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# NAADAC NEWS

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

Vol. 18, No. 6, February/March 2009

## Veterans & Treatment pages 12–15





## Editor's Note

As we move into 2009, the world economy has been shaken. How will our lawmakers approach this challenge? What will the impact be on the addiction profession? And what issues will dominate the agenda as the year unfolds?

One thing is for certain, a dedicated group of professionals will reach out to our nation's legislators and share with them the importance consolidating the gains that arise from the passage of the parity legislation in 2008. NAADAC was there in the beginning, discussing the issue in 1993 when Bill Clinton unveiled his health reform proposals, and NAADAC will be a key player in helping shape how parity will help millions of Americans who need treatment. One large group in that continuum is the large number of combat veterans. They are a special focus in this issue.

This edition also features the second installment of a guest column: "THE UN-COMFORT ZONE with Robert Wilson." Please send me any feedback you may have on it, or the rest of the issue!

Donovan Kuehn  
NAADAC News Editor  
dkuehn@naadac.org

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Editor: Donovan Kuehn

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Contributors to this issue: Patricia M. Greer, Roberta Taggart and Jeffery Wedge, Cynthia Moreno Tuohy, Robert Wilson, Mike Hurst, Barbara Fox, Larry Ashley, Lauren Pitts and Donovan Kuehn.

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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.

## It's a Wonderful Time! The Importance of Connection

*Patricia M. Greer, NAADAC President*

The circle of giving during the holiday season is a fresh reminder of the importance of connection. The loving parent tries to plan, save for and identify that special something that will light up the face of his or her child; lovers probe to identify what music, book, movie or gift will brighten the face of their beloved; parents recall the Christmases past of their adult children and still remember the moments that confirmed their delight to the family. In our profession, holidays often bring up the flip side of connection. The disappointments, abandonment and trauma of an out-of-control alcoholic/addict leave painful reminders of how connection may wound. For many, the bitter and the sweet are mated in our minds, and it is often with mixed emotions and a desire to distance, rather than connect, that we move into the holiday activities.

I have one wish for holidays: for the grace and joy of recovery to permeate the very soul of anyone who has had to face an addiction, either their own, or the one brought home by one connected to their heart. A window into what life is like beyond the losses; a gift of understanding that recovery is possible and to quote our President, that "help is on the way." Our members and allies stand by each and every day to provide relief and hope to those who are still suffering with addiction. We are a telephone call away from joining in the recovery of one in need. And we celebrate the wins with joy and an understanding that recovery needs to be available to all.

Our professional commitment at NAADAC is to have a connection with the workforce of addictions professionals, the body of people devoted to stopping the disease of addiction in its tracks. We do have a mission, and we have a vision. We have tools, faith and an opportunity to make a difference every day. Our staff, led by Cynthia Moreno Tuohy, is small but mighty and has done an amazing job of discovering and claiming resources all throughout 2008 to educate our members, and to promote our vision here in America and in nations around the world. It is humbling to see how much grace is available if we put our energies to accomplishing our many goals.

All over this country our members are redefining what their professional association means. We have had a few states reorganize, and many states begin new advocacy initiatives. Recovery Month was more visible than ever before, and our National Certification Commission has continued to meet with other certifying bodies to close the gap on standardized credentialing. Our work includes a new building, a new web site, the magazines and new formal alliances with groups who will



advance the presence of prevention, intervention, treatment and recovery all over our country. With special gratitude to our returning soldiers, we will work to ensure that our professionals are available to veterans and their families. As the economy of 2009 unfolds, and determines the availability of resources, we will be challenged to network, advocate and prepare as never before in our history to serve our members and the people that they help. We need your energy, passion, support and faith to make a difference at "Team NAADAC." Please consider joining, renewing and recruiting new members and read on!

### Take the Next Step With NAADAC!

NAADAC's "Taking the Next Step!" building campaign is part of the organization's plan to expand its outreach and services and to guarantee the organization's long term financial strength.

#### NAADAC's Leadership Team

Two long-time supporters serve as co-chairs of NAADAC's building campaign: Mel Schulstad, the first president of NAADAC and Tom Van Wagner of Van Wagner Insurance. A national team of addiction professionals have also agreed to serve on the leadership team to provide ongoing support to NAADAC's campaign.

#### Levels of Giving

All donations are tax deductible through the NAADAC Education and Research Foundation (NERF). There are several levels of giving to choose from:

DONOR LEVEL	GIFT
Donor (\$35)	NAADAC Capital Campaign Pin
Sponsor (\$50)	NAADAC Endowment Brick
Patron (\$75)	NAADAC Polo Shirt
Director's Club (\$100)	NAADAC Endowment Coffee Mug
Executive's Club (\$200)	NAADAC Briefcase
President's Club (\$500)	NAADAC Pocket Watch

NAADAC knows it cannot meet its campaign goal without your support. By working together, we can achieve NAADAC's mission to "lead, unify and empower addiction-focused professionals through education, advocacy, knowledge, standards of practice, ethics, professional development and research" (Mission Statement, 1998).

#### Questions?

For more information about the campaign, and corporate or foundation gift giving, please contact Cynthia Moreno Tuohy, NAADAC's Executive Director, at 800.548.0497, ext. 119 or [cmoreno@naadac.org](mailto:cmoreno@naadac.org)

# NAADAC Bookstore Top Picks

## Best-Sellers and New Products in the NAADAC Bookstore

Available From [www.naadac.org](http://www.naadac.org) or by Calling 800.548.0497

Donovan Kuehn, NAADAC News Editor and Karina Beltran Romero, Administrative Coordinator

New



### Conflict Resolution in Recovery

Developed in partnership by NAADAC and the Danya Institute, this is a therapeutic resource that is skilled-based and focused on the brain; how it works in conflict and how to affect the quality of recovery in relationships.

This resource focuses on conflict resolution principles and strategies and will help professionals learn:

1. More effective and healthier communication and communication skills.
2. Stages of relationships and how they relate to conflict.
3. Effective styles of conflict resolution.
4. How to facilitate a model for daily interactions in situations where conflict arises, focusing on new behavior and building a higher impulse control in the participant.
5. How to manage the learning process as clients discover the wounds they carry from past relationships and situations and how these wounds currently affect their lives and relationships.

### The Conflict Resolution package consists of:

- A **facilitator's guide** featuring talking points, exercises and role plays that focus around the course themes, as well as tips for interacting with groups and individual/family/couple clients around substance abuse conflict resolution issues, visual aids, and evaluation forms.
- A **participant workbook** that outlines key concepts, provides visuals that reinforce content, and includes homework assignments and personal exercise sheets.

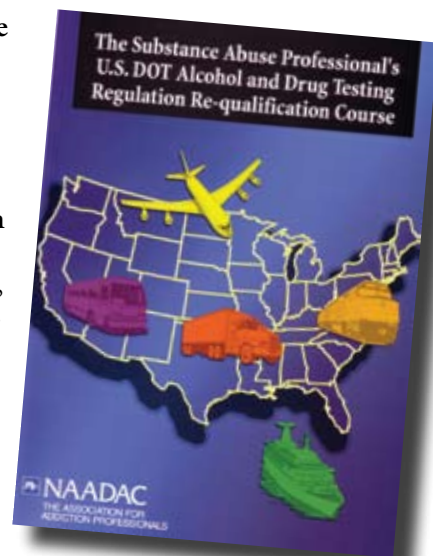
For more information, please visit [www.naadac.org](http://www.naadac.org) or call 800.548.0497 for a full price breakdown and information on seminars.

### Substance Abuse Professional's U.S. DOT Alcohol and Drug Testing Regulation Re-Qualification Course

Since 2001, NAADAC has qualified hundreds of Substance Abuse Professionals (SAPs), all of whom must renew every three years as outlined by the U.S. Department of Transportation (DOT). The U.S. DOT regulations governing SAPs have changed in many ways, and the newly revised Substance Abuse Professional's U.S. DOT Alcohol and Drug Testing Regulation Re-Qualification Course reflects these changes. Wanda McMichael, CAC II, NCAC II, SAP, has updated the original course by clearly explaining each new regulation, addressing prominent questions from professionals and adding sample assessment forms. This course has a 50-item written examination and includes your name on NAADAC's qualified Substance Abuse Professional web listing.

A copy of your eligible license or certification must accompany this order. Please visit [www.naadac.org](http://www.naadac.org) or call 800.548.0497 for list of eligible licenses or certifications.

*\*This SAP re-qualification independent study course is specifically designed for current SAPs who are eligible for renewal. Please visit [www.naadac.org](http://www.naadac.org) or call 800.548.0497 for information on the SAP Qualification course.*



For more information on these and other NAADAC products, please visit [www.naadac.org](http://www.naadac.org) and click on "Resources."

**New**



**Basics of Addiction Counseling: Spanish Edition**

In an increasingly multicultural nation, NAADAC has developed a Spanish language version of the Basics of Addiction Counseling for use by Spanish-speaking

professionals.

Developed in conjunction with the Certification Commission of Puerto Rico, this book addresses the fundamentals that all addiction professionals need to know.

**Fundamentos Basicos de Consejería en Addiction: Libro de Referencia y Guía de Estudio**

Este manual recientemente actualizado fue diseñado para ser una guía base de conocimiento para los consejeros profesionales en el campo de alcoholismo y drogas. Este manual provee una manera única de estilos de enseñanza para cada consejero, integra más gráficos, y diagramas para ilustrar puntos importantes y así asegurar una mejor retención.

Este manual es inapreciable como un instrumento de referencia para profesionales con experiencia, y es también muy útil como una ayuda primaria en la preparación para exámenes de certificación. Dividido en cuatro módulos, abarca la farmacología de sustancias psicoactivas, habilidades y prácticas de consejería, la base teórica de consejería, y asuntos profesionales. Una bibliografía es incluida para estudio adicional.

Los contribuyentes de esta publicación incluyen: Misti Storie, MS, Kathryn Benson, NCAC II, Arthur Freeman, EdD, Ted Godlaski, MDiv, MAC, Anne Hatcher, NCAC II, Murray Kelly, TAS, Shirley Beckett Mickell, NCAC II, SAP, Sharon Morgillo Freeman, PhD, MAC, and Michael J. Wagner, LCSW, MAC y la Comisión Certificadora de Puerto Rico.

Member cost: \$80, Non-member cost: \$100

**Lifelong Learning Online Courses**

NAADAC has launched two new Lifelong Learning series: *New Horizons: Integrating Motivational Styles Strategies and Skills with Pharmacotherapy* and *New Innovations in Opioid Treatment: Buprenorphine*. The two seminar series will be hosted throughout the nation in 2009 and participants will earn six continuing education credits.

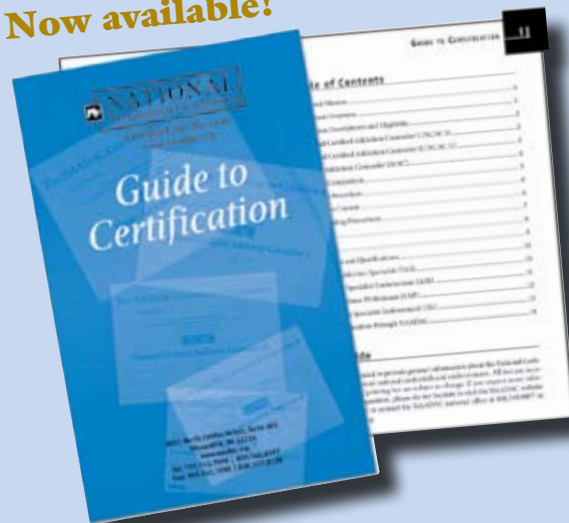
These are not the only options for training. The NAADAC Knowledge Center has online courses for addiction professionals. These online courses are free to NAADAC members and accessible for a minimal cost to non-NAADAC members. For more information, visit [www.naadac.org](http://www.naadac.org) and click on "Education" and then "Knowledge Center."



**NAADAC**  
**KNOWLEDGE CENTER**  
Life-Long Learning Series



**Now available!**



**Guide to Certification**

This handy booklet explains what you need to know to become certified through the National Certification Commission. To request a free copy, please call 800.548.0497 or send an email to [naadac@naadac.org](mailto:naadac@naadac.org) and putting "Guide to Certification" in the subject line.



*Certified for Success*  
[www.naadac.org](http://www.naadac.org)

## Sowing the Seeds of Recovery Conference

### Come to Salt Lake City for a Unique Experience

Donovan Kuehn, NAADAC News Editor



NAADAC is joining with a number of partners in hosting the 2009 Sowing the Seeds of Recovery conference in Salt Lake City, Utah. These partners include the Utah Division of Substance Abuse and Mental Health, the Association of Utah Substance Abuse Professionals (AUSAP), the Mountain West Addiction Technology Transfer Center and NALGAP, The Association for Lesbian, Gay, Bi-Sexual, Transgender & Their Allies.

The conference will be held from August 18–22, 2009, and will include workshops addressing prevention, safe and drug-free schools, criminal justice, addiction history, co-occurring disorders, current research and outcomes, ethics, special populations, workplace/management issues, clinical techniques, alternative therapies, faith based approaches, smoking cessation and professional development.



### Earn Over 30 Continuing Education Credits

The conference will include keynote speakers, daily plenary sessions and breakout seminars. August 18th will feature an all-day, pre-conference seminar. The conference will also feature the Presidents' Awards Lunch, which will honor outstanding addiction-focused professionals from around the nation and an evening event for the NAADAC Political Action Committee (admission by donation). Also included will be optional evening events, to allow participants to earn more education credits or to see the sights in Salt Lake City.



### Explore Salt Lake City!

Salt Lake City hosted the 2002 Olympic Winter Games and is an amazing center of outdoor activity and cultural life. For more information on attractions and events in Salt Lake City, check out the Salt Lake City Visitor's Guide ([www.ci.slc.ut.us/visitors](http://www.ci.slc.ut.us/visitors)) or to see what's happening in the rest of the state, please visit the Utah Travel Council ([www.utah.com](http://www.utah.com)).

### Scholarships

Scholarships are available. All scholarship applications must be received 60 days before the first day of the conference (June 16, 2009). Download a scholarship form by visiting [www.naadac.org](http://www.naadac.org) and click on "Education."



### Nearest Airport

Fly into the Salt Lake City International Airport (Airport Code: SLC). Airlines that serve the airport include American, Continental, Delta, Frontier, JetBlue, Northwest, Southwest, United and US Airways. The approximate cost for a cab from the airport to downtown is \$20.



### Conference Materials

For the Conference Brochure, Registration Form, Exhibitor Information, Conference Schedule and Conference Program, please visit [www.naadac.org](http://www.naadac.org) or keep an eye on your mailbox.

### 2008 Conference Fees

#### EARLY BIRD RATES

(register by June 17, 2009)  
Members: \$325  
Non-Members: \$425

#### REGULAR RATES

(register after June 17, 2009)  
Members: \$400  
Student/Associate/Military Members: \$200  
Non-Members: \$500  
Student/Military Non-Members: \$325

#### DAILY RATES

Member: \$100  
Non-Member: \$125  
Student/Associate/Military Members: \$75  
Student/Military Non-Members: \$100

### Book Your Stay Now!

Join us in Salt Lake City at the:

Little America Hotel  
500 South Main Street  
Salt Lake City, Utah, 84101  
Hotel reservations at 800.453.9450.

Please mention NAADAC to receive the special rate of \$94 (government rate), \$129 (garden room) and \$139 (tower room) per night (plus applicable taxes).

All rooms must be booked by July 25, 2009 to receive the conference rate.

# Conference Registration Form



## Conference Registration Fees

### EARLY BIRD RATES

(register by June 17, 2009)

- Member: \$325
- Non-Member: \$425

### REGULAR RATES

(register after June 17, 2009)

- Member: \$400,
- Non-Member: \$500
- Student/Associate/Military Member: \$200
- Student/Military Non-Member: \$325

### DAILY RATES

- Member: \$100
- Non-Member: \$125
- Student/Associate/Military Member: \$75
- Student/Military Non-Member: \$100

### TOTAL AMOUNT ENCLOSED

- YES**, I want to join NAADAC now! Please consult [www.naadac.org](http://www.naadac.org) for membership fees or call 800.548.0497 to enroll.
- Please send me additional information about membership.

## Attendee Information

- This is my first NAADAC Training**

(Please print clearly)

If you are a member of NAADAC/AUSAP or NALGAP, please write your membership #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

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### Check or money order payable to NAADAC

Please return check or money order by mail to:

NAADAC  
1001 N. Fairfax St., Ste. 201  
Alexandria, VA 22314  
(Make checks payable to NAADAC.)

### Or pay by credit card and fax to 800.377.1136

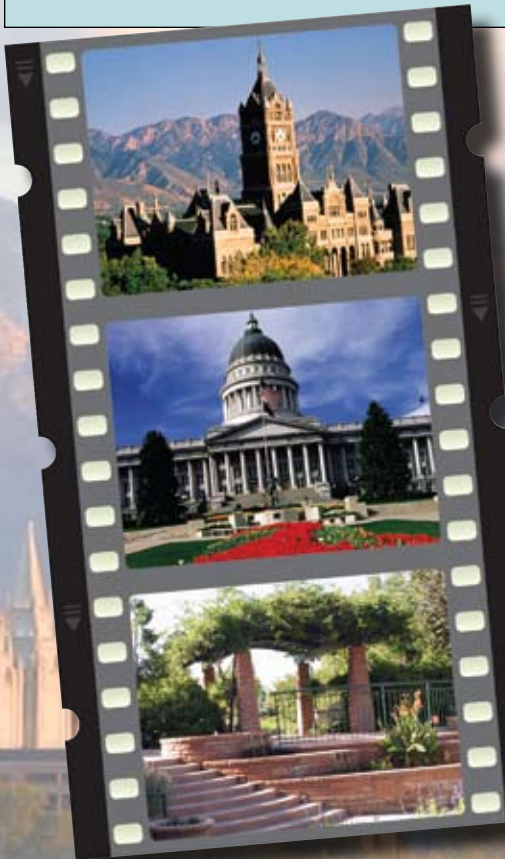
- Visa
- Mastercard
- American Express

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

Credit card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_



### Conference Refund Policy:

A partial refund of 75% of registration cost is refundable 30 days before the conference. Thereafter, 50% of conference fees are refundable.

Photos courtesy the Salt Lake Convention & Visitors Bureau.

## You Can Make the Difference!

### NAADAC Elections Provide the Opportunity to Get Involved

*Roberta Taggart, NCAC II, and Jeffrey P. Wedge, MA, LADC, Elections & Nominations Co-Chairs*

Every two years, members of NAADAC, the Association for Addiction Professionals, have the opportunity to select the officers who will determine the direction of the association. In April of 2009, NAADAC members will be voting on four Regional Vice Presidents. All positions are for two-year terms.

#### Regional Vice Presidents

The positions open for election are Regional Vice Presidents for the following regions:

**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)

Regional Vice Presidents provide regional identity and facilitate communication between states and NAADAC.

#### Candidates

1. Must be a current member in good standing of NAADAC.
2. Live in the region represented.
3. Have two years of experience on either the NAADAC Board or a NAADAC Affiliate (State/Chapter/International Association) Board.
4. Must have been actively engaged in the profession of addiction for the past two years.

#### 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.

Nominees for the position of Regional Vice President must represent a state wherein an Affiliated State Association is in place and may only be nominated for a region in which they reside. Candidates can serve two consecutive terms.

#### Organizational Member Representative

There is also an election for Organizational Member Representative to the NAADAC Board of Directors. This position is elected directly by NAADAC Organizational Members.

For more information on NAADAC's elections, to find job descriptions for the NAADAC executive positions or to download a nomination form, please visit [www.naadac.org](http://www.naadac.org). For more specific information, please call 800.548.0497, ext. 125 or e-mail [dkuehn@naadac.org](mailto:dkuehn@naadac.org). Please put "NAADAC Elections" in the subject line.

Only members in good standing who have been actively engaged in work in addiction counseling or as an addiction professional for at least two years immediately prior to nomination shall be eligible for an elective office with NAADAC.

The Committee seeks nominations from the membership. All nominations must be submitted no later than February 17, 2009.

#### Campaigning Guidelines

Information on candidates will appear in the April issue of the *NAADAC News* and the NAADAC website, [www.naadac.org](http://www.naadac.org). There should be no other campaign activities by the candidates. Any written materials, except materials produced and distributed by NAADAC, are prohibited. This includes self initiated articles for publication in state or local or professional publications or editorial comments submitted in any of those publications as well. All ballots are sent directly to an independent auditor.

The Auditor counts ballots and notifies a NAADAC-designated staff person and the Chair of the Nomination and Elections Committee who has received the most votes for each office. The Chair of the Nomination and Elections Committee must notify all candidates of the results by the deadline. Election ballots are destroyed 30 days after all candidates are notified of the election results. Any candidate challenging the results of an election must notify the Chair of the NAADAC Nominations and Elections Committee within 30 days of the balloting.

This is an exciting opportunity to get involved in the NAADAC election process and have your voice heard as a national leader. NAADAC's members are key to the promotion and improvement of the addiction profession.



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# Addiction-Focused Professionals can Create Positive Change

Mark March 8–10, 2009 in Your Calendar

*Donovan Kuehn, Director of Operations and Outreach*



On November 4, 2008, President Obama pronounced that “Change has come to America.” But what will that change look like? And how will it impact on the addiction profession? NAADAC members have the opportunity to get involved and help shape the views of the nation’s lawmakers as that change happens.

NAADAC’s Advocacy in Action Conference will focus on legislative issues affecting the addiction professional. NAADAC will provide briefings for all participants on the major issues facing addiction professionals. These face to face meetings with members of the House of Representatives and Senate can help convey the importance of addiction prevention, intervention, treatment, continuing care and recovery.

“Advocacy in Action Day is an excellent opportunity for addiction professionals from across the United States to come to Washington, D.C., and meet with their national representatives. In a concerted effort, these professionals come together and learn about key issues facing the addiction treatment profession today,” said Gerard J. Schmidt, MA, LPC, MAC, chair of the NAADAC Public Policy Committee.

The sessions in Washington, D.C., are geared to new and returning participants with an introduction to advocacy issues, tips on how to communicate effectively with lawmakers and mentoring sessions for those new to the legislative process.

NAADAC members, and NAADAC’s partners in addiction health services, plan to discuss the federal government’s workforce development agenda, parity for addiction



and other health related insurance, adequate and consistent funding for addiction health services and strategies to ensure that addiction prevention, intervention and treatment are considered as a part of the nation’s agenda.

“For many treatment professionals this is their first encounter with their lawmakers. The excitement for most professionals is that they are at the heart of the legislative process, can see events unfold in front of them and become an active participant in the process,” said Schmidt.

NAADAC will be co-hosting the 2009 Advocacy in Action Conference with the National Association of Addiction Treatment Providers. This is one part of the two organizations’ agreement to share government relations efforts. NAADAC and NAATP also plan on working with a number of other organizations to reinforce the importance of the impact of addiction on communities and the nation.

“Addiction Professionals have an exciting opportunity to make a difference this year,” said Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP. “With the success of the parity legislation in 2009, there are new opportunities for legislation, funding and workforce development issues.”

“Advocacy in Action Day is an immediate opportunity to address addiction focused issues with the new congress. NAADAC members can be there to influence and educate their congressional representatives,” added Moreno Tuohy.

More details on the 2009 Advocacy in Action conference can be found at [www.naadac.org](http://www.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](http://www.naadac.org) or [www.naatp.org](http://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](http://www.naadac.org) or join NAATP by calling 717.392.8480 or visit [www.naatp.org](http://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 \_\_\_\_\_

Email \_\_\_\_\_

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 Schedule

### 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

# Substance Abuse Problems for the U.S. Military and Veterans

## How to Learn From the American Civil War and Vietnam War

*Michael R. Hurst, MS, MAC, CSAC, CEAP*

*Disclaimer: The opinions and thoughts are the author's and are not meant to be considered the official position of the Department of the Army, Department of Defense, the Federal Government, or any other agency/business.*

Substance Abuse (Alcohol and Other Drugs) is currently the number one problem affecting the U.S. Military, Veterans, and family members. Drinking “spirituous liquors” has been an issue for the U.S. Military since the American Revolution (Rush, 1777). Reviewing selected medical and research statistics from the American Civil War and the Vietnam War sets a knowledge foundation for the impending treatment crisis facing the substance abuse and healthcare providers, and the United States of America. Addiction Treatment professionals empowered with this knowledge can formulate the treatment solutions for today’s U.S. military, veterans and families.

In 1870, *The Medical and Surgical History of the War of the Rebellion 1861–1865* prepared by Army Surgeon General Joseph K. Barnes reported that 1.3 million soldiers (North and South) were given opiates during medical procedures. A rough estimate is that there were 10,000,000 opium pills and 2,840,000 ounces of other opium compounds administered. As a result, approximately 120,000 veterans of the American Civil War were denied pensions due to having an opiate addiction. The veterans were classified “opium eaters” thus, ineligible for pensions. This is ironic considering the fact that opiates were administered due to military service.

The Union Army statistics for combat wounded was 175,000 of which there were 30,000 amputations. Due to the burning of Richmond, Virginia at the end of the Civil War and other factors, the Confederate numbers for these statistics are lost or incomplete. This snapshot of combat injuries and statistics was the warning signals for the United States first national drug epidemic during the years 1885–1925. There were 250,000 American opiate addicts out of an estimated population of 75 million Americans (Jonnes, 1996).

In Vietnam, the drug of choice among U.S. servicemen was marijuana until late 1970. In late 1970, the major drug problem in Vietnam switched to heroin. This was due to easy availability and inexpensive cost. In 1971, a United States Army, Vietnam (USARV) Medical Command survey revealed that 56 percent, or 1,645 of survey participants, smoked the heroin versus injection of the drug. The Department of Defense mandated unannounced drug testing and 100 percent of personnel drug tested prior to redeployment to the United States. These drug test were designed to reduce use and identify drug abusers. Those service members testing positive were enrolled in a drug treatment program in Vietnam prior to departure for the United States (GAO, 1972). Within six months of initiating this policy the positive test results decreased from 10 percent to below 2 percent (Jonnes, 1996). A record of treatment centers in Vietnam reported 20,529 patients received

treatment for the period January–October 1971 (GAO, 1972). Alcohol abuse during Vietnam was the largest drug problem for the U.S. military and American society (GAO, 1971). Additionally, the National Center for PTSD in 2006 reported that approximately 60–80 percent of Vietnam veterans requesting treatment for PTSD have alcohol use or dependency issues.

In 2009, if we do not learn the lessons of the American Civil War and the Vietnam War, the issue of substance abuse will continue to be a problem for the U.S. military, veterans and family members. The 2007 National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that alcohol and other drug (AOD) experimentation and current use is beginning at the age of 12 years old. Another disturbing fact is that approximately 80 percent of graduating high school seniors will have used alcohol or other drugs by the time of high school graduation. Alcohol is currently used by 126.8 million Americans age 12 and older. The research has documented 19.9 million Americans using illegal drugs. Most young Americans answer their nation’s call and volunteer to serve in the Armed Forces at the age of 18, and many are well-acquainted with alcohol and illegal drugs.

The good news is that the U.S. military is doing a better job of addressing the issue of alcohol and drug abuse than American civilian society. Even with this fact, the substance abuse treatment and criminal justice statistics are disturbing. It is even more disturbing because 50 percent of veterans enter substance abuse treatment through the criminal justice system (DOJ, 2008).

The National Survey of Substance Abuse Treatment Services (N-SSATS) statistics regarding veterans in substance abuse treatment are as follows:

Year	2001	2002	2003	2004	2005	2006
<b>Veterans</b>	62,966	65,370	60,589	58,537	60,237	66,436

The National Survey of Substance Abuse Treatment Services (N-SSATS) statistics reported veterans in substance abuse treatment in a Veterans Affairs (VA) or Department of Defense treatment facility:

	2000	2002	2003	2004	2005	2006
<b>VA</b>	31,251	31,213	28,386	28,306	28,842	28,243
<b>DoD</b>	6,571	7,749	6,020	6,335	5,771	5,432
<b>Total</b>	37,822	38,962	34,406	34,641	34,613	33,675

The Bureau of Justice Statistics reported the following statistics about veterans in jail or prison:

**Military, cont. on page 13**

# Veterans Suicide Prevention Hotline (800.273.TALK) Provides Vital Help

**More Than 55,000 Veterans and Families Call in the First Year**

*From the Substance Abuse and Mental Health Services Administration Public Relations Office*

This first-of-a-kind hotline launched by two government agencies proves successful in providing specialized help to thousands of veterans in crisis.

The Veterans Suicide Prevention Hotline, 800.273.TALK (8255), has provided immediate, often life-saving, help to tens of thousands of veterans and their loved ones during the year since its inception. Over 22,000 calls have come directly from veterans, with the remainder coming from others seeking help for veterans who are family members or friends.

The hotline was launched last summer as a collaborative effort by the U.S. Department of Veterans Affairs and the Substance Abuse and Mental Health Services Administration to meet the special needs of veterans who are in personal crisis.

The hotline has proven to be a particularly valuable resource not only for veterans at risk of suicide, but also for family members and friends who are trying to help them. Indeed, many of the calls into the Veterans Suicide Prevention Hotline over the past year have been from family members and friends who are concerned about the welfare of a veteran they love.

“The Veterans Suicide Prevention Hotline has been very helpful in providing veterans in crisis and their loved ones with

more immediate access to the specialized help they need,” said SAMHSA Administrator Terry Cline, PhD.

The Veterans Suicide Prevention hotline service provides national, around-the-clock access to crisis counseling and behavioral health services for all veterans and their families in emotional distress or suicidal crisis. Veterans seeking help, or family members or other loved ones concerned about a veteran in distress, can access immediate help by calling 800.273.TALK. They will hear a voice prompt saying, “If you are a U.S. military veteran or if you are calling about a veteran, please press ‘1’ now.”

By selecting this option, the caller is automatically connected to a V.A.-operated call center in Canandaigua, NY, staffed by specially trained professional crisis workers. Among the specialized services provided by the veterans hotline is the capability of connecting the veteran to his or her local V.A. Suicide Prevention Coordinator for priority follow-up and monitoring to assure that the veteran receives ongoing care at the local V.A. Medical Center.

In some cases, when the call volume exceeds the capacity of the Canandaigua center, calls are automatically routed to one of five back-up crisis centers within SAMHSA’s National Suicide Prevention Lifeline. This lifeline currently provides help to more than 42,000 calls each month through a network of more than 130 certified crisis centers.

Depending on their needs, callers are linked to local emergency, mental health, or social services. All calls are free and confidential.

Further information about SAMHSA’s National Suicide Prevention Lifeline and its Veterans Suicide Prevention Hotline can be accessed at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

**Military, from page 12**

Veterans Location	1985	1990	1995	1998	2000	2004
Prison	100,200	124,200	136,600	156,400	153,100	140,000
Jail	54,400	62,800	59,300	69,300	no data	no data
<b>Total</b>	<b>154,600</b>	<b>187,000</b>	<b>195,900</b>	<b>225,700</b>	<b>153,100</b>	<b>140,000</b>

The Bureau of Justice Statistics reports that veterans are more likely to be incarcerated with alcohol issues versus drug issues. In the professional opinion of the author, this has a direct relationship to active duty mandatory drug testing associated with military service.

In conclusion, the above information provides some significant background data of the substance abuse treatment needs of the U.S. military, veterans and military family members of the Global War on Terrorism (GWOT). This job will be more difficult with the current reduction of substance abuse treatment professionals allowed to provide services, substance abuse programs and funding resources available to provide treatment for the active duty component, veterans and their family members.

*Michael R. Hurst, MS, MAC, CSAC, CEAP, is the Employee Assistance Program Coordinator for the Fort Myer, Virginia Army Substance Abuse Program. He is a retired U.S. Army Special Forces Captain (Green Beret) and a Somalia and Southwest Asia veteran. He is a member of NAADAC and can be reached at [sfcounselor@verizon.net](mailto:sfcounselor@verizon.net)*



## Traumatic Stress and Combat

### For Those Who Witness the Killing and Death, Stress Takes a Toll

Larry Ashley, EdS, LADC, C

*“Night is hardest for me. I go to sleep long after my wife has gone to bed. It seems like hours before I finally drop off. I think of so many of my Nam experiences at night. Sometimes my wife awakens me with a wild look in her eye. I’m all sweaty and tense. Sometimes I grab for her neck before I realize where I am. Sometimes I remember the dream; sometimes it’s Nam, Afghanistan or Iraq, other times it’s just people after me, and I can’t run any more”*

– Combat Veteran diagnosed with PTSD

It is no surprise that military traumas often cause severe, and sometimes, long-lasting psychological problems in many survivors. Individuals may not realize that traumas in the military can occur in a variety of circumstances such as when he or she is home, abroad, in basic training, and in the heart of combat. Severe injury, and sometimes loss of life, can occur during training and emotionally scar many individuals in a squad. Typically, when individuals think of military trauma, the notion of combat arises. The longest lasting effects of trauma seem to emerge from wartime experiences and combat due to the repetitive and often severe experience had on these fronts. The sights, smells, and noises of war can impact soldiers in a variety of ways. Veterans of every war have seen, heard and have even smelled death and destruction during combat — often a traumatic experience. Oftentimes, soldiers are required to be on alert, ready at a moment’s notice, and must remain in this state whilst waiting for days or weeks at a time for a confrontation to happen. Their lives are directly threatened and “it is kill or be killed.” Sometimes soldiers witness the killing of civilians and the death of fellow soldiers and friends. Soldiers are ordered to kill the enemy. Even individuals in supporting roles, such as medics, nurses, persons serving grave duty, transport pilots, and MPs, among others, are also at risk to develop problems. Civilians can be caught in the crossfire, captured, or become refugees who must flee their homes thereby becoming survivors of war stress.

The more loss of life, horror, or physical injury seen or experienced, the more likely the person is to suffer a psychological impact. As time goes on, some of these individuals may find that their distress

becomes less severe due to adequate psychological compensation. For some, the disturbance remains strong and continues to interfere with the individual’s functioning and enjoyment of life. Some of the most common problems survivors exhibit include: intrusive memories, nightmares, sleep difficulties, heightened anxiety and vigilance, excessive susceptibility to being startled (for example, jumping at the sound of a car backfiring), feelings of depression, and avoidance of things that remind the survivor of the war. Survivors also report more general symptoms, such as: irritability, anger, and feelings of being numb inside.

When these problems are severe, posttraumatic stress disorder (PTSD) should be considered. Related problems can be as disturbing as the PTSD itself. Guilty feelings about having survived when others did not, accompanied by depression and isolation is a common experience of war survivors. Feelings of depression and isolation can become so severe that suicide is seriously contemplated or attempted. Frequently, combat survivors use alcohol or other drugs in an attempt to get temporary relief from their distress or to numb their emotions. Together, these problems can have severely damaging effects upon the survivor, the survivor’s family and friends, and job functioning. Emotional distance and difficulty communicating can isolate the combat survivor from essential social contact. At its worst, the anger and impulsivity can lead to divorce, violence, verbal abuse, difficulties at work, and legal problems. Findings from the National Vietnam Veterans Readjustment Study summarized by Kulka, Shlenger, and Fairbank discuss:

- As many as 15 percent of Vietnam War veterans suffer from PTSD 30 or more years after their combat experience (1990).
- Repatriated prisoners of war from the Korean conflict appear to have PTSD well in excess of 50 percent.
- Refugees from countries around the world, especially torture survivors and political prisoners, have shown high rates of PTSD-related difficulties.

The linkage between PTSD and substance abuse and dependence is a growing topic of interest. Veterans with PTSD turn to



substance usage for a variety of reasons including numbing emotional pain, and escaping reality. Silcott summarizes in her book that it is estimated that 35–75 percent of veterans with Posttraumatic Stress Disorder (PTSD) abuse alcohol or other drugs. Silcott summarizes that in 2004, nearly 60,000 veterans were admitted into substance abuse treatment. Of these, 61 percent of admissions were for alcohol, 15 percent for cocaine, 10 percent were for opiates, 7 percent for marijuana, 4 percent for stimulants, and 3 percent for other drugs. The statistics reported may be much lower than the actual number of individuals with PTSD and substance abuse as persons in the military also go untreated for large periods of time, or refuse treatment in order to avoid the stigma held about seeking mental health treatment.

Although treatments slightly differ for PTSD, combat-related stress, and substance abuse and/or dependence most clinicians and researchers agree that three steps to recovery are critical:

1. Developing a trusting relationship with a professional;
2. Telling one's experience of trauma in the context of therapy; and
3. Developing or reviving one's connection to family, friends, and community.

Most therapists agree that telling one's story is central to feeling more in control. The earlier the survivor obtains help, the more likely serious problems can be averted or prevented. Survivors are caught in a vicious cycle in which the memories and thoughts surrounding the memories continuously return which can lead to substance abuse and dependence to escape and numb. Because the survivor reacts to these with anxiety and, sometimes, horror, he or she pulls away from the thoughts and memories, thereby reinforcing the anxiety and pain by immediately removing the thoughts and memories.

In Cognitive Behavioral Therapies (CBT), the individual is assisted in processing the memory in ways that make it tolerable. The memory will never be a happy one, but it will no longer cause intense physiological distress. Substance abuse/dependence may also be addressed using CBT by allowing the individual to develop healthy coping skills while exposing and addressing the problematic behavior. Therapists also assist the client in taking away the power of the memories or flashbacks by having the survivor relive and re-experience them. Exposure Based Therapy is a Cognitive Behavioral Therapy technique for reducing fear and anxiety responses, based on the principles of habituation and cognitive dissonance. This technique identifies the cognitions, emotions and physiological arousal that accompany a fear-inducing stimulus and attempts to break the



pattern of escape that strengthens the fear response through measured exposure to progressively stronger stimuli until habituation is reached. The technique involves the creation of a program of steadily escalating steps or challenges (a Method of Factors), which can be explicit or implicit, that work towards a final goal representing a 'non-phobic' behavior. The patient then voluntarily moves through the steps with a means of terminating each step which is under voluntary control. Antidepressants have been shown to be useful adjuncts to psychotherapy for combat-related PTSD. Zoloft®, a selective serotonin reuptake inhibitor (SSRI), a type of antidepressant, is currently the only drug currently approved by the FDA to treat PTSD. Anti-anxiety drugs are sometimes used but may carry the potential for addiction or dependence. Brief hospitalization may be considered in cases where the client is in danger of hurting

themselves or others.

Military traumas, whether attained in combat or elsewhere, are a complex and varying matter. Each case must be assessed individually and there is no cure-all for such situations. Due to the dynamic range of severity of the effects on an individual, a wide range of very specific treatments are available. In some cases, substance abuse and/or dependence must also be treated. An integrative approach combining treatment for PTSD and substance abuse is deemed most beneficial. While medications are effective in treating some of the symptomatology of military trauma — and only one is currently approved by the FDA to treat PTSD — there remains other approaches to treating the individual. As with any case, the severity of treatment is not always proportional to the severity of trauma. Each individual will respond differently to each type of treatment. It is often a mixture of therapies that will provide the sufferers with the best results and, in turn, allow the best quality of life for affected individuals.

#### References

- Kulka, R.A., Schlenger, W.E., Fairbank, J.A., Hough, R.L., Jordan, B. K., Marmar, C.R., & Weiss, D.S. (1990). Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment Study. New York: Brunner/Mazel.

*Larry Ashley Ed.S, LADC, CPGC teaches at the University of Nevada, Las Vegas and Lauren Pitts is a Graduate Assistant at the University of Nevada, Las Vegas.*

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## Honor Best Practices in the Addiction Profession

### NAADAC Award Nominations Accepted Until April 30

*Barbara Fox, Chair of the NAADAC Awards Subcommittee*

“An honor is not diminished for being shared.”

– **Lois McMaster Bujold, 1986**, American Author

Do you know someone who deserves accolades for their work, professionalism and dedication? Perhaps there is an “unsung hero” whose fine example and work should be nationally recognized. Wherever you are, you can submit that person for consideration for a NAADAC national award.

NAADAC established its awards program to identify and honor the outstanding work of addiction professionals and organizations that treat addiction. NAADAC’s program provides a unique opportunity to let others know about the professionalism and expertise exhibited by addiction professionals throughout the U.S. and the rest of the world.

NAADAC has recognized the best practices of addiction professionals since 1979, when it established the Alcoholism and Drug Abuse Counselor of the Year Award (since re-named the Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year Award). The first winners, the Counselors of the U.S. Navy alcoholism and drug abuse program, came to prominence after the U.S. Department of Defense revised its

policies to encourage voluntary identification and enrollment of those with addictions in treatment programs.

The Navy’s program was the first non-punitive military rehabilitation programs developed with a focus on treatment. The program treated addiction as a disease and ensured that those who volunteered for treatment could not be discharged under other than honorable conditions.

Over 80 groups, individuals and organizations have received recognition from NAADAC in the 29 years since it began its awards program. Very select company considering that NAADAC has 10,000 members and the addiction profession encompasses over 80,000 clinicians.

Nominations for the 2009 awards must be received by the NAADAC Awards Committee **no later than April 30, 2009**. For full descriptions of NAADAC’s awards, please visit [www.naadac.org](http://www.naadac.org) and click on “About NAADAC” and then “Recognition & Awards.”

To make a submission, or for additional information, please contact Donovan Kuehn, NAADAC Director of Outreach and Marketing, at 800.548.0497, ext. 125, or by e-mail at [dkuehn@naadac.org](mailto:dkuehn@naadac.org).

#### Awards to Recognize Excellence

NAADAC has six awards to recognize excellence in the addiction profession. They include:

**Mel Schulstad Professional of the Year:** Presented for outstanding and sustained contributions to the advancement of the addiction profession.

**William F. “Bill” Callahan Award:** Presented for sustained and meritorious service at the national level to the profession of addiction counseling.

**Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year:** Presented to a counselor who has made an outstanding contribution to the profession of addiction counseling.

**NAADAC Organizational Achievement Award:** Presented to organizations that have demonstrated a strong commitment to the addiction profession and particularly strong support for the individual addiction professional.

**Medical Professional of the Year:** Presented to a medical professional who has made an outstanding contribution to the addiction profession.

**Lifetime Honorary Membership Award:** This award recognizes an individual or entity who has established outstanding service through a lifetime of consistent contributions to the advancement of NAADAC, the addiction profession and its professionals.



## Around the Nation

### News and Updates for Addiction Professionals

*Donovan Kuehn, NAADAC News Editor*



#### **NAADAC RVP Appointed to SAMHSA's Center for Substance Abuse Treatment Advisory Council**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the appointment of three new members, including NAADAC Northwest Regional Vice President Peter C. Formaz, NCAC-II, LAC, to the Center for Substance Abuse Treatment (CSAT) National Advisory Council. The Council is a 12-member panel of experts that meets

regularly to advise the U.S. Department of Health and Human Services Secretary, SAMHSA's administrator and CSAT's director on a wide range of public health matters related to prevention, treatment, and recovery support services.

"We are honored that these distinguished leaders have agreed to serve on the CSAT Advisory Council," said Eric Broderick, DDS, MPH, acting administrator of SAMHSA. "The diverse backgrounds and experience of these distinguished leaders will help inform our work at SAMHSA to improve the capacity and effectiveness of the mental health and substance abuse service delivery systems."

Formaz works for Behavioral Health Services, Benefits Healthcare, Helena, Mont. He operates an outpatient drug and alcohol behavioral health facility that offers an opiate treatment/Suboxone program. The facility is near the only veterans' hospital in Montana and treats a number of returning veterans for chemical dependency.

For more information, visit [www.samhsa.gov](http://www.samhsa.gov).

#### **NAADAC RVP Appointed to New York State Advisory Council on Underage Alcohol Consumption**

Edward Olsen (pictured at right), NAADAC Northeast Regional Vice President and Program Director of the Education & Assistance Corporation (EAC), the Nassau County Chemical Dependency Outpatient Program, has been named to the New York State Advisory Council on Underage Alcohol Consumption by Majority Leader Dean Skelos upon the recommendation of Senator Charles J. Fuschillo, Jr.

The Advisory Council on Underage Alcohol Consumption was established to combat underage alcohol consump-

tion in New York. The Council will study and analyze information regarding this serious issue, conduct public hearings and make recommendations on educational and training programs for law enforcement officials and prosecutors.

Under Olsen's leadership, the EAC Chemical Dependency Outpatient Program assists individuals who are battling addiction and compulsive gambling to begin their recovery in a safe, full service treatment environment. Since the Outpatient Program opened in 1995, the agency has treated 2,472 patients and their families.

"We are extremely proud to have Ed representing EAC in Albany," stated Lance W. Elder, President & CEO of EAC. "His years of experience and knowledge working with this population have well prepared him to be one of the 21 member representatives chosen for this Council."

Education & Assistance Corporation (EAC) provides a broad array of educational, vocational, counseling and criminal justice services. The organization's 72 programs protect children, create opportunities for seniors, promote healthy families and communities, empower people through employment and education, and provide alternatives for people with substance abuse and mental health needs. EAC effectively serves more than 47,000 people annually. For more information about EAC, please visit [www.eacinc.org](http://www.eacinc.org).

#### **California Update**

In December 2008, NAADAC met with several key stakeholders to discuss potential partnerships and to lay the groundwork for a new affiliate in California.

NAADAC met with three potential partners: the Breining Institute, the Association of Christian Alcohol and Drug Counselors Institute (ACADCI) and the California Association of Addiction Recovery Resources (CAARR).

As this process moves forward, NAADAC will communicate with its members to ensure that they are up-to-date and full participants in these discussions. NAADAC recognizes that any decisions must reflect the best interests of its members.

If you have any questions on this process or would like to get involved, we'd like to hear from you. Please contact Diana Kamp via email at [dkamp@naadac.org](mailto:dkamp@naadac.org) or call 800.548.0497 ext. 102.





**NAADAC**  
 THE ASSOCIATION FOR  
 ADDICTION PROFESSIONALS  
[www.naadac.org](http://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.

**JOIN ONLINE AT WWW.NAADAC.ORG**

## Help Wanted!

### Selections from the NAADAC Online Career Classifieds

*Donovan Kuehn, Director of Operations and Outreach*

*For help in finding or placing employment notices, please visit [www.naadac.org](http://www.naadac.org) and click on "Employment."*

#### Minnesota

##### PROGRAM DIRECTOR

Minnesota Girls Academy (MGA), a residential therapeutic high school for young women, is seeking a Program Director to begin in early 2009.

MGA's program is designed to enhance the girls' skills within their daily routine, with necessary skills and responsibilities constantly being enforced. At MGA each girl will be treated as an individual- with a personal set of goals and objectives considered for each girl. Their strengths will be accentuated and challenges addressed- socially, emotionally, and academically. Through the proper environment, motivation, and guidance that MGA offers, teenage high school girls at-risk will be able to achieve the self-confidence, social abilities, and academics they require to succeed in life.

Applicants must have previous experience working at a therapeutic residential school.

To submit a resume or for additional information, please contact: A.Y. Weinberg @ [projectextremeay@aol.com](mailto:projectextremeay@aol.com). *Posted 1/12/2009*

#### Pennsylvania

Caron Treatment Centers, located in Wernersville, PA, is a leading provider of addiction treatment services in the fight against chemical dependency is seeking the following:

##### PSYCHIATRIST

We are seeking a Psychiatrist with a passion for treating those affected by addiction begin a life of recovery. As a key member of the multi-disciplinary treatment team, you will be responsible for conducting psychiatric evaluations as well as individual and family therapy for both our adult and adolescent patients. In addition, you will provide ongoing psychiatric consultation, education and training to staff. Eligible candidates must possess a current PA license to practice medicine and unrestricted DEA, board certification/eligibility, and have a working knowledge of the principles and programs of the various 12-step programs. Fellowship or experience in Addiction Psychiatry preferred.

##### CLINICAL SUPERVISORS

In this key role, you will provide administrative and clinical leadership to counseling staff, participate in programmatic improvements, and ensure facility performance objectives are aligned with strategic plans in our Adult Services Continuum. Ideal candidates will possess: Bachelor's degree in a related field (Master's degree and CAC-D preferred) along with 3 years clinical exp., preferably in a CARF accredited CD facility, thorough familiarity with 12-step programs, strong leadership and presentation skills, relapse specific training and previous supervisory experience in a clinical setting.

##### THERAPIST

As a Therapist with Caron's new Breakthrough program, you will

facilitate experiential group therapy and psycho-education therapy through the use of lectures, sculptures, videos and other modalities in a residential setting. You will also provide primary care services including case management, assessment and aftercare planning. A Bachelor's degree in Psychology or a related discipline required; Master's degree preferred. A minimum of one year experience facilitating experiential therapy preferred. Certified Experiential Therapist (CET) Certification through the American Society of Experiential Therapists (ASET) preferred.

We offer a competitive total compensation package. Please submit resume/C.V. and salary requirements to: Caron Treatment Centers, Galen Hall Road, PO Box 150, Wernersville, PA 19565. Fax: 610-678-8583. Email: [recruiter@caron.org](mailto:recruiter@caron.org) or contact [www.caron.org](http://www.caron.org). *Posted 12/31/2008*

#### Idaho

##### CEO/PROGRAM ADMINISTRATOR

Qualifications: Five years paid professional experience in alcohol-drug addictions treatment, or Bachelor's with four yrs experience, or Masters and three years experience. Minimum one year of administration. Knowledge and demonstrated competence in planning, budget and other administrative duties.

The Walker Center is considered one of the premier centers in the Rocky Mountain Region for the treatment of addiction and has been operating in Southern Idaho, since 1976. Excellent salary and benefits. Our residential facility is in Gooding, Idaho — a pleasant rural area with easy access to Sun Valley and Boise. We have outpatient facilities in Twin Falls and Boise.

Our 28-day residential program is gender specific and has a three-day Family Program that is exemplary. Visit our website at [www.thewalkercenter.org](http://www.thewalkercenter.org).

If interested, please mail resume to Gooding office or email to [cindy@thewalkercenter.org](mailto:cindy@thewalkercenter.org), WALKER CENTER, 605 11th Ave. E., Gooding, ID 83330, 800.227.4190. *Posted on 12/12/08*

#### Pennsylvania

CARON TREATMENT CENTERS, internationally recognized for excellence in chemical dependency treatment, is seeking the following:

##### THERAPIST

Will facilitate experiential group therapy in Caron's five-day residential Breakthrough co-dependency program. Requirements include a Bachelor's degree in Psychology or a related discipline required; Master's degree preferred.

A minimum of one year experience facilitating experiential therapy preferred. Certified Experiential Therapist (CET) Certification through the American Society of Experiential Therapists (ASET) preferred. Preferred method of resume submission is electronically via [www.caron.org](http://www.caron.org) under the career/training link. Or send to: Caron Treatment Centers, Attn: Recruiter, Galen Hall Road, PO Box 150, Wernersville, PA 19565. Fax: 610-678-8583. Email: [recruiter@caron.org](mailto:recruiter@caron.org)

EOE M/F/D/V *Posted on 12/10/2008*



**NAADAC News**  
*NAADAC Education and Research Foundation*  
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**2009 UPCOMING EVENTS**

**February 9–11, 2009  
 SECAD**

Sheraton Atlanta Hotel  
 Atlanta, Georgia  
 For more information on the conference,  
 please visit [www.SECAD09.com](http://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](mailto:dkuehn@naadac.org)  
 or visit [www.naadac.org](http://www.naadac.org).

**February 22, 2009  
 Application Deadline for NAADAC  
 National Certification Commission  
 Adolescent Specialist Endorsement  
 Examination**

Exam Dates: April 11–25, 2009  
 The Professional Testing Company  
 administers testing for the NAADAC  
 National Certification Commission.  
 For details on fees or to download  
 an application form, please visit  
[www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC)

**February 27–28, 2009  
 24th Annual DAADAC Conference:  
 "Finding Professional Balance"**

Keynote Speaker: Robert J. Ackerman, PhD  
 For details on fees or to download a  
 registration form, please contact  
[brucepace@comcast.net](mailto:brucepace@comcast.net) or visit  
[www.naadac.org/de](http://www.naadac.org/de)

**March 7–14, 2009  
 NAADAC National Certification  
 Commission NCAC I, NCAC II and MAC  
 Examination Period**

**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  
 addiction-focused professionals and  
 treatment providers.  
 Doubletree Hotel Crystal City  
 300 Army Navy Dr., Arlington VA 22202  
 Hotel toll-free 866.999.8439 or  
 703.416.4100  
 \$194. Room Rate Cut-off: Friday,  
 February 6, 2009. For details, please visit  
[www.naadac.org](http://www.naadac.org), or call 800.548.0497.

**April 1–30, 2009  
 NAADAC Election Period**

Nationwide  
 For full details on NAADAC elections,  
 please visit [www.naadac.org](http://www.naadac.org)

**April 11–25, 2009  
 NAADAC National Certification  
 Commission Adolescent Specialist  
 Endorsement Examination Period**

**April 15, 2009  
 Application Deadline for NAADAC  
 National Certification Commission  
 NCAC I, NCAC II and MAC Summer  
 Examination Period**

Exam Dates: June 6–13, 2009  
 The Professional Testing Company  
 administers testing for the NAADAC  
 National Certification Commission.  
 For details on fees or to download  
 an application form, please visit  
[www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC)

**April 30, 2009  
 Deadline for Submissions for NAADAC  
 Awards**

Alexandria, Virginia  
 For more information, please visit  
[www.naadac.org](http://www.naadac.org)

**June 6–13, 2009  
 NAADAC National Certification  
 Commission NCAC I, NCAC II and MAC  
 Examination Period**

**July 15, 2009  
 Application Deadline for NAADAC  
 National Certification Commission  
 NCAC I, NCAC II and MAC Fall  
 Examination Period**

Exam Dates: September 12–19, 2009  
 The Professional Testing Company  
 administers testing for the NAADAC  
 National Certification Commission.  
 For details on fees or to download  
 an application form, please visit  
[www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC)

**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](http://www.naadac.org).

**September 12–19, 2009  
 NAADAC National Certification  
 Commission NCAC I, NCAC II and MAC  
 Examination Period**

**October 15, 2009  
 Application Deadline for NAADAC  
 National Certification Commission  
 NCAC I, NCAC II and MAC Winter  
 Examination Period**

Exam Dates: December 5–12, 2009  
 The Professional Testing Company  
 administers testing for the NAADAC  
 National Certification Commission.  
 For details on fees or to download  
 an application form, please visit  
[www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC)

**December 5–12, 2009  
 NAADAC National Certification  
 Commission NCAC I, NCAC II and MAC  
 Examination Period**