NAADAC Produces a Workforce Situational Analysis *for Addiction – and Recovery*

By Michael T. Flaherty, PhD

Background

As part of the federal government's efforts to promote recovery for all Americans affected by mental illness and/or addiction, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been supporting an ongoing Recovery to Practice (RTP) Initiative. The initiative is designed to hasten awareness, acceptance, and adoption of recovery-based practices in the delivery of mental health and addiction-related services while building on SAMHSA's evolving definition and increasingly identified fundamental components of recovery.[1] The overall initiative involves:

- Establishing a Recovery Resource Center, complete with web-based and print materials, training and technical assistance for mental health and addiction professionals; and
- Developing and disseminating curricula and training materials on recovery-oriented practice for each of the major mental health and addiction professions.

The RTP Initiative is under the leadership of Larry Davidson, PhD, Deidra Dain, and Julie Shafer of the Development Services Group, Inc. who, while working with a National Expert Panel and SAMHSA, collaborate with six major professional associations — NAADAC, the Association for Addiction Professionals, the American Psychiatric Association, the American Psychiatric Nurses Association, the American Psychological Association, the Council on Social Work Education, and the National Association of Peer Specialists to:

- Assess the current status and need for recovery-oriented principles and practices within the addiction professions;
- Design and deliver a national *Situational Analysis* with information from addiction professionals and a review of the literature; and
- Develop an outline for recovery-based training curriculum for addiction professionals.

From this *Situational Analysis,* NAADAC, as an association dedicated to all addiction specialty professionals, and the other Associations for the disciplines they represent have developed Recovery to Practice (RTP) training curriculums for each discipline that will become part of a national training process on recovery-focused models of care. NAADAC sought to represent addiction professionals that specialize in addressing substance use and addiction while promoting recovery and the competencies needed to integrate addiction recovery into prevention, early intervention, treatment, continuing care and sustained recovery practice.

Situational Analysis is a Must-Read

Based on several key listening sessions with members, NAADAC joined with other key collaborators to compile its *"Situational Analysis"* for the addiction profession. From the listening sessions, interviews and literature reviews, along with support from an Advisory Council, NAADAC has produced a guiding document not only for addiction professionals, but capable of guiding all disciplines in addressing substance use, addiction, and recovery. This must read is readily available at www.naadac.org/situational-analysis.

While documenting many of the current demographics of the addiction profession (e.g. age, varied roles, salaries, licensed or non-licensed, longevity/experience in addictions treatment, gender, etc.), the Analysis provides a rich history of a profession historically rooted in the lived experience of recovery. The Analysis suggests the profession has evolved through ebbs and flows of science, policy, prioritization and neglect, medical understanding, and lived experience to its *current recovery-based experiential recovery orientation*. It defines today's practice orientation as a focus on the facilitation of *long-term* personal and family recovery, adherence to recovery-linked and scientifically grounded service practices, and emphasis on the role of community recovery capital in the initiation and maintenance of personal and family recovery. This is a clear focus for the addiction professional even if still emerging and evolving.

In supporting a recovery "focus" in practice, the Analysis suggests more than a call — it offers specifics. Citing many works by William White and other experts, the Analysis offers fourteen specific changes that define a recovery-focused practice. Some of these changes include:

- Allowing authentic and diverse personal/family representation at all levels of decision making within the addictions profession; recognizing the need to stabilize, develop and train further the addiction workforce — and all disciplines — on how to build and sustain recovery;
- Accepting the need to recognize diverse pathways and cultures to recovery and to strengthen new areas such as assertive prevention, outreach, engagement, and long-term recovery itself;
- Addressing the need for service delivery to expand far beyond its specialty sector to broader roles in education, policy, business, military, religious, social service, sports, and media settings; and
- Expanding the current roles for addiction counselors to roles and skills capable of strengthening family and community recovery capital and building bridges of collaboration between professional and addiction treatment organizations and the growing networks of recovery mutual aid organizations, recovery support institutions, and the community itself.

The Analysis is also clear on another critical point: the need for an expansion of the addiction profession and professional - not its demise, diminution, or de-professionalization. "The addiction profession is at a point when the old-traditions as a stand-alone event will move to a more comprehensive continuum of care and support."[2]

While noting that a growing number of states and Managed Care Organizations are using Medicaid waivers to pay for recovery support services and others are adding incentives for recovery-oriented practices, the Analysis offers a complete summary of funding streams and suggestions for the financial provisions of recovery support services. The report acknowledges the workforce paradigmatic need for growth in the movement from an acute illness understanding to a chronic understanding of addiction. In this broadened understanding, as with all chronic illness models, the need for prevention, intervention, treatment, and sustained recovery increases across the continuum of service provided wherever the illness (substance use) might appear or is being addressed. In this modernized view of the illness, the need for a workforce will also grow at all levels — Peer to PhD/MD

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therapist can co-create an intersubjective context that facilitates the process of change (attachment communication). This attachment communication facilitates the experience dependent maturation of the right hemisphere. Within this emotional bond, what may well have been neglected in early life due to alcoholism/drug addiction, absentee parenting, or a traumatic upbringing can via neuroplasticity be maturely corrected.

As a helper, can we really hear what another has to say? Must we not first need to listen to ourselves? Listening is important only when one does not project their own desires into another. A clinician can get in their own way when listening comes from a preconception (image of another) or from a particular point of view. To really listen, one needs an inward quietness or awareness. This inner quietness allows for communion beyond the noise of words. In this state of awareness, the clinician can hear even when there are no words. In the moment in a state of connectedness with the client, meaning can come as a transformative change in worldview.

Photons are quanta of light. Light travels at 186,000 miles per second and has no resting mass or charge. At the speed of light, time stands still. It is like nothing described in classical Newtonian physics. Everything comes from light as it is involved in everything developed in the physical universe and all of its permutations. The essence of every interaction in the universe is the exchange of quanta of energy (light). The Light of God is within you and it is called the true self (SELF), Atman, Buddha nature, soul, Tao or even the Holy Spirit. It is the Light in you that heals.

What is now called quantum physics started when Bohr, Heisenberg, Schrodinger, and others discovered that one could not separate themselves from the outcome of an experiment. The Heisenberg Principle and the Von Neumann Formula describe how one's intention impacts the results of an experience. When you are with a patient your intention influences the outcome. If the clinician performs their work with integrity and unconditional acceptance (love), this will influence the clinical outcome. If this is our intention, we will never do anything wrong as love can only know truth. Here I am speaking of unconditional love which is not an emotion, but a way of being in the world. It is love without a motive. It is love without a price.

Over the years, I have read many research articles on the use of manualized cognitive-behavioral therapy for the treatment of Obsessive-Compulsive Disorder. Often the results are mixed with some therapists doing very well while other clinicians perform no better than a placebo. The results state the effectiveness of the therapy was inconclusive. I generally disagree with such a statement. It seems to me a clinician who has put great effort into their own personal growth and has attained a high degree of spiritual energy will elicit a greater healing response in their patients. In these cases, a therapeutic relationship is more readily established and the patient's belief in the prescribed remedy and compliance are enhanced.

It is my hope this brief article and overview of the art of healing will cause you to ponder the work you do. It is my hope you will say to yourself, "So that is why I have been getting results often where others have failed." When we commit our lives to the narrow road of the spiritual journey we give this gift to the entire world. The same hand that gives also receives.

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— to work together for the shared interest of individual, family, and community recovery, and wellness. Peers will offer the experiential supports and assertive outreach and follow-up that often exceed the scope, boundaries or capacity of more traditional prevention, treatment, and recovery. The Analysis sees the increased access and demand for treatment economically and clinically supported by a united workforce where peers can work with the established disciplines to augment the opportunities for individual recovery in each treatment episode.

While more detailed than presented here, the Analysis readily recognizes that apprehension currently exists among many professionals surveyed. Beyond a typical resistance to change, the Analysis identifies still existing confusion over a definition of recovery itself (e.g. abstinence-based or not), a continuing sense of being de-valued as professionals, new ethical concerns, funding fears, a lack of understanding of addiction and education, and fear of more work being added to an already overwhelming workload as concerns needing to be addressed for any successful implementation. Specific concerns about peer involvement loom as to their need for training and a need to not define peer activities as equivalent or a replacement for a less expensive treatment. This concern in return then begs the issue of the need for further and future development of the addiction-focused profession as the specialist field it can be in today's health care workforce.

Despite these concerns, the Analysis moves on to an exceptional comparison with citations of *current practice education and training* and what is *missing if that focus is to have a recovery focus*. In this area, special topics such as the role of a recovery focus in medication assisted treatment, treatment of trauma, co-occurring disorders, the need for ongoing research and training on recovery-focused care, assessment of ROSC Readiness in agencies, defined roles for peers, certification and licensure for peers by states, university preparation of peers programs, etc. are all addressed with the confidence of the emerging larger role that the addiction professional will play.

This *Situational Analysis* is relevant to all who work with substance use and addiction wherever it may appear. It is a wonderful foundation and barometer for the profession and NAADAC's just launched nine part Recovery to Practice Webinar series to be offered to all throughout 2014. NAADAC's Situational Analysis should be viewed by all disciplines, peers and practitioners, policy makers, and educators so we can all evolve. The situation is … we are evolving.

Michael Flaherty is a clinical/consulting psychologist with over 35 years of practice in addictions treatment and policy. For the past 14 years, he has helped lead the national focus on recovery and to build a science of recovery practice and recovery oriented systems of care. He was the past Director for the St. Francis Institute on Psychiatry and Addictions and Founder of the Institute for Research, Education and Training in Pittsburgh, PA and serves many national organizations including the Clinical Advisory Board of the CRC Health Group, the Executive Board of the Annapolis Coalition for Workforce Development, the Advisory Board of the SAMHSA funded Recovery to Practice Initiative the SAMHSA Service Awards Program. His e-mail is flahertymt@gmail.com.

REFERENCES

[1]SAMHSA. (2010, April 22). *SAMHSA Joins Together with National Behavioral Health Provider Associations to Promote Mental Health Recovery.* Retrieved June 13, 2012, from SAMHSA News Release: http://www.samhsa.gov/newsroom/advisories/100422behavioral10121.aspx

[2]NAADAC. (2013). *Situational Analysis: Recovery to Practice (RTP).* (p.28). Alexandria, VA: NAADAC