

NAADAC's Critical Role in the Development of a Profession: 40 Years of Achievement

A Compilation of Summaries and Excerpts from William White's new book, *The History of Addiction Counseling in the United States.*¹

By Jessica Gleason, NAADAC Director of Communications

In 1915, Abraham Flexner, the famed medical education reformer, gave an address on the subject, "Is Social Work a Profession?" In that address, he noted the core characteristics that distinguish the professions: large individual responsibility (and resulting ethical duties), reliance on science as a foundation for practice, practical assistance, an "educationally communicable technique," self-organization, and altruistic motivations. Nearly 60 years later, a group of pioneers envisioned addiction counseling as a "new profession" and laid the foundation for NAADAC: The Association of Addiction Professionals. After 40 years of championing this new profession and helping forge the elements that Flexner noted in his 1915 address, NAADAC is one of the oldest addiction-focused professional associations in the United States. With 9,500 members, 47 state affiliates, five Pacific Jurisdiction affiliates, and a current constituency of over 33,000 through a variety of programs, NAADAC is firmly entrenched as the premier organization for addiction services professionals, and is poised to continue that growth.



To commemorate its 40th anniversary, NAADAC recruited William ("Bill") White, the addiction field's premier historian and author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* and related historical texts, to write a book capturing the definitive history of addiction counseling and NAADAC's role in that history. Constructed from archival research and solicited diverse voices from the field, *The History of Addiction Counseling in the United States* traces the rise of this "new profession" from its roots in Native American "recovery circles" and nineteenth century temperance missionaries through the rise of lay alcoholism therapists in the early twentieth century, paraprofessional "AA counselors" and "ex-addict counselors" in the mid-twentieth century and the subsequent integration of multiple disciplines within the professionalization of addiction counseling. It also traces the influences of addiction medicine, addiction psychiatry, psychology, social work, and mental health counseling on the modern practice of addiction counseling. The following is a compilation of summaries and excerpts from Bill's chapters on the history of NAADAC.

NAADAC's Founding and Developmental Years

Efforts to organize the nation's alcoholism counselors at the national level began in the early 1970s under impetus of the landmark Comprehensive Alcohol Abuse and Alcoholism Treatment, Rehabilitation and Prevention Act of 1970. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) was established and began awarding over \$100 million annually in grants for treatment, prevention, and research—resulting in a rapid expansion of the alcoholism field. Proliferation of treatment programs created a demand for more counselors, and a need for an organized constituency to represent their interests in a rapidly changing field.

Recognizing this need, a group of addiction counselors organized the National Association of Alcoholism Counselors and Trainers (NAACT) in 1972. Robert Dorris was elected the Association's first president and Matt Rose was chosen to serve as its first executive director. Rose was unpaid and worked without any support staff from his Arlington, VA home. Two years later, as the emerging field faced a growing number of development issues and increased opportunities for alcoholism counselors, it became clear that counselors needed representation that had a broader, national focus. As a result, at the 1974 NAACT annual conference in Topeka, KS, the group voted to de-emphasize "trainers," drop the "T" from NAACT, and become the National Association of Alcoholism Counselors (NAAC).

NAAC held its first full-dress meeting in Denver on July 5, 1975, but it wasn't until the annual conference in Kansas City, MO, in 1977 that the organization solidified its place in the association world with established bylaws and a constitution. It was decided that NAAC's primary objective would be to establish a mechanism for the national certification of qualified alcoholism counselor professionals so as to provide for reciprocity, with a secondary objective to establish minimum national standards for the certification of qualified alcoholism counselors. At that time, NAAC had 20 state associations as affiliates, representing some 4,000 counselors, a new president, Mel Schulstad, and a new executive director, Douglas Harton. Harton became the first paid NAAC staff, and moved the Association's headquarters to Flint, MI.

In 1975, NAAC had already begun working toward its primary objective by participating on a NIAAA



planning panel on counselor credentialing, and in 1978, established the National Commission for the Credentialing of Alcoholism Counselors (NCCAC) with five other organizations. Critical decisions were being made at the national level in the mid-1970s on the question of nationally recognized standards and procedures for certification of alcoholism counselors, and NAAC had gained the necessary credibility to be recognized as the voice of the nation's counselors in the deliberations on the issue. Unfortunately, the work of the NCCAC was cancelled in 1979 by a new NIAAA director, causing repercussions, such as that differing state standards and sets of national certifications for addiction professionals, all with distinct regulations and requirements, still frustrate professionals today.

In 1979, Edward Riordan, a working counselor in Virginia, became executive director and NAAC headquarters shifted back to Arlington, where it had an office suite for the first time. During this time, NAAC worked on educating members on what was going on in the field and in the Association, and also started working towards furthering the educational opportunities for members by creating the National Alcoholism and Drug Abuse Counselors Education Program (NADACEP) (now the NAADAC Education and Research Foundation (NERF)). Among other tasks, NADACEP worked with state certification boards to ensure that credits recognized in certification and re-certification.

From NAAC TO NAADAC in the 1980s

Having worked to bolster the administrative and financial structure of the Association and increase the public policy activities at the national level, Ed Riordan resigned from NAAC in 1981 and passed the executive director baton to David Oughton. That same year, NAAC hosted a meeting with the Certification Reciprocity Consortium/Alcoholism and Other Drug Abuse (CRC/AODA) and the National Commission for the Credentialing of Alcoholism Counselors (NCCAC) known as The South Bend Connection to discuss various levels of cooperation and a potential merger. The controversy surrounding proposals to bring two groups with distinct identities—alcoholism counselors and drug abuse counselors—within a single organization dominated NAAC leaders and the larger field in the late 1970s and early 1980s. Finally, in 1982, the NAAC Board voted to change its name to the National Association of Alcoholism and Drug Abuse Counselors (NAADAC).² Tom Claunch, then-President of NAADAC, wrote “We will in no way abandon our heritage or lessen our focus on alcoholism if we seek to better serve those whom we exist to serve. A profession must be prepared to change as its body of knowledge evolves.”³

The 1982 NAAC annual meeting held aboard the Queen Mary in California was a landmark meeting: a new name, a new Board of Directors, and a new set of bylaws that enabled individual members to join the organization. This was the beginning of NAADAC as it exists today.

All of these activities were changing the face of the

association, and credentialing issues were making news again. In May of 1982, NIAAA awarded a 12-month contract to Birch & Davis Associates, Inc., and its subcontractor, the National Commission for Health Certifying Agencies, to develop model professional standards and procedures for credentialing alcoholism counselors. Four years later, Birch & Davis published a report, with NAADAC's input, that was considered a milestone in the profession's growth and maturation. The report defined for the first time the work of alcoholism and drug abuse counselors. It also provided guidance, support, and credibility to certification efforts throughout the country.

During this time, NAADAC enhanced and marketed its Liability Insurance Program for Counselors, adopted the NAADAC Code of Ethics, and established the Peer Assistance Generic Model Program. In 1983, NAADAC's official publication, *The Counselor* went from being a monthly newsletter to a bimonthly magazine that would go on to win awards and attract articles from the best and the brightest in the field. By 1984, NAADAC membership nearly doubled to 10,000. In 1985, Stephen Kreimer became executive director.

In the mid-1980s, NAADAC also focused on shaping lawmakers and the nation's opinions on addiction through its advocacy efforts, particularly to secure adequate funding for treatment programs in all areas of the country and for clients of all need and income levels. In 1986, the Association held its first legislative conference, which included a White House briefing, a Congressional briefing, a reception on Capitol Hill, and was attended by First Lady Nancy Reagan. It also established the NAADAC Legislative Network and developed its first position paper, which declared that NAADAC believes “citizens have the right to clinically sound, cost effective prevention, intervention and treatment.” By 1988, NAADAC had increased its advocacy efforts by hiring a part-time lobbyist to address the 200 bills before Congress involving substance abuse.

In 1989, the Association published another position statement stating its belief that “the use of credentialed alcoholism and drug abuse counselors should be supported, if not mandated, by state and federal agencies.” The next year, NAADAC adopted the term National Certified Addiction Counselor (NCAC) and directed this term to be used in the development of a national credential.

Counselors were gaining respect. Addiction was finally recognized as a disease. More than ever, the work of addiction counselors was challenging, exciting, and rewarding, with employment opportunities growing. NAADAC was blossoming.



NAADAC logo competition, *The Counselor*, May/June 1983.



Anne Glenn, Senator and former astronaut John Glenn, (D-Oh.) and Cynthia Moreno Tuohy at the NAADAC Public Policy Conference in 1987.

What Distinguishes Addiction Counseling From Other Helping Professions? Voices from the Field

Compiled by William White
for his new book, *The History of Addiction
Counseling in the United States*

Addiction counselors are distinguished in their appreciation for the primacy of severe alcohol and other drug (AOD) problems in the problems and pathologies customarily addressed by other health and human service professionals. Other professionals may tend to see the AOD problems as symptomatic of or secondary to the domains they are trained to address.

– Alex Brumbaugh

Addiction counseling is the only profession that focused exclusively on the biopsychosocial complexities of substance use disorders while seeking to resolve the full range of associated conditions and consequences.

– Thurston Smith

There are four defining premises of addiction counseling that historically separate the addiction counselor from other helping roles. These premises are that: 1) severe and persistent alcohol and other drug problems constitute a primary disorder rather than a superficial symptom of underlying problems, 2) the multiple life problems experienced by AOD-impacted individuals can be resolved only within the framework of recovery initiation and maintenance, 3) many individuals with high problem complexity (biological vulnerability, high severity, co-morbidity) and low “recovery capital” (internal assets, family and social support) are unable to achieve stable recovery without professional assistance, and 4) professional assistance is best provided by individuals with special knowledge and expertise in facilitating the physical, psychological, socio-cultural and often spiritual journey from addiction to recovery.

– William White

Addiction differs from other illnesses in three ways, and each poses unique challenges and requires special skills and knowledge. First, persons with other illnesses generally seek medical care when their condition becomes symptomatic. This is not true of persons with AOD disorders due to the stigma, hopelessness, denial, impaired

NAADAC in the 1990s

NAADAC rang in the new decade with a new executive director, Linda Kaplan, and the election of NAADAC’s first female President, Kay Mattingly-Langlois, MA, NCAC II, MAC. In the early nineties, NAADAC focused on fortifying itself as a professional organization, increasing its membership, expanding its training, credentialing, and education programs, increasing its public policy and advocacy activities, and growing its staff.

In June 1990, NAADAC formed the NAADAC Certification Commission (NCC) to “oversee and administer the NCAC National Certified Addiction Counselor” credential. The commission was founded to act independently on behalf of NAADAC in all matters related to the national credentialing of individual counselors. Specifically, the commission was to focus on establishing and maintaining current national standards of requisite knowledge in addiction counseling; providing evaluation mechanisms for measuring and monitoring the level of knowledge required for national credentialing; providing formal recognition to those individuals who meet the national standards; and establishing appropriate policies for acquiring and maintaining the national credentials. In a matter of months, the Commission announced the availability of the NCAC through an initial six-month test exemption period. More than 8,000 counselors nationwide qualified; and five months later, NCAC applicants took the first written exam. Around this same time, the National Accreditation Commission of Alcoholism and Drug Abuse Credentialing Bodies, Inc., was approved as the supporting organization of NAADAC for accrediting alcoholism and drug abuse counselor certification boards.

With the election of Bill Clinton in 1992, health care—including alcoholism and drug abuse treatment—took the spotlight and NAADAC’s lobbying efforts were beefed up in anticipation of the new President’s promise to study, propose, and implement health care reform. Even before Clinton’s inauguration, NAADAC wrote to the transition team, offering the association as a resource on alcoholism and drug abuse treatment and related issues. NAADAC also worked on a national steering committee for the Center for Substance Abuse Treatment’s project on Linking Primary Care, HIV, Alcohol, and Drug Abuse Treatment, which drafted primary health care and substance use treatment initiatives for the transition team’s use. NAADAC developed a full complement of advocacy and position papers, face-to-face trainings and conferences, appropriations and other policy recommendations, addressing issues such as the inclusion of the drug alcohol and alcoholism in our national drug control strategy, quality treatment from qualified professionals, increased insurance coverage for treatment of alcoholism and drug addiction, managed care and alcoholism and drug abuse reform, national health insurance reform, alcohol and drug treatment in the criminal justice system, and youth-at-risk for addiction.

During this time, NAADAC staff and the Board of Directors regularly served on expert panels, government training and advisory groups, and provided Congressional testimony. NAADAC played a key role in a number of visible and important coalitions, such as the National Coalition of Alcoholism and Other Drug Issues, the Coalition on Alcohol Advertising and Family Education, and the Coalition on Alcohol and Drug Dependent Women and their Children. NAADAC also worked to expand Medicaid reimbursement policies, obtain third party reimbursement, expand treatment services within the criminal justice system,



NAADAC former Presidents Kay Mattingly-Langlois, Larry Osmonson, Cynthia Moreno Tuohy and Roxanne Kibben, July 1994.

and increase awareness of alcohol-related problems among the elderly. The association's legislative agenda clearly was growing.

In 1994, NAADAC earned another feather for its cap as the Department of Transportation expanded the definition of Substance Abuse Professionals (SAPs) to include addiction counselors certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission after a hearing that included testimony from Jerry Bunn and Cynthia Moreno.



Counselor recognition on Addiction Professionals' Day, September 20, 2005 in Washington, D.C. (photo by Donovan Kuehn)

professionals do on a daily basis. In 2005, NAADAC's Executive Committee made September 20th the permanent date for the annual celebration of Addiction Professionals' Day.

Elected officials from NAADAC also had their first meeting with leaders of IC&RC to "clarify to the Alcoholism and Other Drug Abuse Treatment Professionals our respective missions, which are complementary, yet different," said the two organizations in a joint open letter. At the meeting, the two groups came to agreement on "issues that have troubled the field in the past by clarifying the respective missions of each organization." NAADAC and IC&RC agreed to work on health care reform issues that affected the treatment field, including scope of service, qualified providers, specialized service, and placement/discharge criteria. A year later, the two organizations met again and developed a joint plan for advancing the profession.

As 1993 drew to a close, NAADAC unveiled a strategic plan for 1994–1996 with a defined vision "to inspire alcoholism and drug abuse counselors to create healthier families and communities through prevention, intervention and quality treatment." Several goals were outlined to enhance the counseling profession, improve training and education for treatment professionals, impact public policy at all levels and result in the best possible treatment for clients. NAADAC also reworked its mission statement to state that "NAADAC's mission is to provide leadership in the alcoholism and drug abuse counseling profession by building new visions, effecting change in public policy, promoting criteria for effective treatment, encouraging adherence to ethical standards and ensuring professional growth for alcoholism and drug abuse counselors."

In June 1994, NAADAC contracted with The Gallup Organization to conduct an Educational Survey of its membership. This survey, which fulfilled a goal of the strategic plan, provided the basis for planning educational programs for NAADAC members and addiction counselors.

NAADAC responded promptly to the survey results, introducing a 1995 educational program that was broader and more far-reaching than ever before and included workshops on clinical supervision, DOT regulations, review of the new DSM-IV, implementing the ASAM Patient Placement Criteria and HIV/AIDS, TB and STDs. NAADAC also published the *Peer Assistance for*

judgment, and other issues associated with AOD problems. Therefore, treatment and recovery services for alcoholics, addicts, and their families must seek above all to reduce stigma and engender hope. Second, persons with substance disorders typically have concomitant public health, mental health, and social issues whose resolution is tantamount to substance recovery. People providing treatment and recovery services therefore need to have well developed skills and resource knowledge in the proper and timely integration and coordination of concomitant services. Third, while certain other medical interventions require a period of rehabilitation that involves behaviors or actions on the part of the patient in order for the disease to remain in remission, long term recovery from substance disorders uniquely depends in most cases upon ongoing, patient-initiated activities and involvement with non-medical, non-professional, indigenous community resources (e.g., peer-support groups). Professionals therefore need to view their role primarily as one of facilitating the client's engagement with these resources.

– Alex Brumbaugh

One of the first of those things was the fact that the population I was now working with was largely the people that everyone else had given up on. I also firmly believe that it takes a very special person to work as and remain an addiction professional. I do not believe that the person must necessarily be recovering themselves however I do believe that wherever they come from, they do have to have the "heart" and "passion" for the profession and the work that we do.

– Robert Richards

A significant distinction is that more Addiction Counseling Professionals (ACP) have been personally and deeply impacted by addiction. ...I think this translates to a deep sense of mission and commitment at a personal perhaps spiritual level to help the suffering addict avoid the destruction of addiction and find the beauty of recovery. Counselors with this personal background may also need to sort out more complex issues related to personal/professional conflicts.

– Bruce Larson

The composition of the addiction field—having recovering professionals in addiction counseling—makes what we do seem more real, more intense, more important, and more rewarding.

– Gail Milgram

What the addiction counselor knows that other service professionals do not is the very soul of the addicted—their terrifying fear of insanity, the shame of their wretchedness, their guilt over drug-induced sins of omission and commission, their desperate struggle to sustain their personhood, their need to avoid the psychological and social taint of addiction, and their hypervigilant search for the slightest trace of condescension, contempt or



A leadership meeting at the 1996 Annual Conference, with Maryanne Frangules, James Martin, Cynthia Moreno Tuohy and Thomas Durham.

hostility in the posture, eyes or voice of the professed helper...If there is a therapeutic stance most unique to addiction counseling, it is perhaps the virtue of humility. While seasoned addiction counselors muster the best science-based interventions, they do so with an awareness that recovery often comes from forces and relationships outside the client and outside the therapeutic relationship. It is in this perspective that the addiction counselor sees himself or herself as much a witness of this recovery process as its facilitator. In the end, the job of the addictions counselor is to find resources within and beyond the client (and the counselor) that can tip the scales from addiction to recovery. To witness (and be present within) that process of transformation is the most sacred thing in the field, and what would most need to be rediscovered if the field collapsed today.

– William White

Though we may learn and use the same skills and techniques as other helping professions, the addiction counselor has more heart and commitment to those facing the effects of addiction.

– Shirley Bekett Mikell

The persons with addictive disorders began this profession and it is through that knowledge and experience base that we have worked so diligently to create the professional care of addiction. We are in it to change it! Those roots keep us connected to the passion, resolve, desire and determination to keep pushing forward. With those roots, we never give up hope!

– Cynthia Moreno Tuohy

We are people who believe in the capacity for extraordinary resiliency and bring unwavering hope and belief in the transformative power of recovery.

– Dr. Stephen Valle

I think addiction counseling is more humanistic. It focuses on the strengths and what's right with somebody and conveys the message, "You can recover and you can reclaim your life." It's focused on your strengths and what you can do as opposed to what's wrong with you. It is very individual-focused and about how people can reclaim their lives, not just how they can manage their illness.

– Mary Woods

One distinctive thing that we have is respect for the spiritual aspects of healing. That we are steeped in a spiritual tradition and have a lot of people who are in recovery who are working spiritual programs have influenced and distinguished addictions counseling from such allied roles as mental health counseling. We've got the psychotherapy and the pharmacotherapy, but we have this spiritual tradition that respects the power of spiritual change--acceptance, surrender, forgiveness, serenity and other experience of a spiritual nature.

– Dr. Cardwell Nuckols

Alcoholism and Drug Abuse Counselors Manual authored by Linda Crosby in 1995. Later that year, the Ethics Committee proposed revisions to the NAADAC Code of Ethics to respond to developments in the field and the changing needs of association members. The proposed revisions were later approved by the NAADAC Board of Directors.

The 1996 Public Policy conference on Alcohol and Other Drug Issues attracted 200 attendees, a tribute to the growing activism and legislative sophistication of NAADAC members. Charlie Cook, political analyst for *Roll Call* and CNN, spoke about the upcoming 1996 elections, predicting the Clinton presidential win and the continuing Republican Congress. Senator Mike DeWine (R-OH) highlighted the Republican alcohol and drug policy issues and pledged his continuing support for treatment and prevention efforts. The NAADAC PAC reception featured former Governor George McGovern (D-SD).

Increasingly, members demanded up-to-date legislative information, and NAADAC responded enthusiastically. In 1996, NAADAC implemented a fax-on-demand system, which provided legislative updates, among other information. At the same time, the NAADAC Advocacy Update newsletter made its debut, offering the latest details about appropriations, welfare reform, elections, and other issues affecting the treatment field.

That same year, NAADAC joined the internet-age by launching the NAADAC website, which was later redesigned in 2013. Naadac.org, which was intended to provide information to current and prospective members, has since become an important conduit of information as the public face of the association. In 2006, the NAADAC site averaged over 26,000 visits per month—a figure that has now moved to more than 71,000 visits per month.

However, these achievements all unfolded in what was a challenging decade for NAADAC. Membership was decreasing. The buzz for certification was being replaced by a buzz for licensure. State associations didn't see the importance of their connection to a national association. The addiction workforce began to dwindle, shift, retire, die or go onto higher paying professions. A renegade, mail-order certification threatened NAADAC credentials. But most importantly, challenges arose within the Association about credentialing. Some within NAADAC pushed for academic credentials, while some balked. Teams of leaders worked things out so NAADAC and IC&RC would mend fences for the second time, but not all forces were aligned. Confusion reigned amongst many, including counselors, policymakers, allied professionals, and consumers about the basic fundamentals of the profession: who and what were addiction professionals, what qualified one to be an addiction professional, what could addiction professionals do and not do, and where did addiction professionals fit into the larger field of behavioral health. While NAADAC leaders and members continued to discuss and disagree on the answers to these questions, they did agree on important thing: addiction professionals and NAADAC members were no longer just alcohol and drug counselors.

To reflect this understanding and reflect the increasing number of tobacco, gambling, and other addiction professionals active in prevention, intervention, treatment, and education, NAADAC underwent its final name change in 2001, adopting the name: NAADAC, the Association for Addiction Professionals.



Unveiling of NAADAC's new name at the 2001 Annual Conference in Portland, OR.

NAADAC in the New Millennium

As NAADAC moved into the new millennium under the leadership of Pat Ford Rogener, NAADAC began to focus on its internal leadership to cultivate the addiction workforce and the next generation of leaders for the organization and the profession through its work on the Ohio Workforce Development Center. In partnership with the Ohio Association of Alcohol and Drug Abuse Counselors (OAADAC) and the Ohio Council for Behavioral Healthcare Providers, NAADAC hoped the Center would help the state maintain a competent and motivated addictions workforce with a focus on both prevention and treatment. Led by John Lisy of Ohio, the project, developed in cooperation with state and national leaders Hope Taft, Ohio's First Lady, Senators George Voinovich and Mike DeWine and Representatives Ralph Regula, David Hobson, and Deborah Pryce, received congressional funding to focus on the workforce development goals of developing pathways for the education, recruitment, retention, training and advancement of Ohio Alcohol and Other Drug (AOD) professionals, and paved the way for similar projects in other states. NAADAC's focus on leadership capacity building continued under the direction of Cynthia Moreno Tuohy, who assumed the Acting Executive Director role in late 2004 and became the Executive Director the following year. In March 2005, NAADAC hosted its first national Leadership Conference in Washington, D.C.



Gerry Schmidt, MAC, NAADAC Clinical Issues Consultant and Joseph Deegan, MSW, MAC, chair of the NAADAC Political Action Committee (PAC) at the NAADAC Workforce Development Summit, March 2006.

Advocacy

NAADAC advocacy activities increased in 2005–2008, including policy briefings with numerous congressional delegates and advocacy for passage of the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act, the Second Chance Act (support for prison re-entry), and the Veterans' Mental Health and Other Care Improvements Act. Also of note were NAADAC's support for repeal of the lifetime ban on welfare and food stamp benefits for persons with a drug felony conviction and the ban on student financial aid for students with a past drug conviction.

Recognizing the importance of the shift in demographics for the addiction services workforce, NAADAC convened its Workforce Development Summit in March 2006 in Washington, D.C. The Summit brought together many different partner organizations, including SAMHSA's Center for Substance Abuse Treatment, Partners for Recovery, the Addiction Technology Transfer Centers (ATTCs), the Institute for Research, Education and Training in Addictions (IRETA), the National Institute on Drug Abuse (NIDA), the Institutes of Medicine and the National Association for Addiction Treatment Providers (NAATP), for the purpose of assessing the challenges facing the addiction profession and creating a Workforce Development agenda for the future. Speakers discussed various workforce development issues, including the ability to find, keep, and properly compensate addiction professionals, mentoring, the implementation of evidence-based practices, career development strategies for entry level professionals, and career advancement opportunities.

The Summit also presented the world premiere of the Workforce Development Video, produced in partnership by NAADAC, the Northeast Addiction Technology Transfer Center (NEATTC), IRETA, and the Central East Addiction Technology Transfer Center (CEATTC). The purpose of the video, *Imagine Who You Could Save*, was to promote career opportunities in the addiction profession while dispelling preconceived notions and/or stereotypes typically associated with the addiction/substance use disorder field. The premise of the video concentrated

The defining essence of a profession is a distinctive body of knowledge and techniques developed through education, training and supervised experience and not available within other service settings. Such knowledge and service technologies have evolved over the past five decades and now constitute the core functions of addiction counseling as practiced in the United States and around the world. ...What the addiction counselor, at his or her best, contributes that is lacking in other human service disciplines is a detailed knowledge of local cultures of addiction and cultures of recovery. That knowledge is crucial in facilitating clients' journeys between two psychological and social worlds.

– William White

One of the distinguishing features of addiction counseling is the understanding of recovery as a lifelong process rather than a problem that can be fixed in a few counseling sessions. We view recovery as an unfolding movie rather than a snapshot and have a deeper understanding of the longer arc from illness to wellness.

– Bruce Lorenz

Addiction counseling requires the willingness to engage in long-term therapeutic support with individuals managing a life-threatening chronic disease. As an addiction professional, I identify with other healthcare colleagues who treat chronic diseases such as diabetes. There is a commonly shared perspective of non-critical judgment, compassion and patience that we recognize as key components of our work. Understanding the impact of chronic disease on individuals and significant others is crucial to the provision of a safe environment for treatment and recovery.

– Kathryn Benson

The distinctive features of addiction counseling are being lost. The true distinction is that chemical addictions are a special class of health problems requiring special techniques to help support early recovery, relapse prevention and relapse management. Specialized support is needed for sober and responsible people to live in an addiction-centered culture while disavowing that culture.

– Terence Gorski



William L. White is a Senior Research Consultant at Chestnut Health Systems/Lighthouse Institute and past-chair of the board of Recovery Communities United. Bill has a Master's degree in Addiction Studies and has worked full time in the addictions field since 1969 as a street-worker, counselor, clinical director, researcher and well-traveled trainer and consultant. He has authored or co-authored more than 400 articles, monographs, research reports and book chapters and 16 books. His book, *Slaying the Dragon – The History of Addiction Treatment and Recovery in America*, received the McGovern Family Foundation Award for the best book on addiction recovery. His collected papers are posted at www.williamwhitepapers.com.



2007 Recovery Month Kickoff Luncheon

on the word “addiction” and the horrific toll it takes on substance users, their jobs, their families and their lives—regardless of age, race, gender, or sexual persuasion.

In September 2007, NAADAC celebrated its 35th Anniversary and hosted, with SAMHSA’s Center for Substance Abuse Treatment (CSAT), the 18th Annual Recovery Month Kickoff Luncheon on Capitol Hill featuring Nikki Sixx, band member of Mötley Crüe and author of *Heroin Diaries; A Year in the Life of a Shattered Rock Star*. Five years later, in September 2012, NAADAC once again hosted the National Recovery Month Kickoff Luncheon, this time with featured remarks by former NBA player, Chris Herren, author of *Basketball Junkie, A Memoir*.

Education

Under Moreno Tuohy’s leadership, NAADAC also began focusing on delivering clinical and professional development education to addiction professionals. In February 2004, NAADAC launched a Trainers Academy that enables expert trainers to provide cost-effective on-site education to addiction professionals across the United States. The Academy includes experts in HIV/AIDS prevention, addiction specific issues, counseling therapies, practice guidelines, organizational and leadership development, and co-occurrence. Clinics, government agencies, private business, other health-related organizations, and others may contract with NAADAC to access Academy members to provide continuing education to counselors in HIV/AIDS and other areas of specialization.

In 2005, NAADAC collaborated with the American Mental Health Counselors Association (AMHCA) on a SAMHSA-funded initiative focused on co-occurring disorders and collaboration of addiction services and mental health professionals. That same year also witnessed a change in NAADAC’s official publication—from *The Counselor* to *Addiction Professional*. (In 2013, NAADAC took responsibility for publishing its own magazine, *Advances in Addiction & Recovery*.)

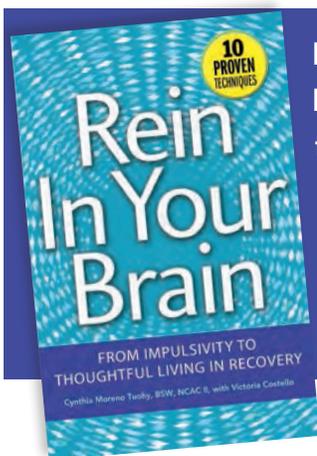
In 2007, NAADAC collaborated with Forest Laboratories on a national education series called *Strengthening the Will to Say No: Medication Management for Addiction Professionals*. The series, which went to 15 cities throughout the U.S., evolved from NAADAC’s long history of providing quality education courses led by counselors and other addiction-related health professionals who are trained and experienced in both pharmacology and clinical application of therapies. NAADAC also cosponsored other training events and conferences with partners such as the American Society of Addiction Medicine.

Building on this effort, NAADAC conducted its 2007 Life-Long Learning Series *Pharmacotherapy: Integrating New Tools into Practice*, delivering seminars in 17 cities and online working to promote the awareness of medication-assisted treatment and its use as a tool in the methods available to serve persons with addictive disorders.

In 2009, NAADAC became involved with SAMHSA’s Recovery to Practice (RTP) Initiative, designed to hasten awareness, acceptance, and adoption of recovery-based practices in the delivery of addiction-related services and built upon SAMHSA’s definition and fundamental components of recovery. NAADAC was first tasked with conducting a national situational analysis using a literature review and interviews with key informants, including academic leaders, SUD counselors, and other stakeholders, to describe a snapshot of how the addiction profession currently views and uses the concepts, services, and practices of recovery, as well as the barriers, strengths, and contextual conditions related to full integration. As a result of its Situational Analysis, NAADAC developed an outline for a recovery-based curriculum for addiction professionals, which includes nine



From **Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, Executive Director of NAADAC**



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A National Addiction Studies Curriculum

During 2008–2009, NAADAC continued its focus on education by developing the National Addiction Studies and Standards Collaborative Committee (NASSCC), through a SAMHSA grant, to develop a national addiction studies curriculum for higher education. Composed of addiction studies educators in higher education and allied stakeholders in the field of addictions, the NASSCC divided itself into undergraduate and graduate working groups and through months of work, developed a consensus on the centrality of higher education now setting the standards for certification and licensure standards. Incorporated with this was a shift toward the emphasis of degree/educator model for addictions education and keeping this distinct from the training/trainer model.

In August 2011, the International Coalition for Addiction Studies Education (INCASE) and NAADAC created the National Addiction Studies Accreditation Commission (NASAC), one of only two organizations that accredit addiction programs, and the only organization that represents addiction-focused educators and practitioners. NASAC released new standards and an accreditation process for higher education to meet the requirements for addiction studies best practices and to provide a single standard for higher education addiction studies programs. The new process is specific to the addiction education programs and focuses on competent, knowledgeable, and evidence-based practices. With the implementation of this new standard, practitioners, educators, and people looking to join the profession will now have a professional standard they can use to judge the efficacy and quality of their educational programs.

Current Day NAADAC

The last two years have been among NAADAC's busiest ever. In January 2013, NAADAC Executive Director Cynthia Moreno Tuohy issued a press release outlining the NAADAC perspective on initiatives that would improve the long-term health of the addiction profession and ultimately improve patient outcomes. The press release called for unique approaches to addressing workforce recruitment, training, and retention issues within the growing integration of the addiction treatment, mental health, and primary health care service arenas.

Training, Education, and Professional Development

Both in-person trainings and online education activities have been expanded, and include such cutting edge issues as new evidence-based practice and changes in addiction counseling emanating from the growth of recovery-oriented systems of care initiatives and the Affordable Care Act, and four important aspects of development and implementation: curriculum development, product development, training, and logistics management. In 2013, NAADAC offered 75 continuing education hours through its education and training resources. Recent activities included co-development with Hazelden of *Integrating Treatment for Co-occurring Disorders: An Introduction to What Every Addiction Counselor Needs to Know*, that later led to the training of the product: *Co-Occurring Disorders Training for the Substance Abuse and Mental Health Services Administration*. Recently, NAADAC developed a curriculum to assist professionals who were seeking help in establishing clinical addiction treatment methods founded upon evidence-based practices. The curriculum, which covered all eight domains and was published as "Foundations in Addiction Practice" was developed as a Train-the-Trainer manualized program. This project, implemented in partnership with professionals in the developing world, had its inaugural program in Nairobi, Kenya. The curriculum focused on capacity building and service delivery in Kenya and was later implemented with representatives of a consortium of Colombo Plan nations and now in the United States as a Train-the-Trainer program to ensure addiction practice.



Credentialing

The NAADAC National Certification Commission (NCC) presented a name change to the NAADAC Board of Directors on September 17, 2011 to change to the National Certification for Addiction Professionals (NCC AP) to clarify that the NCC system of certification was specific to addictive disorders. Since 2011, the NCC AP has grown and developed new standards through certifications and endorsements. As the work of the Affordable Care Act becomes more integrated, NCC AP has developed a Co-occurring Competency Test that is available at the state level to ensure knowledge and skill levels in treating co-occurring disorders. NCC AP Commissioners felt it was essential to evidence these competencies in the new integrated environment that the profession was quickly moving to embrace. NCC AP created other new credentials, including Student Assistance Professionals and Adolescent Certification. In Summer/Fall 2014, the NCC AP added a Peer Recovery Specialist credential and a Clinical Supervision endorsement to its cadre of credentials.



Conversations between NAADAC and IC&RC continue with the most current press release on February 27, 2013 announcing the collaborative activities between



NAADAC, IC&RC and NCC AP, with a focus on the following areas of collaboration:

- joint internal and external communications concerning credentialing and licensing, including conducting surveys and publicizing the results;
- developing a common advocacy agenda and combining advocacy efforts, including co-hosting the Advocacy Leadership Summit on April 16 and 17, 2013 in Washington, D.C.; and
- a crosswalk of credentials, leading toward standardized credentials and a national system of credentialing.

Membership Services

In 2013, NAADAC underwent a digital overhaul and modernization of its website, membership database, and communication channels to better serve and communication with its members and the public. Its redesigned website makes membership information, education, and resources easily accessible and



streamlines the membership and renewal processes. In addition, the website allows the public to easily search for Certified NCC AP Individuals, NAADAC Approved Education Providers, members, and the Department of Transportation's Substance Abuse Professionals (SAPs). Also in 2013, NAADAC's launched its new quarterly magazine, *Advances in Addiction in Recovery*, which has become well-known as a treatment and recovery resource for both those who serve in the addiction and other helping professions and to their clients. It also launched two ePublications, the weekly *Professional eUpdate*, and bi-weekly *Addiction & Recovery eNews*, which go out to over 31,000 constituents in the addiction profession and can be easily read on any digital device. NAADAC's involvement in print and TV media as well as social media (e.g., Twitter, Facebook and LinkedIn) has also grown exponentially and allows the Association to speak directly to its constituents through new mediums.

Advocacy Highlights

NAADAC's advocacy work at the federal level with SAMHSA and other agencies continued to ensure that the concerns of the nation's addiction professionals were represented at the highest policy levels, especially in the workforce arenas. NAADAC worked in partnership with the State Associations of Addiction Services (SAAS) and Treatment Communities of America (TCA) for the 2013 Advocacy Leadership Summit—NAADAC's advocacy conference—to bring a larger voice and stronger presence to the issues of SAPT Block Grant, the Affordable Care Act implementation, and workforce. The 2014 Advocacy in Action Conference focused on workforce development and the implications of the Affordable Care Act on the addition profession.

In Spring 2014, Congress finally passed legislation to include funding to expand the Substance Abuse Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP) to addiction counselors, an action NAADAC has spent over eight years advocating for. This program was first established in 1973 to enhance services to minority communities through specialized doctoral-level training of mental health professionals in nursing, psychiatry, psychology, and social work, and was gradually expanded over the years to include training of professional counselors. In September 2014, NAADAC was awarded the SAMHSA grant to develop and implement the NAADAC Minority Fellowship Program for Addiction Counselors (NMFP-AC) in 2015, with the purpose of increasing the number of culturally-competent Master's level addiction counselors available to underserved minority populations, improve training in evidence-based cultural diversity practices, and increase effectiveness and numbers of addiction counselors working with transition age youth (ages 16–25).

In September 2014, NAADAC hosted the National Recovery Month Kickoff Luncheon for a third time, partnering with Young People in Recovery (YPR), the Association of Recovery Schools (ARS), and the Substance Abuse and Mental Health Services Administration (SAMHSA), to celebrate the 25th Anniversary of National Recovery Month and NAADAC's 40th Anniversary. In partnership with these organizations and the Entertainment Industries Council, Inc., NAADAC is working to develop a video trilogy named *Looking Back at Addiction, Looking Forward to Recovery*. The first of these three videos, *The History of NAADAC and the Addiction Profession*, was debuted at the Luncheon and will be shown at NAADAC's 2014 Annual Conference & 40th Anniversary Celebration in Seattle, WA. The video and an archived webcast of the event can be found on NAADAC's website.



David Mineta, Deputy Director, White House Office of National Drug Control Policy (ONDCP), Mike DeArgo, Young People in Recovery, Michael Botticelli, Acting Director, White House Office of National Drug Control Policy (ONDCP), Brian Dyek, CEO of Entertainment Industries Council, Inc., Pamela Hyde, Administrator of SAMHSA, Kristen Harper, Association of Recovery Schools, Cynthia Moreno Tuohy, NAADAC Executive Director, Dr. H. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment, Marie Dyak, Executive VP of Program Services and Government Relations at Entertainment Industries Council, Inc.

Forty Years and Beyond...

As NAADAC members take stock of the Association's 40 years of leadership in the addiction profession, they can be truly proud of the legacy that they have inherited. NAADAC has evolved from the fledgling roots of its predecessors to become the single national voice representing addiction counselors in the United States. NAADAC has built on its successes to grow from a small group of compatriots to an organization of national and international import. It will continue to work hard to make a difference in the lives of addiction professionals, their clients, and the communities



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Bachelor of Arts Degree in Political Science from the University of Massachusetts at Amherst.

REFERENCES

¹*The History of Addiction Counseling in the United States* (2014) by William White is available for sale in the NAADAC online bookstore, located at www.naadac.org. Free copies of the book were given out to attendees at NAADAC's 2014 Annual Conference & 40th Anniversary Celebration in Seattle, WA.

²*Alcoholism Report*, 1979, Volume III, Number 2, pp 5-6; 19080, Volume III, Number 21, p. 5. Vol. IX, No. 21, Aug. 28, 1981, page 7.

³*The Counselor*, October 1982, p. 3.



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