Editor’s Note
Valerie A. Kremer, Public Relations Intern

I joined NAADAC at the end of April as the public relations intern and am enjoying my time here. As a recent graduate of American University, I am glad to have made NAADAC the first stop in my career path. It has been great getting to know NAADAC as an organization. I look forward to meeting more of you throughout my stay.

I would like to thank all those who contributed to this edition for your hard work and time. It’s been a great experience working on this edition of the NAADAC News and discovering what issues are the most important to you.

I am honored to be the editor of the August edition of the NAADAC News. Thanks and enjoy, Valerie A. Kremer

CONTENTS

Educational Outreach Page 5
New NAADAC Staff Page 6
Review of TIP 41 Page 7
National Addictions Counselor Day Page 9
NALGAP Corner Page 12
State Updates Page 14
Counselor Resources Page 16
Reader’s Corner Page 17
Advocacy in Action Page 19
Upcoming Events Page 20

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MESSAGE FROM NAADAC’S PRESIDENT

NAADAC and IC&RC Endorse “Unification Through Merger”

By Mary R. Woods, RNC, LADC, MSHS, NAADAC President

You have to recognize when the right place and the right time fuse and take advantage of that opportunity. There are plenty of opportunities out there. You can’t sit back and wait.

—Ellen Metcalf
Author

On the weekend of June 4–6, 2005, I was part of a workgroup composed of 15 members from the National Certification Commission (NCC) of NAADAC, NAADAC, The Association for Addiction Professionals, the International Certification and Reciprocity Consortium (IC&RC) and the Society of Credentialed Addiction Professionals (S.CAP). Our discussions ultimately produced a number of recommendations to move the addiction professional forward. The members of the workgroup unanimously approved a recommendation to establish a unified governance structure for both membership organizations by “unification through merger.” The workgroup also unanimously approved the concept of unifying the organizations’ credentials.

We had frank and transparent discussions and have been thoughtful in planning the details to bring this to fruition. The next step in moving our associations and the addiction profession forward is the careful consideration of a plan that will create the most benefit to our members and credential-holders. I have been working closely with Acting IC&RC President Jeff Wilbee to ensure the addiction profession moves in a positive direction.

The National Certification Commission (NCC) of NAADAC, NAADAC, The Association for Addiction Professionals, IC&RC, and S.CAP, have worked on three key areas: credentialing, organization and training/advocacy to outline the details for future progress. The participants in the June 4–6 discussions were made up of equal numbers of NAADAC and IC&RC representatives to ensure all voices were heard in these discussions and decided on eight essential components for the interim business plan leading to a merger (see box). All participants also began development of an interim business plan for the proposed organization.

The joint NAADAC/IC&RC committee proposes that all current IC&RC and NCC credentialed professionals will have their qualifications unified by December 31, 2005. The issues of Standards, Scope of Practice, Career Ladders and Finances have all been referred to committees to assess and make recommendations as agreed to in February 2005. These committees are in the process of identifying individuals to serve and their names will be released upon confirmation.

The support of CSAT/SAMHSA and the Partners for Recovery has been critical to the success of these discussions. Without their support, the progress of our discussions on the unification of our organizations would not have advanced to the positive position we have reached today. We appreciate the confidence they have shown through their financial contributions to this effort.

Acting IC&RC President Jeff Wilbee and I are pleased with the prospects for the future. NAADAC and IC&RC’s unification through merger will strengthen the services and credentials available to clinicians, educators and other addiction-related health professionals. It will also strengthen the addiction profession by allowing it to speak with one voice.

Discussions between the NAADAC NCC, NAADAC, IC&RC and S.CAP are scheduled to continue throughout the summer. To keep abreast of the discussions as they develop, please visit the NAADAC website at www.naadac.org.

Eight Essentials for the NAADAC/IC&RC “Unification Through Merger”

1. Having one recognized set of credentials worldwide.
2. Having a unified professional membership organization.
3. Having a single foundation for raising money for research, training, and special projects.
4. Communicating the progress and the methods of the merger process to the associations’ members.
5. Completing the due diligence process.
6. Developing a working budget for the new organization.
7. Ensuring the merger process is reviewed and approved by a legal counsel.
8. Creating funding streams to ensure the completion of the merger is not a financial drain on the associations.

www.naadac.org
Unified Credentials: How the NAADAC/IC&RC Merger Affects Your Credentials

By William Cote, APRN, LADC, MAC, NAADAC Certification Commission Chair

The addiction profession has spent the last 15 plus years with two major providers of credentialing. The International Certification and Reciprocity Consortium (IC&RC) and the NAADAC National Certification Commission (NCC) have both offered written and oral examinations, national and international certifications and direct services to local credentialing bodies. The two organizations, together, credential approximately 45,000 counselors. The relationship between the two credentialing groups has not always been cooperative and productive. Some people in the field have felt that the mere existence of the two groups has created divisiveness and confusion. This is about to end.

The NCC and the IC&RC will be merging the credentials. There will be one organization created from the two existing ones that will offer a comprehensive range of national and international credentials. They will offer one set of standards, a cohesive scope of practice, and a system of tying the credentials to a career ladder. The commitment to competency based credentialing remains as a primary focus of the joint venture.

The new structure began to form when representatives met in Washington, DC in February of 2005. CSAT (Center for Substance Abuse Treatment) and Partners for Recovery, to help bring unification to the addiction treatment profession, sponsored the meeting. The credentialing work group has met three times since then and has developed a plan to address the conflict around credentialing. During this process, it was discovered that the two organizations brought many complimentary strengths to this endeavor. The credentials and processes that each group offers are sound, defensible, and comprehensive. There was a “Cross-Walk” developed that formed the basis for the merging of the credentials.

The certification process will be tied to a career ladder that will allow various points of entry and will allow counselors to “top out” at various points. This represents the diversity of the profession and the various levels of education and experience that counselors bring to their careers.

It is important to note that no currently credential counselors from either organization will be left behind. There will be some “re-naming” of credentials that will take place as a result of the unification but there is dedication to a seamless transition. While the parent organizations are busily ironing out the details of the process, the credentialing work group has created a framework for the redesigning of the credentialing process.

Stay tuned for more details from the NCC and the IC&RC as they change their former structure and take on a new one that will bring a more understandable and sensible process to the vitally important area of professional credentialing. To keep up to date as things develop, please visit the NAADAC website at www.naadac.org.
Education and Training Will Make a Difference in the Arab World

By Valerie A. Kremer, Public Relations Intern

In May, NAADAC Acting Executive Director, Cynthia Moreno Tuohy, traveled to Egypt as a part of an educational outreach. Moreno Tuohy facilitated several workshops; promoted standardized addiction disorder training and discussed the introduction of certification training systems for 5–12 Arab nations. She gained insight into the current addiction and mental health problems facing the Arab region and is hopeful NAADAC can make a positive contribution to improve the situation.

Moreno Tuohy met with top officials involved in mental health and substance abuse concerns from the Freedom Program, NET Training Institute, Arab Medical Union, United Nations Office on Drugs and Crime, Mental Health of Egypt, We Can, AZHAR University, Ajman University and the University of Nations. These partners discussed methods to tackle the addiction and mental health concerns through addiction training and certification strategies.

Moreno Tuohy recognizes the challenges faced in the Arab region. “Arab countries have many problems with addiction abuse and few resources to prevent and intervene to treat addiction disorders. The Egyptian leaders are open and willing to work with an organization like NAADAC.”

In Egypt, 600,000 people are estimated to have a problem with addiction. The rise in drug use, misuse and addiction, along with HIV/AIDS and hepatitis, has caused the need to build rehabilitation and recovery systems in Egypt as well as other Arab nations. There are few rehabilitation programs available. There are even fewer training programs specific to the rehabilitation of drug addiction in Arab nations. The need for standardized training and rehabilitation is important to address before these nations have an increase in the population with the co-occurring public health problems of HIV/AIDS, hepatitis and drug addiction.

Few current training programs in the Arab nations are credible and meet international standards. The need for an internationally recognized training and certification system is now vital for these countries. The solution to this problem is standardized training and recognition of skills, competencies, knowledge, and attitudes of persons working in the addiction profession. Prevention, intervention, rehabilitation, recovery, and community support are necessary in order to establish an effective framework to tackle public health and addiction issues. Without the proper training and certification of addiction professionals in the Arab region, there is little chance of success.

In cooperation with local authorities, Moreno Tuohy has developed several goals:

1. To develop 3–5 training centers that provide standardized training in addiction specific studies, skills, competencies, and attitudes in order to meet the needs of prevention and addiction professionals in the Arab regions using the current model used in the Egyptian Freedom Program.
2. To provide internationally recognized certification of addiction professionals and outreach workers to a minimum of 150–300 trained persons in 5–12 Arab countries who are currently trained in addiction specific studies.
3. To create one Certification Board for addiction professionals in the Arab region.
4. To establish 3–10 “Regional Testing Sites” in Addictions in order to validate the skills, competencies, knowledge, and attitudes necessary to serve prevention and addiction rehabilitation programs.
5. To create a professional membership network for continued professional development and link it with NAADAC’s membership organization, with the ability to be involved in research and publications, networking and training, and other membership activities available to all NAADAC affiliate members.

Moreno Tuohy and NAADAC are committed to develop the components of this key proposal with the Egyptian authorities. The Egyptian government recognizes the need to strengthen the treatment and care framework in their nation and have initiated several multilateral projects with international organizations. The desire to improve the prevention, intervention and treatment of addictive disorders throughout the Middle East is an important professional development.
Dalai Lama, NAADAC Speaker Attend International Symposium

By Valarie A. Kremer, Public Relations Intern and Dr. Morgillo Freeman, NAADAC President-Elect

NAADAC President-Elect, Dr. Sharon Morgillo Freeman, recently returned from a trip to Gothenburg, Sweden where she was an invited speaker for the 5th International Congress of Cognitive Psychotherapy. The conference began with a dialogue between Dr. Aaron T. Beck, the founder of Cognitive Therapy and His Holiness, the 14th Dalai Lama, the spiritual and temporal Leader of the Tibetan people.

Dr. Beck founded the Beck Institute for Cognitive Therapy and Research in 1994 as a natural outgrowth of Dr. Aaron T. Beck’s original Center for Cognitive Therapy at the University of Pennsylvania, which has served as a critically important training ground for cognitive and cognitive-behavior therapists. In the 1960s, Dr. Beck developed the system of psychotherapy called “Cognitive Therapy” (also referred to as “Cognitive Behavior Therapy” or “CBT”). Through research and therapeutic methods, Dr. Beck pioneered a therapy that has been extensively tested in over 325 clinical trials. It has been found to be effective for a wide variety of disorders including depression, anxiety, panic, substance abuse, and personality disorders.

Dr. Morgillo Freeman and her husband, Dr. Arthur Freeman, presented a full-day workshop on the use of Cognitive Behavior therapy in persons with difficult and complex conditions. The workshop dealt with developing treatment conceptualizations and consequent treatment plans from a CBT perspective introducing theory and then focusing on clinical cases of the participants.

Dr. Morgillo Freeman was invited to present the following two keynote addresses: “Co-Existing PTSD and Sub-Clinical Brain Injury in hospitalized Substance Dependent Adults” and “Co-Existing Chronic Pain Conditions: Differentiating between Problematic and Expected Pharmacologic Actions of Opiate Pain Relievers.” In addition, Dr. Morgillo Freeman co-presented in a symposium with physicians from Sicily (Dr. Tullio Scrimali), Poland (Dr. Andrej Kokoszka) and Hungary (Dr. Lazlo Tringer), on the topic of “Application of Cognitive-Behavioral Approach in General Medicine.”

Dr. Morgillo Freeman is certified by the Academy of Cognitive Therapy as a Cognitive Therapist as well as by the American Nurses Association as a Clinical Nurse Specialist and has been in high demand this year on a variety of topics using cognitive behavioral techniques. For more information on future workshops in the U.S. and abroad you can find information on their website at www.artcbt.com.

Four New Additions to NAADAC Staff

By Maggie Keelan, State Liaison Intern

NAADAC has welcomed four new people to the main office in Alexandria, Virginia: Valerie Kremer, Maggie Keelan, Colette Cartier and Daniel Guarnera.

Valerie Kremer began her position as Public Relations Intern in April. Kremer recently graduated from American University in DC with a BA in communications and international relations, with a focus in Asian studies. She enjoys working in television, and has helped produce a commercial for the WWII Memorial Dedication. Kremer is passionate about addiction issues and hopes to expand her work in this area in the future. In her free time, she enjoys traveling and surfing.

Maggie Keelan began her position as State Liaison Intern in May. Keelan graduated from Northwestern College in Orange City, Iowa with a BA in writing/rhetoric and cultural studies. Her hometown is Lincoln, Nebraska, where she was an intern last summer with ACLU Nebraska. Keelan is excited to be working closely with the states in order to help each affiliate receive the specific assistance they need from NAADAC. Keelan is also a professional harpist, and will begin a Master’s of Divinity program at Boston University in the fall.

Colette Cartier also began her position as Education and Certification Assistant in May. Cartier said she enjoys her new position because she is able to use her organizational skills to help NAADAC achieve its goals. She currently lives in Gaithersburg, Maryland, and has five children and seven grandchildren. In her free time, Cartier enjoys traveling and reading.

Daniel Guarnera began his position as Government Affairs Intern in May. Guarnera is a senior at American University, majoring in political science. His hometown is Hillside, New Jersey, but he recently returned from Brussels, Belgium, where he was an intern for the European Union in parliament. Guarnera said he is excited to learn how an organization like NAADAC interacts with the federal government to advance its issues. His hobbies include fencing, reading and church activities.

6 August 2005
A Review of TIP 41—Substance Abuse Treatment: Group Therapy

By Kevin M. Large, MA, LCSW, LMFT, MAC, CADAC-II, SAP

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Treatment Improvement Protocol (TIP) #41 was released earlier this year. TIP 41 is titled “Substance Abuse Treatment: Group Therapy.” Treatment Improvement Protocols (TIPS), developed by the Center for Substance Abuse Treatment (CSAT), part of SAMHSA, have been developed in order to serve as Best Practices guidelines in the treatment of substance use disorders.

The TIP 41, “Substance Abuse Treatment: Group Therapy,” is written as an overview of the process of conducting various types of groups. The TIP covers the following subject matter as outlined in the Contents:

Chapter 1 – Groups and Substance Abuse Treatment
Chapter 2 – Types of Groups Commonly Used in Substance Abuse Treatment
Chapter 3 – Criteria for the Placement of Clients in Groups
Chapter 4 – Group Development and Phase-Specific Tasks
Chapter 5 – Stages of Treatment
Chapter 6 – Group Leadership, Concepts, and Techniques
Chapter 7 – Training and Supervision

There are five group models which are described in detail in Chapter 2: Psychoeducational Groups; Skills Development Groups; Cognitive-Behavioral Groups; Support Groups; and Interpersonal Process Group Psychotherapy.

Three different types of groups are described in terms of the nature of the group dynamics: Individually focused groups; Interpersonally focused groups; and Group-as-a-whole focused groups. In this section, as in the entire TIP, there are frequent citations to publications in the literature as listed in the Bibliography section of the TIP.

Then there is a section on Specialized Groups in Substance Abuse Treatment: Relapse Prevention; Communal and Culturally Specific Groups; Expressive Groups; and Groups Focused on Specific Problems.

The section on Increasing Retention (Chapter 4, pgs. 64–66), I found to be particularly interesting and helpful. There are specific suggestions on ways to engage clients in the group process and help maximize the chances that they will initiate and continue in the group process. These suggestions include: providing clients with an explanation of the importance of continuing care; giving them an appointment card and an automated telephone message reminding them of each upcoming group session; a note from the therapist following the first session saying that he/she was glad that the client chose to attend the group and was looking forward to seeing the client at upcoming sessions; and at least two follow-up phone calls after missed sessions. (Lash, S.J., and Blosser, S.L. Increasing adherence to substance abuse aftercare group therapy. Journal of Substance Abuse Treatment 16(1): 55-60, 1999)

Also, in the next section on Identifying the Need for Wraparound Services (pgs. 66–68), there are descriptions of a couple of exemplary programs which have developed a variety of wraparound services for their clients: the Family Care Program (FCP) at Duke University in Durham, North Carolina and at SageWind in Reno, Nevada. In the Family Care Program, accommodations have been made to assist female clients with transportation and in the provision of services to help accommodate the needs of infants and children while the mother is in treatment.

At SageWind, the program has made arrangements for their clients to have access to: the services of a wellness coordinator; medical testing and classes; transportation; case management services; and career counseling.

Overall, TIP 41 has many helpful tools and engaging sections that are beneficial to addiction professionals working with various types of groups. It provides a solid framework from which to learn how to tackle the challenges of group therapy.

Copies of SAMHSA’s TIP 41: Substance Abuse Treatment: Group Therapy (Clinician’s Version) (BKDS07C), and the accompanying guide, Quick Guide for Clinicians Based on TIP 41 (QGCT41), can be ordered over the Internet at www.health.org, or by calling 800/729-6686. This is the weblink and customer service phone number to the U.S. Department of Health and Human Services and SAMHSA’s National Clearinghouse for Alcohol and Drug Information.

Kevin Large has over 16 years of experience as a family therapist and addictions counselor. He will be presenting a workshop on “Group Therapy & TIP 41” at the Great Lakes Conference on Addictions and Mental Health on Tuesday, September 27, 2005, in Indianapolis, Indiana. For more information visit www.greatlakesconference.org, call 317/283-8315 or email klarge@alumni.kzoo.edu.
Supreme Court Speaks Against Medical Marijuana: Now What?

By Daniel Guarnera, Government Relations Intern

Although the much-anticipated June 6 Supreme Court ruling on medical marijuana programs was decisive in its legal implications, its actual ramifications on the 100,000 medical marijuana users across the country were anything but clear. In the weeks since the pronouncement, politicians have cautiously attempted to clarify the impact of the Court’s decision. Depending on the results of these political maneuvers, the ultimate legacy of the June 6 decision may be as a catalyst for new legislation rather than as the definitive statement on American marijuana policy.

The Supreme Court heard the case (*Gonzales v. Raich*) after a lower court ruled that the two litigants, Angel Raich and Diane Monson, were not violating federal marijuana prohibitions by taking part in California’s medical marijuana program. California is one of 10 states that have programs designed to allow the very ill to access marijuana for therapeutic purposes (along with Alaska, Colorado, Hawaii, Montana, Nevada, Oregon, Vermont and Washington; Maryland law caps fines at $100 for marijuana users who argue their drug use stems from medical necessity).

The legal question before the court was whether U.S. law enforcement authorities could use the federal Controlled Substances Act of 1970 to prosecute medical marijuana users in the 10 states where their possession and use of the drug is legal under state law. Under the CSA, marijuana is a Schedule I drug and its cultivation, use, and possession are prohibited under all circumstances; Schedule I drugs are also explicitly said to have no medical use (unlike Schedule II drugs like morphine and methamphetamine, which are addictive but considered to possess an established medical utility).

The Court’s 6–3 decision in favor of the U.S. government’s right to regulate all marijuana use centered on the so-called Commerce Clause of the U.S. Constitution, which allows Congress to pass laws regulating trade between states. “[R]espondents are cultivating, for home consumption, a fungible commodity for which there is an established, albeit illegal, interstate market,” wrote Justice John Paul Stevens in the majority opinion. He noted that Americans spent an estimated $10.5 billion on marijuana in 2000.

While the Supreme Court’s decision makes clear that the Drug Enforcement Administration and other federal law enforcement agencies are within their mandates to arrest medical marijuana users, it is unclear what official policy federal law enforcement agencies will adopt regarding medical marijuana users. Officials have implied that they will not use their newly clarified power to systematically crack down on sick cannabis users in states with existing programs.

The ruling does not overturn the state medical marijuana programs, although it certainly raises questions about their long-term viability. Several states have temporarily stopped issuing cards allowing patients access to marijuana. State officials say that they want to clarify the legal status of their programs before continuing their policies. Some have also expressed concern that official state lists of marijuana-eligible patients could be used by federal agencies to prosecute the marijuana users.

A bipartisan and geographically diverse group of congressional representative have taken steps to prevent that from happening. The States’ Rights to Medical Marijuana Act (H.R. 2087) would make marijuana a Schedule II drug and forbid the federal government from interfering with state marijuana programs. The bill is under review by the House Health Subcommittee.

A November 2004 survey by the American Association of Retired Persons (AARP) found that 72 percent of adults over age 45 either “strongly” or “somewhat” agreed that marijuana should be available if recommended by a physician. The same survey, however, found that 74 percent of those polled thought that marijuana was addictive and only 23 percent thought it should be legal in all circumstances.

Marijuana remains the most used illicit drug in America. Forty percent of Americans have used marijuana in their lifetimes and 6.2 percent have used it in the past month, according to the 2002 National Survey on Drug Use and Health. Indicators, however, show a drop in use among students since the year 2000. One thing is certain, medical marijuana will be an issue that the courts, and US citizens, will be dealing with for years to come.
National Addiction Counselors’ Day
September 20, 2005
By Donovan Kuehn, Director of Outreach and Marketing

The 4th annual National Addiction Counselors’ Day will be September 20, 2005. This day coincides with National Recovery Month. Now is the time to plan to ensure counselors get the recognition of how important they are to the field of recovery and treatment. Without the powerful work of addiction counselors there is no addiction profession.

Please take the time to get as many people in your community involved as possible. Contact your mayor and ask that they declare September 20, 2005, as “Addiction Counselors’ Day.” Contact your state legislators and ask them to pass a proclamation that recognizes the work that the alcohol and other drug abuse counselors do.

If you’d like to share ideas for possible events on Counselors’ Day, please contact Pamela Frazier at n_the_spirit1@juno.com or Donovan Kuehn at dkuehn@naadac.org. Please put “Counselors Day” in the subject line of the e-mail.

Model Proclamation

You can use this model proclamation to have your city, state or association proclaim September 20, 2005 as Addiction Counselors Day. You can also download a Microsoft Word version of this document at www.naadac.org.

Model Counselors’ Day Proclamation

WHEREAS, addiction counselors are uniquely qualified, frontline health care professionals who are indispensable in the process of guiding patients with addictive disorders to recovery; and

WHEREAS, alcohol and drug disorders are a major public health problem that costs American society more than $300 billion each year, affecting millions of Americans of all ages, races, and ethnic backgrounds and in all communities through treatment, education and prevention programs; and

WHEREAS, addictive disorders are a treatable disease and treatment of addiction is as successful as the treatment of other chronic diseases such as diabetes, hypertension, and asthma; and

WHEREAS, tens of thousands of addiction-focused health care professionals have dedicated their lives to increasing awareness of alcohol and drug disorders and the enhancing the care of individuals, families and communities through treatment, education and prevention programs; and

WHEREAS, addiction counselors promote excellence in care by promoting the highest quality and most up-to-date, science-based services to our clients, our families and our communities; and

WHEREAS, NAADAC, The Association for Addiction Professionals, invites all residents of (insert state or city) to recognize Addictions Counselor Day;

NOW, THEREFORE, I, (individual), (title) of the (City or State), do hereby proclaim September 20, 2005, to be ADDICTIONS COUNSELOR DAY in (City or State).
The Texas Association of Addiction Professionals (TAAP) and NAADAC, The Association for Addiction Professionals, joined together in July to present NAADAC’s first combined National and State conference. The conference titled, Catch the Wave to Corpus: II, held July 7–9, 2005 was an overwhelming success, drawing an estimated 400 addiction professionals.

Featured conference events included the NAADAC Political Action Committee (PAC) Luncheon, the NAADAC/TAAP President’s Dinner and the annual NAADAC Board of Directors meeting. NAADAC and TAAP brought in exhibitors, presenters and entertainers from across the nation.

The NAADAC Political Action Committee Luncheon, hosted by Frank Naccarato and Joe Deegan, NAADAC Political Action Committee Co-Chairs, kicked off with the musical talents of John McAndrew and Christopher Tuohy. McAndrew performed on the piano and Tuohy played the saxophone, flute and Navajo flute. A live auction to raise money for the NAADAC PAC was the highlight of the day as Misti Storie, NAADAC Education and Training Consultant, bid $70 for Mary Woods, NAADAC President, to dance.

McAndrew and Tuohy also entertained the attendees at the President’s Dinner, co-hosted by NAADAC President Mary Woods and TAAP President Jennifer Carr. The hotel ballroom was decorated with palm trees, beach balls and Hawaiian leis, which made for a fun and light hearted atmosphere. The decorations were done by Keith Liles, Conference Committee Chair, and the Texas Teens, a group of sober teenagers who lobby for change on Capitol Hill and other conference volunteers.

TAAP and NAADAC awarded special individuals working hard in the field of addiction counseling. Attendees were fortunate to hear from Aaron Peña, a representative in the Texas state legislature. Peña’s family has personally been touched by addiction as his son John died from a drug overdose. The dinner concluded with a presentation by Christopher Kennedy Lawford, political activist, speaker and actor. Lawford, the first child of Peter and Pat Kennedy Lawford, has been sober for 18 years. In a roiling story, he shared his personal tale of his battle with addiction and the pressures he faces on a daily basis. Lawford Kennedy offered praise for addiction professionals, saying “This is the only job where you treat one person and a whole family gets well.”

NAADAC and TAAP were fortunate to have incredible sponsors for the conference in Corpus Christi—like the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA/CSAT), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), Forest Laboratories, Inc., WestBridge Community Services, Manisses Communication Group, Inc., Hazelden, the CRC Health Group, the Caron Foundation, TRS Behavioral Care, Inc., the Van Wagner Group, the Watershed Addiction Treatment Programs, La Hacienda Treatment Center, Red River Recovery Center, the National Association of Addiction Treatment Providers (NAATP) and IC&RC.

TAAP hosted a booth decorating contest among conference exhibitors. First place went to the booth of The Texas Teens for depicting the conference theme, Catch the Wave to Corpus Christi.

Speaker highlights this year included a keynote address from Charles G. Curie, Administrator of SAMHSA. Richard Kopanda, MA, Deputy Director of SAMHSA, gave an outstanding presentation on workforce development. Lucinda Miner, PhD, Deputy Director of NIDA, spoke on Brain Disease: Blending Research and Practice and Faye Calhoun, Deputy Director of NIAAA, discussed blending teams in her presentation.

The NAADAC Executive Committee, the NAADAC Certification Commission, the NAADAC Board of Directors, the TAAP Board of Directors and the TAAP Certification Commission all managed to conduct their business meetings throughout the conference. Shirley Beckett, NAADAC Director of Certification and Education reported, “The Certification Commission enjoyed the hospitality and warmth of Texas. The Commission accomplished a great deal including test reviews and credential evaluations.” During the Annual Board Meeting, Paul Potter, NAADAC Treasurer, stated, “We are looking forward to moving in a positive direction in terms of our finances and with our organization in the upcoming year.”
NAADAC Honors Its Best in Corpus Christi

By Donovan Kuehn, Director of Outreach and Marketing

NAADAC was pleased to present five awards at the NAADAC/TAAP Conference in Corpus Christi, Texas.

“In a profession filled with dedicated and highly skilled individuals, our award winners have distinguished themselves as inspirations to both their colleagues and their clients,” said NAADAC’s President, Mary Woods, RNC, LADC, MSHS.

The Mel Schulstad Professional of the Year Award

This award was created in November 1979 by Jay Lewis, former editor and publisher of The Alcoholism Report, and a select group of his peers and colleagues, to recognize an individual who has made outstanding and sustained contributions to the advancement of the addiction counseling profession.

For his outstanding contribution to research for and about the addiction profession

Mark C. Fratzke, MA, MAC, CSAC, CSAPA, is a behavioral neuroscientist and substance abuse counselor. He has lectured at the University of Hawaii and currently works for the Department of Health’s Adult Mental Health Division at the Central O’ahu Community Mental Health Center coordinating treatment for those with mental illnesses who are substance abusers.

For his outstanding contribution to leadership and legislative efforts on behalf of the addiction profession

Keith H. Liles, BA, LCDC, ADC II, ICADC, is a graduate of Baylor University with a Bachelor of Arts degree in journalism and business and an honors graduate of the University of Houston’s School of Addiction Studies. He has blazed the path as counselor, instructor, clinical supervisor, youth mentor, legislative advocate, executive manager and professional leader on the local, state and national levels. Liles joined The Right Step eight years ago as a part time weekend staff technician and today is the Director of Clinical Services for the Houston Region of TRS Behavioral Care, Inc.

William F. “Bill” Callahan Award

This award is presented for sustained and meritorious service at the national level to the profession of addiction counseling.

Frank Lala, MEd, PhD, received his Bachelors Degree in Community Health Education, his Masters of Education degree in Deaf Education, a Doctor of Philosophy degree in Health and Human Services and a certification in Alcohol and Drug Abuse Counseling from UCLA. He lectures on substance abuse and has authored "Counseling the Deaf Substance Abuser." He is a recent recipient of Gallaudet University’s Laurent Clerc Award. Dr. Lala is currently the Director/Clinical Supervisor for the Northwest Deaf Addiction Center in Vancouver, Washington.

Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year

This award is presented to a counselor who has made an outstanding contribution to the profession of addiction counseling.

Terry Sheneman, MA, LPC Intern, LCDC, AAC, CPS, holds a Bachelors Degree from Texas State University and a Masters Degree in Counseling from the Episcopal Theological Seminary of the Southwest. Sheneman is currently Student Assistance Counselor at McNeil High School in Austin, Texas and has worked in the addiction/mental health field for 20 years as a counselor, trainer, supervisor and program director. Sheneman has authored numerous substance abuse and mental health related articles in local, state and national publications and has been interviewed by the media on mental health/substance abuse issues.

NAADAC Organizational Achievement Award winner

This award is presented to organizations that have demonstrated a strong commitment to the addiction profession and strong support for the individual addiction professional.

Brighton Hospital was founded in 1950 to treat alcoholism and is the second oldest substance abuse treatment center in the United States. As knowledge about addictive disorders has progressed, so has Brighton’s focus on expanding treatment beyond alcoholism. Brighton is the leading employer in the area of recovering professionals re-entering the workforce and you will find recovering individuals throughout Brighton’s departments.

Accepting the Award on behalf of Brighton Hospital was Jennifer Mitchell, LLPC, CAC-II, Associate Director of Counseling for Brighton Hospital and member of the Michigan Association for Alcoholism and Drug Abuse Counselors (MAADAC).

www.naadac.org
I was fortunate to be included on a panel discussion on health at the National Association of Black and White Men Together’s 25th Anniversary Convention in Pittsburgh, Pennsylvania. My role was to address substance abuse while the other panelists discussed general health and mental health concerns. The National Association of Black and White Men Together (NABWMT) is a gay, multi-racial multi-cultural organization committed to fostering supportive environments, where racial and cultural barriers can be overcome. NABWMT began in January 1980 and engages in educational, political, cultural and social activities as a means of dealing with the racism, sexism, homophobia, HIV/AIDS discrimination and other inequities in our communities and in our lives.

The panel, Building a Multicultural Gay Men’s Health Perspective: HIV, STD’s and a Whole Lot More, was moderated by Dennis Haley. The panel members, William Fetter, PhD, Ben Skinker, MD, and myself started by recognizing NABWMT has a long tradition of being concerned about HIV, and a broader concern about the well being of gay men. NABWMT also has a long tradition of multiculturalism. Considering that in recent years there has been increased visibility for “Gay Men’s Health” against an enduring HIV awareness backdrop, it seems timely for us to explore the contributions we can make toward building a multicultural gay men’s health perspective and the personal benefits we can achieve as a result.

Having a relatively short time frame, I addressed some basics with an emphasis on the continuing distress of crystal meth. I focused on the study “Club Drug Use Among High Risk Men who have Sex with Men (MSM) in Multiple Venues” presented at the June National HIV Prevention Conference in Atlanta, Georgia. This study examined survey information from part of a larger study that enrolled men who have sex with men, high-risk heterosexuals and injection drug users. Four hundred and forty men from Albany, Buffalo, Rochester and Schenectady, New York completed the survey. The study incorporated men who had sex in multiple venues, were racially diverse (almost 30 percent were white, 22 percent Hispanic and 13 percent non-Hispanic black) and had diverse educational backgrounds. MSMs who used “club drugs” (no more than once a month) did not engage in significantly more risky behavior than MSM who did not use club drugs. The findings showed that HIV prevention messages should be targeted toward moderate and heavy club drug users.

I also referenced an article from the LA Weekly (“The Crystal Conundrum,” June 10, 2005). Meth is not just another party drug, but an elixir that temporarily assuages a long record of affliction. Users seek what they wish sex would be—unbridled, uncomplicated, utopian—but is not. In conclusion, I paraphrased a statement from the article: “If we are going to address the problem, we must agree not to demonize, moralize or sensationalize. The impulse is strong to do all three, but none have ever worked as a public-health strategy among savvy gay men. What might work is our continuing to foster safe and serious places in which to speak truthfully.”

Congratulations to the NABWMT for their marvelous work and efforts over the last quarter century. Surviving 25 years is certainly never to be taken for granted, and all are to be congratulated for still standing.

For more information about NABWMT, write PO Box 81236, Pittsburgh, PA 15217, call 800/624-2968, send an e-mail to nabwmt@mindspring.com or visit their website at www.NABWMT.com.
Treatment of Methamphetamine Addiction

By Valerie A. Kremer, Public Relations Intern

As more and more people addicted to methamphetamine enter treatment, counselors need to be aware of what “meth” is, the signs of meth addiction, and effective treatment solutions. Currently, there is no pharmacological treatment for meth addiction. Due to violent behavior and hallucinations, meth addicts can be misdiagnosed as being schizophrenic. It is important for clinicians to correctly diagnose meth clients and help them get proper treatment. Further, it is important to discern if the meth user has a mental health issue or a chemical dependency issue. Meth use tends to blur these lines, making treatment a challenge.

Methamphetamine is a powerfully addictive stimulant that can be snorted, smoked, injected, and easily made with inexpensive over-the-counter ingredients. Jim Adkins, a Hazelden admissions officer and a recovered meth user, said in a 2004 interview with Minnesota Public Radio that treating meth addiction is difficult. “Some drugs, like alcohol, can take 48 to 72 hours to clear through your body. With meth, it can take longer to detox.”

Many meth addicts are still high when admitted to treatment. “They’re agitated and paranoid,” Adkins said during the interview. “They have violent mood swings and hallucinations. Meth addicts can lose a lot of weight. The drug can change the color of your skin.” Adkins says in some cases, a meth addiction is misdiagnosed as schizophrenia. “We have to sort through what is drug-induced—which mental health issues are drug-induced, and which might be there regardless of the drug,” says Atkins. “Some of those symptoms are short term. Some of them go away. Some of them don’t.”

A 2004 UCLA study using magnetic resonance imaging (MRIs) found that meth use causes structural abnormalities in the brain that resemble those in the early stages of dementia or schizophrenia, according to a 2005 Join Together (www.jointogether.org) article. The article explains, “If these effects are left untreated, a lifetime of mental health problems await the user, including possible psychosis and hallucinations. For this reason, typical recovery programs are often inadequate for meth abusers.”

Treatment Methods

For counselors, meth addiction is a challenge, but it is treatable. According to a research report by the National Institute on Drug Abuse (NIDA), cognitive behavioral interventions are the most effective treatments for methamphetamine addiction. “These approaches,” the report says, “are designed to help modify the patient’s thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug-free recovery.”

Although there are no pharmacological treatments for meth addiction, the report findings stated, “Antidepressant medications are helpful in combating the depressive symptoms seen in meth users who have recently become abstinent.”

Nevertheless, meth use poses an intimidating task for users and treatment facilities to tackle. Carol Falkowski, Director of Research Communication at the Hazelden Foundation told Join Together during a 2005 interview, “Methamphetamine users tend to present to the treatment system under the worst of circumstances, and sometimes the system doesn’t work under the best of circumstances.”

“The first thing many meth users need upon entering treatment is fairly simple: a few good nights’ sleep, since they often have been awake for days,” she said. Treatment programs also need to sort through users’ myriad psychiatric problems, including those that predated the patient’s drug use and psychoses brought on by meth use itself. Finally, meth users typically have a host of physical problems to deal with, notably advanced tooth decay and other dental issues.

Methamphetamine treatment is just as unique as the drug itself. Falkowski notes during the Join Together interview, “Unlike other drugs, methamphetamine is a neurotoxin, and it damages neural tissue. In some cases, people recover from that damage in weeks or months, but some never recover full cognitive function. But that doesn’t render treatment a lost cause,” she said.

Without trained methamphetamine clinicians, the meth users will continue to be misdiagnosed, die or live with mental health issues caused by their drug use.

What to look for when treating methamphetamine clients

- The person may exhibit anxiousness, nervousness, incessant talking, extreme moodiness and irritability, repetitious behavior—such as picking at skin or pulling out hair, sleep disturbances, false sense of confidence and power, aggressive or violent behavior, disinterest in previously enjoyed activities, and severe depression.
- A person using alcohol while on methamphetamine, during the “tweaking” stage, can be identified by looking at their eyes. Their eyes will jerk back and forth when they look out of the corner of their eyes (a horizontal-gaze nystagmus).
- The chronic user of powdered methamphetamine is often undernourished with a gaunt appearance, poor hygiene, and bad teeth. Chronic abusers are violent and suffer rapid mood swings, with behavior going from friendly to hostile in seconds.
- If an abuser has taken a lethal dose of d-methamphetamine, the heart rate will rapidly increase and the abuser will collapse and suffer a heart attack or a stroke. The only overt signs of overdose are an abnormally high temperature or the symptoms of a heart attack or stroke.

Source: Texas Alcohol and Drug Testing Service, Inc. www.texasdrugtest.com

www.naadac.org
**State Updates**

By Donovan Kuehn, Director of Outreach and Marketing and Valerie Kremer, Public Relations Intern

**Northwest Region**

Robert C. Richards, Regional Vice-President for the Northwest region was invited to attend the Commission for the Advancement of Addiction Professionals conference in Seattle on June 21–22 to represent NAADAC. It was sponsored by Oregon Health & Science University and the Northwest Frontier Addiction Technology Transfer Center.

After a period of relative inactivity, the NAADAC members in Idaho voted to retain their affiliate and re-organize. Richards and the NAADAC National Office will be developing a strategy to re-invigorate the Idaho affiliate with the help and input of addiction professionals in the state.

Oregon is still working on its recovery event and it just seems to be getting bigger and bigger. An event will be held on August 28th to “Kick Off” recovery month in September. Willamette Family Treatment Services will be sponsoring a large carnival-like event called “Recovery Rocks” in Eugene. That will be the arrival point for motorcyclists who will initiate rides from the four compass points throughout Oregon, all arriving at “Recovery Rocks.”

The Clean and Sober Motorcycle Club of Oregon (C&SMC) (pictured on front cover) is coordinating the “Run for Recovery” (as it is being called in Oregon) and it is their hope that simultaneous runs will be held in as many states as possible. The C&SMC have it posted on their web site and began distributing flyers at events throughout the country.

**New Jersey**

The New Jersey Association of Alcoholism and Drug Abuse Counselors (NJAADAC) has elected a new board of directors. The new NJAADAC Executive Board for 2005–2006 is: Anna Vitale, President; Janice Dugan, Vice President; Carolyn Bradley, Secretary; Donna Hayden, Treasurer and Mark Woodford, Past President. William Coombs, Regional Vice President for the Mid-Atlantic Region, is also from New Jersey.

**New York**

Seventy people attended the NAADAC/AAPNY (Association for Addiction Professionals of New York) conference in Rochester, New York, June 16–18, 2005. The theme for this year’s conference was Family Recovery. The conference remarkably expressed the difficult job counselors have when treating families with addiction issues. It also promoted the importance of advocacy and government relations in the addiction profession.

Featured workshops included “Family Education & Support, an Evidence Based Practice for Individuals and Families with Dual Disorders” by NAADAC President, Mary Woods, where participants learned about the stages of family treatment, the role of education in treatment, and the features of multi family groups; “How One Addiction Professional Can Make a Difference: Public Policy and Regional Development” by Frank Naccarato and Ferd Haverly, where participants gained an understanding of public policy in the field of addictions on a local, state, and federal level, as well as ideas on how individuals can have their voices heard and make a difference within their region; “Treating Chemically Dependent Families—TIP 39” by Dr. David N. Schaefer, during which participants learned of the significance of a resource that family and family-like members can be in recovery using TIP 39 as an intriguing resource toward that goal; “Addressing Tobacco in the Treatment of Other Addictions” with Anthony R. Klein, which explored tobacco and its relationship to other substances and treatment; and “Genetics & Brain Disease of Addiction” with Bert Johnson, where participants discussed and identified the effects on recovery in relation to how we define the disease we treat.

During the AAPNY Board Meeting, there was a change in leadership and Frank Naccarato started his term as AAPNY President. The 1960’s themed PAC event was a success and didn’t let the participants down—AAPNY members know how to throw a party.

AAPNY also recognized Richard Buckman as their Advocate of the Year. Mr. Buckman, President and founding member of the Long Island Recovery Advocates (LIRA), New York’s largest and most active grassroots recovery advocacy organization. Mr. Buckman was recognized for his recovery-advocacy work, including efforts to secure passage of insurance parity legislation for those suffering from chemical dependency and mental illness.

NAADAC President, Mary Woods, who attended and presented at the conference, conveyed a strong message concerning family recovery. “Families must do the best they can with the circumstances they’re given to work with,” she said. “Recovery is a marathon and not a sprint.” Therefore, it’s important to stress family education and support, rather than family therapy. It’s a process.

State Update, continued on page 15


[www.naadac.org](http://www.naadac.org)
NAADAC’s Website Gets A Makeover
By Valerie Kremer, Public Relations Intern

The NAADAC website is revamped and better able to serve you. No more time consuming searches. With new “insurance” and “members only” pages, the new NAADAC site offers solutions to your NAADAC questions.

The improved site has a new “Frequently Asked Questions” (FAQ) section that explains membership benefits, outlines credentials and qualifications, clarifies advocacy terms and provides a page that addresses questions often asked by NAADAC members. It also has information about the NAADAC Political Action Committee, the electronic legislative alert network (E-LAN) and more.

Continue to check out the site for NAADAC upcoming events, find out what’s in the press room, become more involved with government relations and contact Congress and your local representatives through the site. You can also learn about new NAADAC products in the NAADAC bookstore, find out the difference between the credentials we offer, and be the first to know when and where testing for credentials will be in a location near you.

If you have any other questions, please contact the appropriate NAADAC employee by e-mail or phone by using the contact page. Look to NAADAC’s website for more answers and ways to get involved!

Members of the National Certification Commission’s Tobacco Addiction Specialty Advisory Committee meet with NAADAC staff. From left: Sharon Czabafy, Dottie Schell, Daniel Guarnera, Mildred Morse and Shirley Beckett Mikell. Not pictured: NCC Tobacco Addiction Specialty Advisory Committee member Barry McMillen.

State Update, continued from page 14

North Carolina

NAADAC’s Acting Executive Director, Cynthia Moreno Tuohy, NCAC II, CCDC III and Director of Outreach and Marketing, Donovan Kuehn attended the Addiction Professionals’ of North Carolina Executive Retreat in June. Moreno Tuohy made a presentation outlining the services and opportunities that NAADAC provides and how the APNC and NAADAC could coordinate their efforts.

Facilitator Syd Wiford then led the APNC Executive Board through a thorough assessment of issues facing addiction professionals in North Carolina, with many of the lessons being applicable throughout the nation.

Also in North Carolina, a group of concerned citizens are seeking your help to defeat State legislation which would lift its 6 percent ceiling on alcohol content in malt beverages. If passed, this bill could increase alcohol-related problems by greatly expanding consumption of high-alcohol malt liquors.

According to 2002–2003 industry data, North Carolina ranks fifth highest in the nation in per capita consumption of such malt liquor products. If passed, the so-called “Pop the Cap” bill would vastly expand consumption of the higher-alcohol versions of these national malt liquor brands, which typically contain 20 percent to 100 percent more alcohol by volume than regular beer. High-alcohol malt beverages are heavily marketed and promoted to African American and Latino consumers and have fueled alcohol problems among lower income African American and Latino communities. NAADAC shares these concerns and has sent a letter to the North Carolina state senate to defeat the bill.

For more information, or for a copy of a background briefing paper prepared by the Christian Action Network of NC, which is leading the fight against the bill in North Carolina, contact Rev. Mark Creech at 919/787-3033.


Family Recovery Services Joins NAADAC Organizational Members

Family Recovery Services (FRS) is an Ohio Department of Alcohol and Drug Addiction Services (ODADAS) certified outpatient counseling center for Highland County, Ohio. It is a small but progressive counseling agency that serves a rural county of 40,000 people in southern Ohio. It provides chemical dependency education and counseling, mental health counseling, crisis intervention, group/individual counseling, intensive outpatient treatment, and pastoral counseling. FRS maintains a professional staff of four master’s level clinicians, three of which are dually licensed as LPCCs and CCDCs.

For more information, visit www.frshighland.org or contact Charles Gorman, Executive Director, P.O. Box 823, Hillsboro, Ohio 45133 phone: 937/393-4562 fax: 937/393-2056, cgorman@frshighland.org.

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COUNSELOR RESOURCES

Back to the Basics: Out with the Old, in with the New

By Misti Storie, Education and Training Consultant

NAADAC, The Association for Addiction Professionals, recognizes the need to constantly provide ongoing education and training to keep addiction counselors abreast of new research and treatment approaches in the field. Over the years, the Basics of Addiction Counseling: Desk Reference and Study Guide has been the primary resource for new information, as well as a quick reference tool for situations arising in their careers. In addition, many addiction professionals use it to assist in obtaining or maintaining a state or national credential.

To continue providing current and relevant information to addiction counselors, NAADAC has completely revised and updated the Basics of Addiction Counseling: Desk Reference and Study Guide. The new Basics will be ready for release in early September 2005. We are currently taking pre-orders, so it is not necessary to wait until September to guarantee your copy arrives on your door, hot off the press!

The Basics is designed to be a comprehensive outline of the knowledge base for the addiction professional, and the ninth edition continues this tradition. However, this manual has been revised and expanded to facilitate easier learning and quick reference for NAADAC members. The most drastic change belongs to the new layout design that makes it easier to read and is catered specifically to the varying learning styles of our counselors and students. Hundreds of new charts, graphs, illustrations and sidebars have been added to assist with visual retention and recall. In addition, a comprehensive index and full glossary has been added for quick reference.

The Basics of Addiction Counseling: Desk Reference and Study Guide now includes five modules, instead of four: Pharmacology of Psychoactive Chemical Use, Abuse and Dependence; Counseling Practices and Skills; Theoretical Base of Counseling; Special Considerations for Counseling and Professional Issues. Each module has been updated to reflect the most current issues and research in the field. Also, each module contains a bibliography at the end for further study.

Contributors to this edition include: Misti Storie, MS, Shirley Beckett Mikell, NCAC II, SAP, Ann Hatcher, PhD, CAC III, Sharon Morgillo Freeman, PhD, APRN, MAC, Murray Kelly, TAS, Kathy Benson, LADC, NCAC II, Mike Wagner, LCSW, MAC, Ted Godlaski and Donovan Kuehn.

Either as a study guide, a daily resource or both, this Basics is a must for every addiction professional. If you would like to secure your copy today, there are several convenient ways to order: 1) fill out the pre-order form below and fax or mail it back to the NAADAC office, 2) call the NAADAC office at 800/548-0497, or 3) email naadac@naadac.org. Any of these options will ensure your copy is delivered to your door!

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16 August 2005

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Due to the overwhelming demand for Reader's Corner products (NAADAC NEWS, June 2005), NAADAC is expanding the products that we review and provide to our members each issue. For this edition, NAADAC has carefully selected three products, each corresponding to a diverse topic addiction counselors encounter while in the field. Each of these products can be obtained through the NAADAC website at www.naadac.org or by contacting the NAADAC office at 800/548-0497.

When a client begins treatment for psychoactive chemical abuse, the counselor should not only provide the resources necessary to stop the abuse, but also the tools needed to maintain a healthy and responsible life. Often times, proper money management is a necessity to further ensure the client’s sobriety, but is overlooked during treatment. Through this course, The Dynamics of Money in Treatment: Helping Your Clients Create Financial Health,* author Judith Gruber, LCSW, CCET, outlines how money is used as a reflection of the client’s beliefs, attitudes and self-perceptions, how the client relates to money and how the client’s misconceptions and self-imposed images lead to addictive behavior. These tools will allow the counselor to assist a client in making responsible, sober choices with money on a daily basis. This course is designed for any professional or student who works in a therapeutic, counseling, social service, human service or mental health environment. *This course has been approved for 10 credits towards the New York State CASAC, CPP and CPS credentialing under the New York State Office of Alcoholism and Substance Abuse Services, Education and Training Provider Number 6309. This program has been approved by NASW-New York State for 10 contact hours under approval number A-684. This course has been approved by NAADAC for 10 hours and is pending approval by the National Board of Certified Counselors.

To further enhance the knowledge and skills of addiction counselors, author Rand L. Kannenberg, MA, outlines in his comprehensive book Case Management Handbook for Clinicians all the skills necessary to be an effective case manager. Even if new to the profession or a seasoned veteran, this book is a helpful resource to all addiction counselors. Topics include: the history and philosophy of case management and its differences from social work; case management services and treatment plans; confidentiality and professional ethics; continuation of care; supervision; establishing a rapport with providers; screening procedures for HIV/AIDS, TB, hepatitis, depression, and substance abuse; maintaining progress notes and drafting discharge summaries; insurance concerns, restraints and terminology; multi-cultural recommendations; assessing social, psychological, medical, educational and legal history; top work settings; and how to avoid burnout. In addition to the text, Kannenberg provides numerous examples, tables, charts and practice tests to help the counselor fully understand the material. An addiction treatment facility’s library is not complete without this book.

For his second book, Sociotherapy for Sociopaths, Rand L. Kannenberg continues his trend of thorough research and comprehensive education by providing the counselor with an evidence-based, 24-session group program for clients with coexisting psychoactive chemical abuse and antisocial personality traits. This book is designed to prevent relapse and recidivism of parolees and probationers by using techniques such as sociometry, sociodrama and social goal setting. Since psychoactive chemical abuse and the criminal justice system often cross-mingle for many clients, Sociotherapy for Sociopaths could assist many counselors with particularly difficult clients whose antisocial personality traits are challenging to deal with during treatment. Kannenberg’s fresh approach to treating psychoactive chemical abusing sociopaths should be in every counselor’s arsenal when treating a client of this nature.

This book is designed to prevent relapse and recidivism of parolees and probationers.

NAADAC strives to provide our members with the best resources available to help our counselors combat addiction. If you have a product that has been remarkably helpful to your practice, please contact us at 800/548-0497 or via email at mstorie@naadac.org so we can extend this resource to your peers.
Join NAADAC Today—Reap Benefits Tomorrow!

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**MEMBERSHIP CATEGORIES**

- **Full Membership** is open to anyone engaged in the work of counseling or related fields who is interested in the addiction-focused profession. (Certification is not a requirement of membership in NAADAC.)

- **Student Membership** (proof of status must be submitted along with this application) is open to any new or renewing member who is a full-time (9 hours) student at a college or university or a student who is involved in a full- or part-time internship. Members who meet the above criteria can be eligible for student membership for four years.

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—Mary Woods, RNC, LADC, MSHS, President

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—Mary Woods, RNC, LADC, MSHS, President

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**JOIN ONLINE AT WWW.NAADAC.ORG**
ADvocacy in Action

NAADAC Says Goodbye to Government Relations Director
Jonathan Westin

By Maggie Keelan, State Liaison Intern

Former Government Relations Director Jonathan Westin left his position at NAADAC on June 15 for the position of Assistant Legislative Director with the United Jewish Communities (UJC). UJC promotes the interests and concerns of 156 Jewish Federations and 400 independent communities to members of Congress and the Presidential administration.

NAADAC Acting Executive Director Cynthia Moreno Tuohy said of Westin, “When I first met Jonathan about one and one half years ago, I was impressed with his enthusiasm for the addiction professional, his desire to represent the addiction counselor and professionals at the national level and to educate about the importance of the work that we do! His dedication and his hard work did not weaken over this past year and one half—and for that I am deeply grateful!”

Westin’s advocacy before Congress focused on two distinct issues: Addictive Disorder Appropriations funding and Workforce Development. In the Workforce Development arena, Westin proposed legislative initiatives before the Legislative and Executive Branches, such as loan forgiveness and scholarship programs which sought to strengthen the Addiction Professionals’ mission. Westin also managed NAADAC’s Political Action Committee (PAC) fund and authored a plan that delineated fundraising objectives. He wrote for NAADAC’s two nationally distributed publications discussing legislative opportunities and strategies for the Addiction Professional and co-authored NAADAC’s Federal Guide for United States House and Senate candidates with Misti Storie. These resources defined issues critical to the professional and proposed avenues for action in order to achieve them.

Westin said, “I have greatly enjoyed my time at NAADAC and care deeply about its mission. I hope I have made a difference in moving forward the Addiction Professionals’ agenda of enhanced workforce development opportunities, increased federal funding for programs and addictions parity. It has been an honor and a pleasure to serve this organization, its engaged membership and its proactive staff.”

Daniel Guarnera, NAADAC Government Relations intern, was thankful for the opportunity to work with Westin and said, “It’s clear that Jon’s vision for the Government Affairs side of NAADAC’s mission will carry on well into the future. He was an active, sincere and eminently capable advocate on addiction-related issues. He will be missed!”

Misti Storie, NAADAC’s Education & Training Consultant and a former intern under Westin agreed: “I am fortunate to have worked under Jonathan as the Government Relations intern. As a mentor, he graciously opened his door to me and taught me the ins and outs of The Hill. I am truly sad to have such a great employee and friend leave NAADAC. We will miss him.”

Donovan Kuehn, NAADAC’s Director of Outreach and Marketing said, “The negotiation and dissimulation intrinsic to Capitol Hill runs through Jonathan Westin’s veins. I know he has moved on to an organization he cares about passionately and I wish him the best.”

Valerie Kremer, NAADAC Public Relations intern, commented on Westin’s gregarious personality, essential to his success as Government Relations Director, “I miss his unique hand motions he made when he talked. He was a great addition to NAADAC.”

A Note from the Desk of Mel Schulstad

I congratulate and salute all those members of IC&RC and NAADAC who have been working together to find and solidify Common Goals, Unity and International Standards for our Profession. All this while still ensuring our profession is genuine as to purpose, professional as to high standards and progressive toward serving the best interests of our high caliber membership.

God bless this magnificent effort and sincere thanks for all the hard work.

Mel Schulstad
Co-Founder and Past President of NAADAC

www.naadac.org
2005–2006 UPCOMING EVENTS

Sept. 7–9, 2005  “Journey Together Conference”
Hosted by Middle Tennessee TAADAC
Embassy Suites–Airport
Nashville, Tennessee
Contact Frances Clark at 615-289-4905 or visit www.taadac.org for more information.

Sept. 29–Oct. 2, 2005  18th Cape Cod Symposium on Addictive Disorders
“Hot Topics & Controversial Approaches: Challenging a New Generation”
Sponsored by NAADAC, The Association for Addiction Professionals
Sheraton Hyannis
Hyannis, Cape Cod, Massachusetts
Over 50 challenging workshops! Earn up to 30 contact hours/PDHs, Over 80 exhibit booths!
To request a copy of the brochure, call 800-314-1921 ext. 10 or write to AMEDCO, P.O. Box 17980, St. Paul, MN 55117.
Check www.ccsad.com for more information.

Sept. 29–Oct. 2, 2005  NALGAP Regional Conference
Held in conjunction with the 18th Cape Cod Symposium on Addictive Disorders
Sheraton Hyannis
Hyannis, Cape Cod, Massachusetts
Check www.nalgap.org for more information

September 2005  Recovery Month.
Join NAADAC, the Substance Abuse Mental Health Services Administration and hundreds of other national and community organizations in organizing and attending local and national events throughout September.
Call 240-276-2750 or visit www.recoverymonth.gov for more details.

Sept. 4–10, 2005  National Suicide Prevention Week
Visit www.suicidology.org for more information.

Sept. 20, 2005  National Counselor’s Day.
Join NAADAC in organizing an event on the 20th or organize your own local event. Recognize the hard work all counselors do!
Call 800-548-0497 or visit www.naadac.org for more details.

Have an event we should know about?
Contact 800-548-0497 or dkuehn@naadac.org.