members

Donna Croy, Director of Member Services

Intervention Treatment is a group of professional intervention specialists, interventionists, assessors, and consultants dedicated to providing effective crisis management. Utilizing their education, experience and proven methods of intervening, staff resolves crisis situations and put all affected individuals on the road to recovery.

Intervention Treatment was formed to bridge the gap between addiction and recovery for those who need and those wishing to help. Their professionals work quickly and confidentially with families to facilitate the recovery process. With an impressive 95 percent success rate, Intervention Treatment makes the difficult issue of addiction easier for the family and suffering individual. Their belief is that it is never too late to start over.

More information may be obtained by visiting their web-site at www.interventiontreatment.com or contacting William Donovan, Co-Founder at 28202 Cabot Road, Suite 205, Laguna Niguel, CA 92677, phone: 949.267.4102 or email: bj@interventiontreatment.com.

New Horizons Community Service Board is a non-profit organization providing mental health, developmental disability and addictive diseases to citizens in Harris, Talbot, Muscogee, Chattahoochee, Stewart, Randolph, Quitman and Clay counties. New Horizons is accredited by the Commission on Accreditation of Rehabilitation Facilities. Their mission is to provide ongoing, accessible and affordable services with experienced and trained staff to persons with mental health needs, developmental disabilities and addictive diseases. New Horizons primary goal is to promote well-being, independence and recovery for the individuals served. Their vision is to be recognized as the number one provider of choice for mental health, developmental disabilities and addictive diseases services. For more information, visit their website at www.newhorizonscsb.org or contact Sherman Whitfield, Clinical Director at P.O. Box 5378, Columbus, GA 31906-0328, phone: 706.596.5515 or email: swhitfield@newhorizonscsb.org.

Ark of Little Cottonwood's mission is to provide treatment in a safe, caring environment for those who suffer from the disease of addiction and other mental health issues. The Ark's programs include a 30-day residential substance abuse program, a 90-day residential substance abuse program, Transitional Living Program and Interventions. All of their programs are available to both males and females over the age of 18. Utilizing the twelve-step program, clients receive treatment in life-skills, drug awareness, relapse prevention, mental health groups, and individual therapy. For more information, visit their web-site at www.thearkoflittlecottonwood.com or contact Gloria Boberg, Executive Director, 2919 Granite Hollow, Sandy, UT 84092, phone: 801.301.9700 or email: nanaboberg@aol.com.

Phoenix Houses of New England, Vermont began in 1987 offering outpatient services, structured transitional housing for men and women on the path to recovery, and a residential treatment program for adolescents. Today they offer a wide variety of programs-residential treatment, outpatient services, education and prevention-supported by state contracts and grants from private foundations, corporations and individual donors.

Vermont programs include: 1) *RISE (Recovery in an Independent, Sober Environment)* located in Brattleboro offers a three to six month transitional living program for working adults in need of a stable environment while continuing their recovery in outpatient treatment; 2) *RISE Middle House* located in Bellows Falls provides sober living support with less intensive treatment; 3) *Project Crash* located in Brattleboro provides screening, education and therapy for first-time and repeat DWI offenders. The CRASH Program has been designed to provide information to help the individual understand clearly how alcohol and other drugs affect behavior and driving skills so that an individual can prevent trouble in the future; and 4) *Programs for Adults under Supervision of the Criminal Justice System*: a) Phoenix House Intensive Substance Abuse Program in Plymouth emphasizes relapse prevention and the development of sober support networks. Close client monitoring is provided in cooperation with corrections staff; b) Tapestry Program in Brattleboro provides a therapeutic community for up to twelve women furloughed from the Vermont Department of Corrections while they complete their sentences; and c) Phoenix House Discovery Program, Caledonia Community Work Camp in St. Johnsbury provides a 6-9 month, 50-bed therapeutic community for Offenders at the Caledonia Community Work Camp.

For more about Phoenix Houses of New England, Vermont visit their web-site at www.phoenixhouse.org or contact Richard Turner, Senior Program Director, 99 Ricks Road, Plymouth, VT 05056, phone: 802.672.2500 or email: rturner@phoenixhouse.org.

The **Kanawha Valley Fellowship Home** is a West Virginia non-profit organization, supporting recovering alcoholics who need a chance to build independent living skills in a structured residential environment.

They offer an environment with personal security and the opportunity to begin a new life by breaking destructive patterns of behavior associated with alcoholism and addiction.

Newly admitted residents must be in recovery, capable and willing to work full time and adhere to the KVFH rules and regulations. Potential residents are referred from treatment centers, detoxification facilities and personal, professional, and medical sources. The applicant's commitment to our program

is a minimum of six months with a potential of one year's residency. The home provides:

- Room and board seven days a week
- Around the clock staff availability and supervision
- Individual counseling and group therapy
- Job placement assistance

A program of activity designed to assist residents in overcoming addiction and maintaining sobriety.

Programs and services are provided both in-house and in cooperation with other groups or agencies with which the home regularly interacts. Visit their website at www.kufh.org for more information or by email: kufh@kufh.org or 1121 Virginia Street, East, Charleston, WV 25301, phone: 304.342.8051.

Serenity Clinic provides an effective and transformative pathway to recovery and freedom from personal trauma, eating disorders and addiction to alcohol and drugs. With its eight locations in the Waitakere area, Central Otago and the South Pacific Islands, the clinics overlook some of the most pristine, pure scenery found anywhere in the world. They provide personalized, integrated treatment of the highest quality in a caring and compassionate rehabilitation environment. Privacy and dignity are maintained with the utmost respect. Their primary focus is to replace fear and hopelessness with recovery skills that will help each client obtain a healthy, joyous, and productive way of living. For more information, please visit their website at www.serenitynz.com or email: murdoch@serenitynz.com or phone: 64.21.886327 or Serenity Clinic, P.O. Box 41, Piha, Waitakere, New Zealand.

For information about how your organization can become a NAADAC Organizational member, please visit www.naadac.org and click on "Membership."

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I also spend time in advance telling each teen what to expect at meetings including differences in formats between open and closed meetings. Closed meetings are for anyone who is exploring their own relationship to drugs and alcohol. At most closed AA meetings everyone introduces themselves by first name and a declaration of their relationship with substances (e.g., "My name is Linda and I am an alcoholic/addict"). Teens need to be warned so that they know that it is OK for them to simply say "My name is Linda and this is my first meeting" or "My name is Linda and I don't know if I am an alcoholic/addict" or whatever they are comfortable with. I also explain the 12 steps as well as AA "chips" so that they will be prepared at the end of the meeting when given an opportunity to "join" by picking up a white chip if they want to.

Next teens complain about not believing in God. As part of the preparation for a first meeting, I talk with them about the flexibility in this concept. We talk about the difference between spirituality vs. religion as well as the possibility of defining their "higher power" any way they want.

I focus on the potential social support from other 12-steppers. I put a lot of energy into dealing with the social phobia my clients struggle with. I encourage them to use AA as a place to practice the new social skills I teach. Over time I help them plan how to talk with other AA members, to get phone numbers, role play what to say to fill the anticipated awkwardness during phone calls and actually sit with them to make the initial calls.

To be successful at any of these interventions you need to be extremely familiar with how 12-step programs work. If you are not in recovery yourself, I recommend that you consider attending Al-Anon meetings. The only requirement for membership in Al-Anon is alcoholism or addiction in a relative or friend. Your qualifier is that you work with addicts eight hours a day. If that isn't a significant enough relationship, I don't know what is! Of course, many of us have plenty of addiction in our families anyway — so we often don't have to look very far for a personal qualifier!

I strongly encourage my clients to engage socially with other recovering people. I help parents understand how they can get to know the people that their teen meets in AA so that they don't feel so vulnerable. It is perfectly reasonable for parents to expect a recovering peer to come to the house and meet them before allowing their teen to socialize with them. It is also reasonable to ask your teen's sponsor to share his/her phone number in case they have questions about their teen's accountability (i.e., Was the teen actually with the sponsor when they claimed to be? Is a given recovering person a relatively safe support person?).

No Guarantees

If a teen is determined to use substances, we cannot stop them on an outpatient basis. But we can provide as much education, support, skill building and alternatives while we expose them to recovery tools that will be crucial when they become ready to recover. We need to support parents in understanding what they CAN and CANNOT control so they can put their energy into productive avenues and limit enabling and denial as much as possible. Parents of at risk teens are in for an arduous journey as they watch their teens "figure it out" via trial and error. After 20 years of doing this work, I believe that this is a necessary process that "at risk" kids NEED to go through. The ups and downs do not indicate our failure as clinicians — they are the essential ingredients of becoming ready and learning how to change! As outpatient substance abuse clinicians, we are the rock that both teens and parents lean on over the long haul. The teens need our unconditional regard and the parents need support so that they can love their child in spite of the symptoms of the disease of addiction. There is NOTHING worse than feeling alone and powerless while watching your child seemingly destroy him/herself. We **can** and **do** help!

The UN-COMFORT ZONE

The Pleasure Principle

Robert Wilson



Swing and miss. “Strike Two.” cried the umpire. I threw one more pitch right in at the player’s wrists. He swung hard, but the ball just dribbled right back to the pitcher’s mound. I picked it up and gently tossed it to the first baseman for the out.

As the batter turned back toward the dugout, his team captain stepped out and screamed, “Darrell, you’ve got to get over your fear of this guy!”

The words poured like sweet honey into my ears.

It was the third time I had gotten him out that night including two strike outs. I had completely shut down the best hitter on the best team in the league. It was the most fun I’d had in weeks.

No, I wasn’t throwing heat. Quite the contrary, I’m talking about slow-pitch recreational softball for the over-thirty crowd.

But, I was totally into it. Once a week I stood on the mound under the lights with everyone’s eye on me. Despite the butterflies in my stomach, I can’t image anything more exciting (OK, maybe skydiving!).

And, I was totally motivated! I spent several hours each week tossing balls in my driveway. I set up an area with a pitcher’s rubber and home plate laid out to the exact dimensions of those on the playing field. After I mastered the two standard softball pitches, I developed two of my own. The best was a softball version of the knuckleball. A spin-less ball that baffled batters the first time they saw it, but even when they did hit it — they could never get any distance on it.

I have friends who are obsessed with golf; others with tennis. None of them have a clue what drives me to play softball. But, then again, I don’t get why they play golf or tennis.

What motivates me to play softball or for that matter my friends to play golf and tennis? That’s easy... it’s fun! It is all about having fun... pleasure is very motivating. We all seek some pleasure in life. It’s what keeps us going. And, for those pursuits that we enjoy, we are never too tired; we always seem to find time and energy for them. It comes to us easily. If only we could find that kind of relaxed energy for work.

What is it that *you* can’t wait to do everyday? Is it a hobby? A sport? Sigmund Freud described that driving creative spirit as the *Pleasure Principle*. But, he also spoke of a contrasting principle that existed to put the brakes on our desire called the *Death Instinct*. Thankfully that theory has been disproved, however, it’s still very true that “all work and no play make Jack a dull boy.” Not only dull. Where happiness is absent —

health is often absent too.

I look forward to work every day. I have clearly followed the advice of my father who encouraged me to find a job I enjoyed so that I would never “work” a day in my life. In her book *Do What You Love, The Money Will Follow: Discovering Your Right Livelihood*, Marsha Sinetar tells us to do the same thing. But, what should you do if you’re not happy in your work? Make changes! That may be easier said than done. So, if you can’t change your job, then change your work environment.

It’s a well known fact that employees who enjoy their work are more productive. This is so true that people frequently turn down better paying jobs to stay with one that is fun. There are many ways to make your workplace more fun. Authors Dave Hemsath and Leslie Yerkes in their book offer us *301 Ways to Have Fun at Work*. Every company is different so it will be up to you to discover what you can do to make your place of business more fun. But, if you want to motivate your staff — I always say, “Give them something to laugh about!”

Robert Evans Wilson, Jr. is a motivational speaker and humorist. He works with companies that want to be more competitive and with people who want to think like innovators. For more information on Robert’s programs please visit www.jumpstartyourmeeting.com. You may reprint or post this material, as long as my name (Robert Evans Wilson, Jr.) and contact information (www.jumpstartyourmeeting.com) are included. If you publish it, please send a copy to Jumpstart Your Meeting! PO Box 190146, Atlanta, GA 31119. If you post it, please send the URL to robert@jumpstartyourmeeting.com.



NAADAC
 THE ASSOCIATION FOR
 ADDICTION PROFESSIONALS
www.naadac.org

“For more than 30 years, NAADAC has been the leading advocate for addiction services professionals. Our association’s purpose is to help develop the skills and enhance the well being of professional alcoholism and drug abuse counselors.”

—Roger A. Curtiss, NCAC II, LAC, NAADAC President 2004–2006

NAADAC NEW MEMBER APPLICATION

YES, I want to join my colleagues as a member of NAADAC. I understand that by joining I will also become a member of the NAADAC affiliate in my state or region, if applicable.

MS. MR. DR. NAME _____

HOME OR WORK ADDRESS (Provide your preferred address for all NAADAC mailings) _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

WORK PHONE _____ HOME PHONE _____

EMAIL (Required to receive NAADAC’s bi-monthly newsletter, NAADAC News.) _____ FAX _____

YES, sign me up for the e-LAN (e-mail Legislative Alert Network; an e-mail address is required).

NOTE: From whom and where did you hear about NAADAC _____

MAIL YOUR APPLICATION WITH CHECK TO:
 NAADAC
 1001 N. Fairfax Street, Suite 201
 Alexandria, VA 22314

FAX YOUR APPLICATION WITH CREDIT CARD INFORMATION TO:
 800.377.1136 or 703.741.7698

FEE COMPUTATION

Membership (see below for your state’s fee) _____

Donation to the NAADAC Education and Research Foundation
The NAADAC Education and Research Foundation (NERF) is a registered 501(c)3 non-profit organization focusing on the promotion of education and research for the addiction-focused profession. Donations to the NERF are tax deductible.

Donation to the NAADAC Political Action Committee (PAC)**
The NAADAC PAC is the only national Political Action Committee dedicated exclusively to advancing addiction treatment, prevention and research. Choose your level of commitment and receive a pin and mention in the NAADAC News.

President’s Club \$300 NAADAC Advocate \$50
 Champion \$200 \$_____ Other
 Leadership Circle \$100

Donation to the NAADAC Endowment
The NAADAC Endowment is focused on special initiatives supporting addiction professionals including education, scholarships and supporting the NAADAC Building Fund. Donations to the NAADAC Endowment are tax-deductible through the NAADAC Education and Research Foundation (NERF), a registered 501(c)3 non-profit organization.

\$200 \$100 \$50 \$25 \$_____ Other

TOTAL AMOUNT ENCLOSED _____

PAYMENT INFORMATION

Check (payable to NAADAC) in the amount(s) of \$ _____ enclosed.
 **If you are paying NAADAC dues by company check, you must enclose a SEPARATE PERSONAL check, made payable to NAACAC PAC. Contributions to the NAADAC PAC are optional and are not tax deductible.
 Please charge \$ _____ to my Visa MasterCard American Express

ACCOUNT NUMBER _____ EXP. DATE _____

SIGNATURE _____

State	Professional	Associate	*Student	State	Professional	Associate	*Student	State	Professional	Associate	*Student
Alabama	\$110	\$89	\$57.50	Maine	\$115	\$94	\$50.00	Pennsylvania	\$110	\$89	\$57.50
Alaska	\$120	\$99	\$67.50	Maryland	\$125	\$104	\$62.50	Rhode Island	\$125	\$104	\$57.50
Arizona	\$120	\$99	\$47.50	Massachusetts	\$130	\$109	\$54.50	South Carolina	\$120	\$99	\$52.50
Arkansas	<i>\$85</i>	<i>\$64</i>	<i>\$42.50</i>	Michigan	\$140	\$119	\$38.50	South Dakota	\$110	\$89	\$52.50
California	<i>\$85</i>	<i>\$64</i>	<i>\$42.50</i>	Minnesota	\$115	\$94	\$62.50	Tennessee	\$105	\$84	\$42.50
Colorado	\$135	\$114	\$57.50	Mississippi	\$135	\$114	\$65.00	Texas	\$145	\$124	\$62.50
Connecticut	\$135	\$114	\$57.50	Missouri	<i>\$85</i>	<i>\$64</i>	<i>\$42.50</i>	Utah	\$130	\$109	\$57.50
Delaware	\$95	\$74	\$50.00	Montana	\$115	\$94	\$47.50	Vermont	\$135	\$114	\$62.50
District of Columbia	\$135	\$114	\$57.50	Nebraska	\$117	\$96	\$54.50	Virginia	\$135	\$114	\$52.50
Florida	\$135	\$114	\$57.50	Nevada	\$115	\$94	\$55.00	Washington	\$125	\$104	\$42.50
Georgia	\$145	\$124	\$62.50	New Hampshire	\$115	\$94	\$47.50	West Virginia	\$120	\$99	\$50.00
Hawaii	\$105	\$84	\$42.50	New Jersey	\$135	\$114	\$52.50	Wisconsin	\$125	\$104	\$42.50
Idaho	\$110	\$89	\$42.50	New Mexico	\$115	\$94	\$47.50	Wyoming	<i>\$85</i>	<i>\$64</i>	<i>\$42.50</i>
Illinois	\$115	\$94	\$47.50	New York	\$145	\$124	\$62.50	International	\$100	N/A	N/A
Indiana	\$135	\$114	\$67.50	North Carolina	\$120	\$99	\$50.50				
Iowa	\$115	\$94	\$47.50	North Dakota	\$115	\$94	\$52.50				
Kansas	\$180	\$159	\$90.00	Ohio	\$120	\$99	\$57.50				
Kentucky	\$110	\$89	\$47.50	Oklahoma	\$110	\$84	\$52.50				
Louisiana	<i>\$85</i>	<i>\$64</i>	<i>\$42.50</i>	Oregon	\$120	\$99	\$67.50				

NOTE: \$6 of your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 8% of dues payment is not deductible as a business expense because of NAADAC’s lobbying activities on behalf of members. Dual membership required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 4–6 weeks for initial receipt of publications. Membership in NAADAC is not refundable. From time to time, we share our members’ postal addresses with other companies who provide services that we feel are a benefit to the addiction professional. We carefully screen these companies and their offers to ensure that they are appropriate and useful for you. NN12/08

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Banking for Everyday	Checking Accounts & Additional Features - You can get: MyAccess [®] Checking free of the monthly maintenance fee with a qualifying monthly Direct Deposit ¹ · A second Regular Checking account with no monthly maintenance fee · Option to enroll in Keep the Change [®] and begin saving effortlessly · A Bank of America Photo Security Visa [®] Check Card · Free first order of standard checks	Checking Features for you
	Bank of America[®] Platinum Plus[®] MasterCard[®] credit card - With a low introductory APR ¹ on balance transfers, check cash advances and direct deposits, this card is also backed by a number of extras to make it one of the most valuable credit cards you can have in your wallet. Features include: Online Banking to access your statements, view up-to-the-minute account activity, pay your bills online and receive account alerts via email or mobile device · Total Security Protection [®] package ² including Zero Liability, Guaranteed Credit, Fraud Monitoring, the Photo Security [®] feature, Privacy Policy and Online Protection · Overdraft Protection also available	No Annual Fee
	No Fee Mortgage PLUS - No Application Fee ³ · No Closing Fees ³ · No Private Mortgage Insurance · Close-On-Time Service Guarantee ⁴ · Best Value Guarantee ⁵	\$0 Fees
	Home Equity Lines of Credit and Loans⁶ - No application fee · No closing costs · No balance transfer fee	Up to 0.75% rate discount
	Personal & Other Consumer Loans	0.25% rate discount
	Add It Up[™] - Get up to 20% cash back when you shop at over 250 top retailers. To get started, simply enroll in Online Banking and register your Bank of America check card or credit card in Add It Up. ⁷	Up to 20% cash back
	Online Banking Service with Bill Pay - Enjoy the convenience and security of online bill pay, account alerts and paperless statements with America's premier Online Banking service. Plus, Bank of America's array of safety features give you greater peace of mind.	FREE⁸
Safe Deposit Box Rental⁹	Discounted Annual Fee	
Banking for Your Future	Extra Match with Keep the Change^{®20} - When you enroll in Keep the Change, we round up the amount of purchases with your Check Card to the next whole dollar and transfer the difference from your checking account to your savings account. We will match 100% of your Keep the Change transfers for the first three months to get you started, and then we will match 5% of your transfers thereafter. For Bank of America at Work customers, we will increase that 5% match to 10%, provided you have either a monthly scheduled transfer from your checking to your savings or have a monthly direct deposit of \$25 or more made to your savings account. The maximum total match is \$250 per year. MyExpression [™] Banking and Tiered Interest Checking accounts will not receive the Bank of America at Work enhanced match. If MyExpression or Tiered Interest Checking and Bank of America at Work are set up together, the account will receive the match rates offered with MyExpression or Tiered Interest Checking accounts. Not available in WA and ID.	10% Match Bank of America at Work Exclusive Offer
	Savings Account - You can get a Regular Savings account FREE of the monthly maintenance fee if you open a new personal checking account, a new Regular Savings account and enroll in our Keep the Change [®] service on the same day. After your first Check Card purchase, the free monthly maintenance fee will take effect.	FREE¹¹ of monthly maintenance fee
	Certificate of Deposit¹²	0.25% interest rate bonus
Banking for Your Protection	Best Benefits Healthcare Savings Program¹³ - Special member discounts on dental, vision, hearing, chiropractic, alternative medicine, vitamins and more. Not available in all states. Customers can call 1.866.952.5200 to learn more.	30-day No-cost Trial then \$14.95 monthly
	GEICO Auto Insurance¹⁴ - Get a discount/premium reduction on GEICO car insurance. Pay directly from your Bank of America checking or savings account and enroll in GEICO's eServices. Learn more and get a free rate quote at geico.com/bankatwork or by calling 1.877.306.9210. Offer not available in CA. GEICO insurance is not available in MA.	Exclusive GEICO discount
	Bank of America Privacy Assist Premier^{™15} - Service providing complimentary copy of credit report and credit score. Help protect your identity with credit monitoring every business day and \$25,000 of identity theft insurance. Learn more at: bankofamerica.com/privacyassist/atwork or by calling 1.866.566.8613.	Exclusive 90-day No-cost Trial
	Money Orders • Traveler's Cheques • Cashier's Checks	No Purchase Fee

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¹ See Bank of America® Platinum Plus® MasterCard® credit card brochure for information on rates, fees, other costs and benefits of card. This credit card program is issued and administered by FIA Card Services, N.A. Credit subject to approval.

² Claims may only be filed against posted and settled transactions and are subject to dollar limits and verification. Claims reported and received during weekdays after 6:00 p.m. CST, on weekends or holidays, or after 60 days of the date of the statement on which the transaction appears will not be eligible for next-day credit.

³ For customers who qualify, Bank of America (the "Bank") will waive or pay fees for services or products required by the Bank in order to grant credit to the customer for the purchase of a 1-4 unit owner-occupied residence or second home. Fees do not include (and the Bank will not pay for): (1) taxes (including but not limited to property taxes, recording taxes, document stamp taxes, intangible taxes or other similar taxes); (2) interest, including but not limited to prepaid interest or discount points; (3) fees related to owning the home and not directly related to the granting of credit, including but not limited to property insurance (e.g., flood insurance or hazard insurance), homeowner's association fees, special assessments and other similar fees; or (4) fees for products or services voluntarily chosen by the customer. Closing fees and closing costs differ. This offer also does not address any fees you may incur after the closing of the loan, such as late-payment fees, mortgage-release fees or other fees associated with the servicing of the loan. You must be an existing Bank of America customer. Offer not available through mortgage brokers. Offer is subject to change without notice. Credit and collateral subject to approval. Not a commitment to lend. Terms and conditions apply.

⁴ To qualify for the Close-On-Time Service Guarantee, you must provide us with all the documentation required by the Bank in the time frames established by the Bank. You must lock your rate seven calendar days before the scheduled closing date. There can be no significant changes in your loan after your initial application. The Bank will not be responsible for delays caused by you or any third parties that you select. Eligible claims are for loans that do not close by your requested closing date or within 25 calendar days from the day your completed application (including property address if submitting under the Buyer Ready® loan option) is submitted. The latter of the two dates will be used to determine the eligibility of the claim. You must call 1.800.497.0072 within 30 calendar days of closing on your loan to submit a claim under this guarantee. The equivalent of your first month's mortgage payment is principal and interest only. Any escrows such as taxes and insurance are not included. Other restrictions may apply. This offer can be withdrawn for new applications at any time. Your mortgage application must be accepted by your Bank of America loan officer while this offer is in effect.

⁵ To qualify for the Best Value Guarantee, you must receive full credit approval for the first lien purchase money mortgage with the Bank. To redeem the \$250, you must close your purchase mortgage with another lender, then call 1.800.870.3206 where you will be prompted to complete a brief survey. You will be required to fax a copy of your HUD-1 settlement statement from your closing. Your loan with the other lender must be secured by the same property as the property you identified in your Bank application.

No Fee Mortgage PLUS from Bank of America. Please contact Bank of America for more details.

⁶ The variable Annual Percentage Rate (APR) is 4.49% for a new home equity line of credit of \$100,000 with a combined loan-to-value (CLTV) ratio of up to 70% on a 1-4 family owner occupied residential property. APR is based on *The Wall Street Journal* prime rate [4.00% as of 11/01/08] plus or minus a margin and will vary with the prime rate, but will not exceed 24% (TX: 18%). APR includes a 0.75% discount for maintaining automatic payment from a qualified Bank of America relationship account, and drawing or transferring a balance of \$25,000 or more at closing and maintaining the balance for 3 consecutive months. (Draw discount is not available on Home Equity Loans and is not available on Home Equity Lines in TX). You are not required to have a relationship to obtain a home equity line of credit at an undiscounted rate. APR will be higher if discounts not maintained. An annual fee of \$75 will be charged to your home equity line account on or after each anniversary date. We will waive this fee if you maintain an average daily balance of \$10,000 or more during the preceding 12 month period. [Texas: not applicable.] CLTVs, margins, rates and payments may vary based on certain factors such as state, occupancy status, loan amount, property value, debt ratios and credit history and are subject to change. For line amounts of \$500,000 or less, Bank of America pays all closing costs, and may pay up to \$300 toward attorney fees in states where attorney closings are required [TX: Bank of America pays all closing costs.] If you close your home equity line account within 24 months of the opening date, we may require you to reimburse the bank for any third party fees we paid on your behalf. [Texas: Not applicable.] Property insurance is required and flood insurance where necessary. Credit and collateral are subject to approval. Terms, conditions and other restrictions apply. Please contact Bank of America for current rate information and other details.

⁷ You must have either a Bank of America Check Card or Credit Card and be enrolled in Online Banking to be eligible for participation in the program. Program is not available to Online banking customers in WA or ID, select military bank customers or Private Wealth clients. Select endorsed check cards and credit cards, Business credit cards and other products are not eligible for participation in the program. Purchases made at a participating retailer in-store or through the Add It Up™ website with a Bank of America Check Card or Credit Card that is registered in the program will be eligible to earn Add It Up cash back rebates. Rebates on qualifying purchases will accrue and participating customers will receive an Add It Up cash back rebate on a monthly basis, provided that the customer has earned at least \$5.00 in the Add It Up program. Earned rebates that are less than \$5.00 will be carried over to the next month until the \$5.00 minimum threshold is met. Additional restrictions apply. For complete details see Terms and Conditions at www.bankofamerica.com/AddItUp.

⁸ Online Banking service is free, but other account-related fees still apply.

⁹ Discounts and pricing vary depending on the state where the account is opened. Ask an associate at your nearest Banking Center for details.

¹⁰ Purchases with rewards or ATM cards are not eligible for matching. MyExpression™ Banking, Tiered Interest Checking and WA and ID customers are not eligible for the Bank of America at Work enhanced match. We will match 100% of your Keep the Change transfers for the first three months, and 5% thereafter. For Bank of America at Work customers, we will increase that 5% match to 10%, provided you have either a monthly scheduled transfer from your checking to your savings or have a monthly direct deposit of \$25 or more made to your savings account. The maximum total match is \$250 per year. If MyExpression or Tiered Interest Checking and Bank of America at Work are set up together, the account will receive the match rates offered with MyExpression or Tiered Interest Checking accounts. The maximum total match is \$250 per year. Matching funds are paid annually after the anniversary of enrollment on accounts that remain open and enrolled. Eligible savings accounts include Regular Savings, which requires a minimum opening balance of \$25 and pays a variable annual percentage yield that is 0.20% as of 11/10/2008. Money Market Savings accounts are also eligible. Matching funds will be reported to the IRS on Form 1099. Fees may reduce earnings. Patent pending.

¹¹ This offer applies to new accounts only. You must open a new personal checking account, a new Regular Savings account (referred to as Unlinked Market Rate Savings in ID and WA) and sign up for our Keep the Change® service on the same day. The monthly maintenance fee (referred to as monthly service charge in CA) waiver on your Regular Savings account begins the statement cycle after your first Keep the Change transfer from your new personal checking account to your new Regular Savings account. We may change or terminate this offer at any time. Excess transaction fees on Regular Savings still apply. See our Personal Schedule of Fees for information about these accounts and our Keep the Change service.

¹² As a Bank of America at Work customer, you receive a bonus of 0.25% added to our standard rate for the initial term of a new CD. Bonus does not apply to CD renewals or CD accounts opened in CA, WA, ID as the bonus rate is already reflected in the stated rates for these states.

¹³ Plan not available in FL, KS, ND, NV, OH, OK, UT, MD, VT, WV, MT. This plan is not insurance. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services, but will receive a discount from those health care providers who have contracted with the discount plan organization. This plan is not provided or administered by Bank of America. This plan is administered by Coverdell & Company, Inc., a discount medical plan organization at 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631, 1.866.952.5200. There is no charge for the first 30 days. You have the right to cancel this plan within 30 days of the effective date and you will not be charged the monthly membership fee due thereafter. After the first 30 days, you can cancel at any time for any reason and you will no longer be billed.

¹⁴ Offer not available in CA. GEICO does not write auto insurance in MA. A premium reduction is available in NY. Insurance products are offered through Bank of America N.A., a licensed insurance agency located at 7455 High Market Street, Sunset Beach, NC 28468.

Insurance products are:

Not A Deposit	Not Guaranteed By The Bank	Not Insured By Any Federal Government Agency
Not FDIC Insured		Not A Condition To Any Banking/Service Activity

¹⁵ \$12.99 per month following 90-day no-cost trial. Insurance underwritten by Travelers Casualty and Surety Company of America and its property casualty affiliates, Hartford, Connecticut 06183. Coverage for all claims or losses depends on actual policy provisions. Availability of coverage can depend on underwriting qualifications and state regulations. Insurance coverage not available for residents of New York.

Information is accurate as of 11/10/2008
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Because we know direct deposit is the easiest, most convenient way to bank, for a limited time we're giving you \$25 to get started.

Claiming your bonus is as easy as 1-2-3.

1. Present this form to a Bank of America associate at your local Bank of America banking center or at a Bank of America event at your workplace (where applicable).
2. Open a new Bank of America personal checking account through the Bank of America at Work program.
3. Have your paycheck direct deposited into your new checking account.

Once your direct deposit begins and we qualify your account, we'll deposit \$25 directly to your new checking account within 90 days.

¹⁶ Offer expires 3/31/2009 and is available in any Bank of America banking center or at a tabling event when this form is presented at the time of account opening. Limit one incentive per customer. The new customer must not be a current personal checking customer and the new checking account must remain open until we can verify its eligibility, which generally takes no more than 90 days. The new customer is not eligible for this offer if they were a signer on a Bank of America checking account that was closed within the last three months. All accounts are subject to our normal approval process. Offer does not apply to second or multiple accounts. This offer can not be combined and is not eligible with other offers. We generally direct deposit the incentive into the new Bank of America checking account within 90 days of account opening. If for any reason we are unable to successfully direct deposit the funds, a check will be issued. We may report to the IRS the value of any premium and applicable taxes are the responsibility of the recipient. We offer a variety of interest-bearing and non-interest bearing personal checking accounts. For interest bearing personal checking accounts, the minimum balance to open is \$100 and the Annual Percentage Yield (APY) is 0.05% as of 11/10/08 for any account balance. The rate may change after the account is opened or anytime after this date. Fees could reduce the earnings on the account. Please consult a banking center associate, visit www.bankofamerica.com or see our Personal Schedule of Fees for more information. Reproduction, purchase, or sale of this offer is prohibited.

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Offer Code: GPS0107

IMPORTANT NOTE FOR PERSONAL BANKERS:

Please use the Online Redemption Form or call the Redemption Hotline via OneCall to request the offer fulfillment on the customer's behalf.



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2008–2009 UPCOMING EVENTS

December 24–25, 2008
NAADAC Office Closed

Wednesday, December 31, 2008
NAADAC Office Closed

January 8, 2009
VAADAC Board Meeting
Details on the agenda and location, contact Jennifer Johnson at 804.527.6222 or jjohnson@rhcc.com.

January 9, 2009
Deadline for Presentation Proposals to the NAADAC Sowing the Seeds for Recovery Conference August 18–22, 2009
For more information, please contact Diana Kamp at dkamp@naadac.org or visit www.naadac.org.

January 15, 2009
NAADAC National Certification Commission 2009 testing application deadline for NCAC I, NCAC II and MAC.
Testing Dates: March 7–14
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, <http://www.ptcny.com/clients/NCC>

February 9–11, 2009
SECAD
Sheraton Atlanta Hotel
Atlanta, Georgia
For more information on the conference, please visit www.SECAD09.com

February 17, 2009
Deadline for Nominations for NAADAC Regional Vice Presidents and Organizational Member Representative
For more information, please contact Donovan Kuehn at dkuehn@naadac.org or visit www.naadac.org.

February 22, 2009
NAADAC National Certification Commission Application Deadline For Adolescent Specialist Endorsement Examination
Examination Dates: April 11–25, 2009
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, <http://www.ptcny.com/clients/NCC>

March 7–14, 2009
NAADAC National Certification Commission NCAC I, NCAC II And MAC Examination Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission. Details on fees or to download an application form, <http://www.ptcny.com/clients/NCC>

March 8–10, 2009
Advocacy In Action Conference 2009 Washington, D.C.
Get involved and help shape the views of the nation's lawmakers. The NAADAC/NAATP Advocacy in Action conference will focus on legislative issues affecting the addiction-focused professionals and treatment providers.
Doubletree Hotel Crystal City
300 Army Navy Dr., Arlington VA 22202
toll-free 866.999.8439 or 703.416.4100
\$194. Room Rate Cut-off: Friday, February 6, 2009. Watch for a brochure coming to your inbox! Details at www.naadac.org, 800.548.0497.

April 30, 2009
Deadline for Submission for NAADAC Awards
For more information, please visit www.naadac.org

August 18–22, 2009
NAADAC Sowing the Seeds for Recovery Conference
Earn over 30 education credits. August 18 pre-conference.
Grand America & Little America Hotels
Salt Lake City, Utah
For more information on the conference, please visit www.naadac.org.