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NAADAC NEWS

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

Vol. 15, No. 2, June 2005

**Adolescents
and
Addiction**
pages
11 & 12



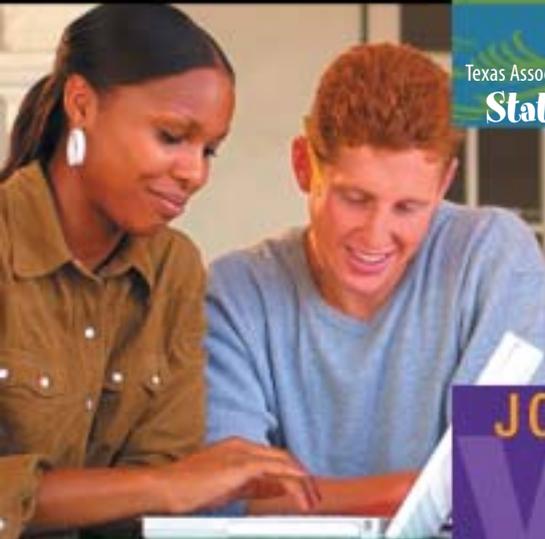
**Catch the Wave to
The sequel!**

**NAADAC
Annual
Meeting**

*in conjunction with
The 31st Annual
Texas Association of Addiction Professionals
State Conference*

Corpus: II

**NAADAC
Annual
Meeting**
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**JOIN THE
VOICES
FOR RECOVERY**

Healing Lives, Families & Communities



Recovery Month and Counselors Day
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Editor's Note

Welcome to the June edition of the *NAADAC News*. As every spring approaches, we can look forward to the renewal and change as we emerge from the winter. NAADAC has undergone some similar changes in its staff. Three members of the NAADAC staff who were with us in January have moved on to new opportunities: Sonya Floyd, NAADAC's Certification and Education Assistant; Jason Rivkin, NAADAC's Special Projects Officer and Jennifer Ayers, NAADAC's Assistant Director for Member, Board and Affiliate Relations. It has been my sincere pleasure to work with Sonya, Jason and Jennifer over the last couple of years. All of three of them are very talented and skilled people and their new employers are very lucky to have them. We all wish them the best in their new opportunities. We are fortunate to have had three people join our staff. Marissa Miller has joined us as NAADAC's new Certification and Education Assistant while Valerie Kremer and Maggie Keelan join NAADAC as its new Public Relations and State Liaison interns.

At NAADAC, we haven't slowed down in what we've been doing. We're looking forward to a great conference from July 7 to 9, 2005 in Corpus Christi, Texas. For details check out page 7 or visit www.naadac.org. NAADAC's leadership has also been embarking on an exciting agenda in discussions with the International Credentialing and Reciprocity Consortium. When winter rolls around again this year, NAADAC and its credentials may have a very different look.

Thanks for reading and we hope to see you in Corpus Christi in July!

Donovan Kuehn

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NAADAC: Committed to Leading Our Profession

By Mary Ryan Woods, RNC, LADC, MSHS, NAADAC President

Great works are performed not by strength, but perseverance.

—Samuel Johnson

English author, critic, and lexicographer

During the first three months of this year NAADAC has been able to make significant progress towards creating a unified and more inclusive organization. I am happy to report on some interesting developments which will benefit NAADAC and the addiction profession, within the coming year.

First, I want to share with you new developments regarding a renewed commitment with the International Certification and Reciprocity Consortium (IC&RC) and its membership arm, the Society of Credentialed Sub-



stance Abuse Professionals (SCAP). NAADAC, with support from the Center for Substance Abuse Treatment (CSAT), met with leaders of IC&RC and agreed to discuss ways to bring more unity and understanding to the addiction profession. Three jointly formed committees are examining different ways our organizations can collaborate. These proposals include: 1) An organizational, fundraising and advocacy committee, 2) a certification committee and, 3) a conference and training committee.

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To date, the certification committee has met and proposed a way to

tion of Addiction Medicine (ASAM) on ways in which we may collaborate on future projects and further unify the many groups working in the addiction profession. These meetings have been successful and will help NAADAC expand and improve our existing services to members.

After a successful leadership event in March, I would, at this time, also like to extend to you my personal invitation to join me at the NAADAC annual meeting held July 7–9, 2005 in Corpus Christi, Texas. NAADAC will co-host this conference with our Texas affiliate, The Texas Association of Addiction Professionals (TAAP). We are proud of our partnership with TAAP on this project.

As you may know, there have been some staff changes at the NAADAC office. Jennifer Ayers, Assistant Director has taken a position with another association and left on May 3rd. Jason Rivkin, Special Projects Officer has also taken a position with a different association. Sonya Floyd, Certification and Education Assistant has moved on as well. We will miss each staff person and wish them the best in their new endeavors.

Questions regarding certification may now be directed to Marissa Miller (800/548-0497, ext. 101 or marissa@naadac.org) or to Shirley Beckett (ext. 107 or sbeckett@naadac.org). All question regarding affiliate relations, elections, bylaws and membership development, as well as public relations inquiries, can now be directed to Donovan Kuehn (ext. 125 or dkuehn@naadac.org) or to Cynthia Moreno Tuohy (ext. 119 or cmoreno@naadac.org).

If you have questions about these developments, please let me know. I look forward to hearing your thoughts on how we can grow as an organization.

unify both the NAADAC National Certification Commission's and IC&RC's credentials. This would happen by creating a new, umbrella organization that would hold the credentials and endorsements of both groups. Current holders of certifications and endorsements would not need to re-test. It would be similar to a "title change" until the next renewal process. NAADAC consulted with its state presidents on these changes and is taking into account all of their comments as this process moves forward.

Members of the Executive Committee have been in discussions with the National Association of Treatment Providers (NAATP) and The Associa-

Jennifer Ayers, Jason Rivkin and Sonya Floyd have left the NAADAC staff. We will miss them and wish them the best in their new endeavors.

NAADAC met with leaders of IC&RC and agreed to discuss ways to bring more unity and understanding to the addiction profession

If You're "Electric," HIPAA Security DOES Apply to You

By Tobin Arthur, President & CEO, 3DGrid Healthcare Solutions

If you think you are through with HIPAA, you actually may be right! HIPAA stands for Health Insurance Portability and Accountability Act and is meant to protect patients' privacy.

However, if you create, maintain, protect or transmit your protected patient information electronically, then you are subject to the new HIPAA Security regulations that went into effect on April 21, 2005. These rules apply to every healthcare practice, regardless of size.

For a variety of reasons many practices are under the impression that the Privacy Rule was the start and finish of HIPAA as far as their practice was concerned. But the reality is different. The Privacy Rule was essentially the first half of the requirements given to providers while the HIPAA Security Rule represents the second half of the equation.

The Security Rule was created to specifically address the management of electronic Protected Health Information or ePHI. Unlike the Privacy Rule, the Security Rule only applies to electronic information. The Security Rule is quite a bit smaller than the Privacy Rule (50,000 words versus approximately 400,000) and it doesn't advocate specific technology implementation or methodologies.

The Security Rule was authored with security industry best-practices in mind. To that end, it calls for the protection of information *confidentiality, integrity and availability*. In other words, it is not enough to put safeguards in place that protect the availability of data in your office if those safeguards do not also adequately address the confidentiality and integrity of that information. On a technical note, the Privacy Rule is enforced by the Office of Civil Rights under the Department of Health and Human Services whereas the Security Rule will be enforced by a new organization within CMS.

*... if you create,
maintain, protect or
transmit your protected
patient information
electronically, then you
are subject to the new
HIPAA Security
regulations...*

The Security Rule involves 42 "safeguards" in three categories: Administrative, Physical and Technical. Put simply, any practice of any size that processes ePHI electronically must deal with all 42 standards.

Just to confuse things further, 20 of the rules are "Required" and must be met as stipulated in the regulations. The remaining 22 are "Addressable." That does not mean they are optional; rather it provides the practice with alternatives for meeting the standard based on size, risk profiles and other factors.

At minimum, practices subject to the Security rule need to:

1. Assign a Security Officer
2. Understand all requirements
3. Draft policies
4. Conduct a risk assessment
5. Draft procedures
6. Implement procedures
7. Update or implement Business Associate agreements

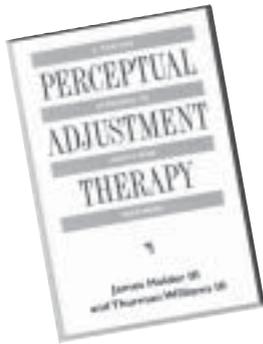
Conducting a solid Risk Assessment definitely is the most important of the seven as it sets the foundation for any Security effort. This also may be an entirely new concept for people who do not come from a security background. Rest assured, the task is not complicated...just a little time-consuming. The idea is to inventory all of the equipment in your office that

creates, maintains, protects or transmits ePHI. Next, various potential risks must be assessed and weighed for each of these items. The idea is to determine which risks in your environment have the most potential cost coupled with the likelihood of having a problem.

Now that you know a little about the Security Rule, you should be wondering if your practice needs to comply. While there are some exceptions that enable practices to escape the Security Rule requirements, they are increasingly rare. As a general rule, if you conduct electronic transactions in your office then you are considered a Covered Entity under the Security Rule. You can get more information on your status by visiting the CMS or DHHS websites.

The Security Rule is surprisingly well written and really not terribly difficult to manage. In fact, the exercises a practice must go through to get compliant are exercises that really should be followed as best-practices regardless of the rule. Nevertheless, the effort can be overwhelming. My recommendation is to get some additional education then look for ways to automate the process. The following link is one opportunity for some additional free education. It's best to get a good idea of how to best tackle your Security Rule requirements before spending much time and money.

3DGrid Healthcare Solutions is NAADAC's official HIPAA compliance resource. Its HIPAA Checkup software suite deals with all aspects of the HIPAA regulations—privacy and security—in an easy-to-follow, cost effective manner. Special Preferred Customer pricing of \$495 (a \$200 savings off MSRP) is available to NAADAC members. For more information, contact 3DGrid by phone at 866/334-7431, by email info@3dgrid.com or visit them on the web at www.3dgrid.com.



A Positive Approach to Negative Perceptions

By Misti A. Storie, MS, Education and Training Coordinator

As promised in the last NAADAC News, we are proud to present our first edition of NAADAC's Reader's Corner.

Here, NAADAC will showcase a new, quality book or product beneficial to our members and addiction professionals. To start the pace off strong, we selected James Holder and Thurman Williams' book, *Perceptual Adjustment Therapy: A Positive Approach to Addictions Treatment*, to be the inaugural product.

This book, designed specifically for addiction treatment professionals and students, contrasts the negative approach that currently characterizes most addictions treatment. It does so by emphasizing a positive, individualized treatment approach that addresses the client's self-perceptions and what can be done to change them. Perceptual Adjustment Therapy (PAT) uses a client's early memories as a road map of perceptions—an indicator of the client's belief system and the guiding fictions that build perceptual filters to support those beliefs. These perceptions are used to identify and understand an individual's positive intents and underlying positive desires that they really want to fulfill. Authors Holder and Williams sensitively synthesizes Adlerian psychology, Gestalt Therapy, and Neuro-Linguistic Programming to offer addiction professionals a faster method for information-gathering and to show how that information can be employed most beneficially. Because it offers individualized treatment in an accelerated time frame, PAT is extremely valuable for professionals working under the constraints of managed care, oversized caseloads, and stressful institutional environments.

The authors both have extensive experience with addictions treatment. Together they offer a uniquely different book that teaches counselors to resolve the internal conflict of addicts and alcoholics, thus bringing them to a spiritual wholeness through integration. James A. Holder III, MA, LPAC, MAC has worked in the counseling field for more than 20 years, primarily specializing in addictions treatment. As a trainer, Holder has delivered over 800 hours of training to more than 1,000 counseling professionals, including NAADAC's 2004 Annual Conference and 2005 Conferences on Co-Occurring Disorders. Co-author Thurman Williams III, is a free-lance writer who has published extensively in regional and national magazines. He has been involved with addictions treatment since 1985, and is also an accomplished entrepreneur.

For a limited time, this essential tool for addiction professionals is priced at \$30. As with all of NAADAC's products, members and non-members alike can purchase *Perceptual Adjustment Therapy: A Positive Approach to Addictions Treatment* through NAADAC's website at www.naadac.org or by calling the NAADAC office at 800/548-0497.

New Organizational Member

NAADAC is pleased to welcome a new organizational member, the **International University for Graduate Studies**.

The International University for Graduate Studies is a fully accredited university located in St. Kitts, West Indies. The University has been granting degrees in the behavioral health field since 1979. Many of its students are from the United States and are practicing licensed and credentialed professionals in their respective fields. Over the past several decades, they have added graduate degrees in a variety of academic and clinical areas including: Addictions Studies, Christian Counseling, Education, Arts & Science, Organizational Behavior and Leadership, and Social Work.

In addition to academic programs, the University offers a number of conferences and courses for continuing education units in addictions, counseling and social work.

Visit the university's website at www.iugrad.com for more information. Or contact Raymond J. Dorritie, PhD, Dean of Addiction Studies, International University for Graduate Studies, 1068 Main Street, Suite 202, Fishkill, NY12524 You can also call 877/484-7231 or fax 845/896-1919 for more information.

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NAADAC and TAAP Plan Ambitious Program

By Donovan Kuehn, NAADAC News Editor and Shawna Barnum, NAADAC Office Manager and Conference Coordinator

NAADAC, the Association for Addiction Professionals and TAAP, (Texas Association of Addiction Professionals) released the program for the TAAP 31st Annual State Conference and NAADAC's Annual Conference being co-hosted in Corpus Christi, Texas. The conference will run from July 7-9, 2005.

TAAP and NAADAC are proud to announce many nationally recognized keynote speakers, including: Dr. Robert Perkinson; Dr. Tim Sheehan, Dean of Hazelden's Graduate School; Rhonda McKillip, MEd, LMHC, MAC, CCDCIII, CDP; Michael Wagner, LCSW, MAC; Mary Beth Johnson from the National Addiction Technology Transfer Center;

Thomas J. Brady, MD, MBA, CRC Health Group; Faye J. Calhoun, DPA, MS, Deputy Director National Institutes on Alcohol Abuse and Alcoholism (NIAAA) and Director of the Center for Substance Abuse Treatment (CSAT); Dr. Westley Clark, as well as great local Texas presenters.

Workshop sessions will offer over 25 CEU credits. Don't miss this exciting educational opportunity. Come earn your CEU credits at the TAAP/NAADAC conference, and bring the family for some fun in the sun in Corpus Christi. Full registration details are available at www.taap.org or at www.naadac.org.

NAADAC/TAAP Conference Schedule

WEDNESDAY, JULY 6, 2005

12:00pm-1:00pm
NAADAC Certification Commission and NAADAC Executive Committee Lunch
Riviera 4 & 5

1:00pm-7:00pm
NAADAC Certification Commission Meeting
Kleberg

1:00pm-7:00pm
NAADAC Executive Committee Meeting
Riviera 4 & 5

THURSDAY, JULY 7, 2005

8:00am-4:00pm
NAADAC Certification Commission Meeting
Kleberg

8:00am-11:30am
NAADAC Executive Committee Meeting
Duval

8:00am-11:30am
NAADAC/TAAP Keynote Address/Opening Plenary
Dr. Nora Volkow, Director, NIDA (invited)
Dr. Charles Curie, Administrator, SAMHSA (invited)
Riviera 1,2,3

11:30am-12:30pm
NAADAC Membership Meeting & Luncheon
Nueces Ballroom B

12:30pm-2:00pm SESSIONS
Title TBA: Dr. Westley Clark, Director, Center for Substance Abuse Treatment (CSAT)
Padre A

Criminal Justice
Padre B

Eating Disorders, Substance Abuse and Relapse: Dr. Tim Sheehan, Dean, Hazelden's Graduate School
Riviera 1

Gender Issues: Rhonda McKillip, MEd, LMHC, MAC, CCDCIII, CDP
Riviera 2

Ethics: Michael Wagner, LCSW, MAC
Riviera 3

2:30pm-4:00pm Sessions
Title TBA: Dr. Faye Calhoun, NIAAA
Padre A

Criminal Justice: (continued)
Padre B

Customer Satisfaction: Improving Outcomes: Mathew Feehery, LCDC, AAC Fe
Riviera 1

When Bad Things Happen to Good Counselors: William Cote, APRN, LADC, MAC, N AADAC Certification Commission Chair
Riviera 2

Ethics: (continued)
Riviera 3

4:30pm-6:00pm
Plenary Session: Families: Through Addiction into Recovery: Dr. Susanne Brent and Trisha Colangelo
Riviera 1,2,3

7:00pm-8:30pm SESSIONS
NAADAC New Board Member Orientation
Padre A

Post-Traumatic Stress Disorder & Addiction: Dr. Jerry Boriskin, Hazelden
Padre B

Ethical Decision Making: Sherry Layton, LCDC
Riviera 1

12 Step Programs: Bill Wilmore, BA
Riviera 2

8:30pm-9:30pm
NAADAC Regional Caucuses
Kleberg

9:30pm-10:30pm
12 Step Meeting
Padre B

FRIDAY, JULY 8, 2005

9:00am-5:00pm
NAADAC Certification Commission Meeting
Room TBA

9:00am-5:00pm
NAADAC Board of Directors Meeting
Neuces B

9:00am-10:30am
Keynote Address: Dr. Robert Perkinson
Riviera 1&2

10:00am-4:00pm
PAC Silent Auction Display
Riviera 5

11:00am-12:30pm SESSIONS
Letting Go of Shame: The Gay Agenda: Randy Martin, MA, LPC
Padre A

Utilizing Experiential Techniques: Charlie McMordie, MEd, LPC, LCDC
Padre B

Ethics: Christy Conklin-Sheridan, LCDC
Riviera 1

Partnering with Addiction Technology Transfer Centers (ATTCs): Mary Beth Johnson
Riviera 2

Emotionally Unavailable Men: Patty Henry
Padre C

1:30pm-3:00pm SESSIONS
Miracles & Mysticism (Cultural Diversity): Eliana Schappel, LCDC, AAC
Padre A

Stages of Change, Cognitive Therapy & Therapeutic Community: Frank Davis, AAC, LCDC
Padre B

Clinical Supervision: Michele Savage, LCDC, AAC
Riviera 1

Best Practices: Judi Kosterman
Riviera 2

Motivational Interviewing: Jim Krebs
Padre C

3:30pm-5:00pm SESSIONS
Re Entry Issues: Sandi Simpson, LCDC, MAC, NCACII, AAC, ADCIII, ICADAC
Padre A

Stages of Change, Cognitive Therapy & Therapeutic Community: (continued)
Padre B

Clinical Supervision: (continued)
Riviera 1

Getting Counselors Ready: Thomas J. Brady, MD, MBA, CRC Health Group
Riviera 2

Agency & Metallization in the Treatment of Co-Existing Disorders: John J. O'Neill, LCSW, LCDC, CSAT
Padre C

SATURDAY, JULY 9, 2005

7:00am-8:30am
Yoga Class: Embracing the Waves of Your Mind and Body!: Vicki Johnson, MS, LCDC, ADS
Padre B

9:00am-12:30pm
TAAP Board of Directors Meeting
Riviera 4&5

9:00am-10:30am Sessions
The Sugars and Flour Project: Joan Ifland, MBA
Padre A

Cybersex and Chemical Dependency: Deborah Corley
Padre B

Methamphetamine Update: Carol Falkowski, Hazelden Graduate School
Padre C

Title TBA: George Kominsky, Texas Tech
Riviera 1

Mid America ATTC: Pat Stilen, LCSW
Riviera 2

Advocacy for the Addiction Profession: Johnny Allem, Johnson Institute
Riviera 3

11:00am-12:30am
Plenary: Substance Abuse and Disabilities: A Special Challenge for Rehabilitation Professionals: Shane Koch, RhD
Riviera 1&2

12:30pm-1:30pm:
NAADAC Political Action Committee Luncheon (ticketed event)
Frank Naccarato, NCAC I and Joe Deegan, LICSW, MAC, CCAC-S, NAADAC Political Action Committee Co-Chairs, Officiating Silent Auction Winners
Announced and Live Auction During Luncheon
\$35.00 Suggested Donation at Registration or at the Door

1:30pm-3:00pm MEETINGS and SESSIONS
Texas Certification Board Meeting
Riviera 4&5

Radical Forgiveness: Michael Yeager, LCDC, ChT, RMT, CAS
Padre A

Enhancing Your Cultural Awareness: Cedric Dunmore, LCDC & Martin Garcia, LCDC
Padre B

Workforce Development: Gerry Schmidt, MA, LPC, MAC
Padre C

HIV: Thurston Smith, NCAC I
Riviera 1

Clinical Supervision: Thomas G. Durham, PhD, LADC, CCS
Riviera 3

3:30pm-5:00pm Sessions
Substance Abuse / Dependency & Domestic Violence: Lonnie Hazelwood
Padre A

Enhancing Your Cultural Awareness (continued): Cedric Dunmore, LCDC & Martin Garcia, LCDC
Padre B

Gambling: The Invisible Addiction: Nikki Hayward, MA, LPC, BCSMGG & Sigrid Box, MS, LPC, LMFT
Padre C

HIV (continued): Thurston Smith, NCAC I
Riviera 1

Clinical Supervision (continued): Thomas G. Durham, PhD, LADC, CCS
Riviera 3

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Thomas G. Durham,
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SAMHSA Provides Latest Information on Co-Occurring Disorders

By Valerie A. Kremer, Public Relations Intern

The recently published Treatment Improvement Protocol (TIP) number 42, *Substance Abuse Treatment for Persons with Co-Occurring Disorders* (COD) is available free to NAADAC members from the Substance Abuse and Mental Health Services Administration (SAMHSA). The revised TIP provides state-of-the-art treatment guidelines for addiction counselors and other practitioners working in the field of co-occurring substance abuse and mental disorders.

TIP 42 addresses cross-cutting topics such as suicidality, nicotine dependence, attention deficit hyperactivity disorder (ADHD), posttraumatic stress disorder, eating disorders, pathological gambling, and other mental disorders with particular relevance to COD.

The TIP contains chapters on terminology, workforce development, assessment, treatment approaches, traditional settings and models, special settings and specific populations, and mental disorders. It also includes selected literature reviews, synopses of many COD treatment approaches, and empirical information useful to the addiction professional.

Not limited to substance abuse counselors, TIP 42 is beneficial for mental health providers and administrators, treatment providers, criminal justice staff, researchers, educators, and other healthcare and social service personnel who work with COD clients.

The TIP highlights specific guidelines for developing a successful therapeutic relationship with individuals who have COD

and describes specific counseling techniques. It also illustrates the importance of addressing the needs of people with COD within three key populations: the homeless, criminal justice populations, and women.

The TIP also contains detailed information for people concerned with COD on: Specific mental disorders; Additional guidance for the counselor; Common medications for disorders; Screening and assessment instruments; Selected resources of training; Dual recovery mutual self-help programs; Confidentiality issues; and Resources for consumers and providers.

To obtain TIP 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders*, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at P.O. Box 2345, Rockville, MD 20847-2345, phone: 800/729-6686 (English and Spanish) or 800/487-4889 (TDD). Ask for NCADI No. BKD515.

The Value of Membership

What has NAADAC Done for Me Lately?

By Donovan Kuehn, NAADAC News Editor

What do **Fox News**, the **BBC**, the **New York Times**, the **Philadelphia Inquirer**, **Shape Magazine** and **Stars and Stripes** have in common? All of these media organizations, and many more, have contacted NAADAC to comment on addiction issues.

NAADAC would like to expand its list of people available to discuss addiction related issues as they arise in the public eye. Responding to media inquiries with accurate and clinically-based perspectives helps ensure addiction is covered in a favorable and factual way. However, there's one thing we need—you!

If you are interested in serving as a spokesperson for NAADAC please let us know. What we need from you is your name (please send the correct spelling and pronunciation); a brief bio outlining your NAADAC and career involvement (75 words or less); your area(s) of expertise; the city and state you reside in and your current contact information (phone #, cell phone # and e-mail address) to let us meet the tight deadlines news organizations face.

Please send your information to Donovan Kuehn at dkuehn@naadac.org (please put "spokesperson" in the subject line) or call 800/548-0497 ext. 125.

NAADAC, the Association for Addiction Professionals, is the largest national association dedicated to enhancing the professional growth and development of individuals who treat and prevent addiction. Help NAADAC positively shape the public perception of addiction professionals and the higher standards of care that your clients deserve.

For more information on what NAADAC does for you, visit www.naadac.org. Thanks for being a NAADAC member.



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NAADAC President-Elect Addresses Addiction Medicine Specialists

By Valerie A. Kremer, Public Relations Intern

President-Elect Sharon Morgillo Freeman, PhD, APRN-CS was an invited speaker at the 7th Annual International Association for Addiction Medicine Conference held in Buenos Aires, Argentina, April 19–24, 2005. Dr. Freeman's topic was "The Relationship of Opioid Treatment in Chronic Pain Conditions: Implications on Brain Reward Response."

Dr. Freeman's presentation focused on the challenges scientists have in explaining the brain's response to opiates when suffering from chronic pain. Dr. Freeman asserts that "an area of scientific understanding that remains unexplained is the effect of chronic pain conditions on the brain reward response to opioids. Substance misuse remains one of the most baffling areas of scientific evaluation, identification and intervention given that very little is known about the mechanisms differentiating inevitable physiologic responses to opioids and dysfunctional or abnormal responses to long-term opioid administration. Given the complex presentation of these patients, there is difficulty in differentiating the nuances of psychopathology that may be incorrectly identified as personality disorder or substance addiction."

Dr. Freeman also dealt with the importance of these issues to clinicians. "The effects of opioids on the brain reward system are of significance to clinicians, and given the paucity of information available on opioid therapeutic use versus misuse in this population, the clinician is left to develop subjective conclusions about differentiation. Inevitable responses include the linked concepts of tolerance to opioids, development of withdrawal phenomena, hyperalgesia and pharmacologic resistance to the antinociceptive properties of opioids."

Dr. Freeman's paper discussed and expanded upon current knowledge regarding relationships of neuroadaptive responses to chronic opioid treatment coupled with chronic pain conditions and the combined effect of these factors on the brain reward system. Dr. Freeman feels that "as professionals in the addiction field it is imperative that we explore all aspects of addictive disease and use the most current scientifically validated information available. The science of addiction is expanding every day and is one of the most exciting areas of scientific exploration in the 21st Century."

Dr. Freeman also presented a three hour workshop on opiates in chronic pain conditions for the Indiana Association for Addiction Professionals conference on April 30, 2005 in Indianapolis, Indiana.



NAADAC President-Elect Sharon Morgillo Freeman, PhD, APRN-CS, at the International Association for Addiction Medicine Conference in Buenos Aires, Argentina.

Remember National Addictions Counselor Day, September 20

The 4th annual National Addictions Counselor 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.

Recovery works!

Pamela R. Frazier, NCAC II, CSADC, MISA II, NCRS, Chicago, Illinois

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.

Recovery Month

The 16th annual National Alcohol and Drug Addiction Recovery Month (Recovery Month) will be held in September 2005 to celebrate the positive impact of treatment for alcohol and drug use disorders in communities nationwide. The month is set aside to recognize the strides made in treatment and to educate the public that addiction is a treatable public health problem that affects us all. This vital observance lets people know that alcohol and drug use disorders can be managed effectively when the entire community supports those who suffer from these treatable diseases.

Recovery Month 2005 will feature:

- A national Recovery Month kick-off media event in Washington, D.C.
- Community events across the country to raise awareness about substance use and mental disorders, treatment, and recovery
- State and local celebrations and activities
- Live web-based events
- A Recovery Month planning toolkit, which includes a CD-ROM and printed materials to support participants in their outreach to media and constituency groups
- A Recovery Month commemorative poster
- Television and radio PSAs

All materials are available through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Recovery Month Web site at www.recoverymonth.gov. Contact SAMHSA at 240/276-2750 for more details.

NAADAC and IC&RC Propose Credential Consolidation

By Donovan Kuehn, NAADAC News Editor

The NAADAC National Certification Commission (NCC), NAADAC, The Association for Addiction Professionals, the International Certification and Reciprocity Consortium (IC&RC) and the Society of Credentialed Addiction Professionals (S.CAP) announced a proposal to unify their independent credentials for addiction counselors into a series of credentials that will be available at the local, national and international level. This proposal was submitted to the IC&RC Board of Directors in April 2005 and the NAADAC Board of Directors in July 2005. If accepted the consolidation will affect 45,000 credentialed addiction counselors.

The committee, made up of equal numbers of NAADAC and IC&RC representatives, decided on six essential components for any addiction credential:

1. The need for strong local credentialing boards;
2. Local, national and international credentialing for the profession;
3. Valid and legally defensible examinations;
4. The purpose, foundation and scope of practice for each credential;
5. Portability of credentials from state to state; and
6. Appropriate levels of credentialing based on the needs of local and international credentialing boards.

The proposal being presented to the IC&RC and NAADAC Boards will suggest the establishment of a new addictions treatment and prevention credentialing board that will incorporate the current credentials of IC&RC and NAADAC. The new organization, and its credentials, is intended to be local, national and international in scope. The joint NAADAC/IC&RC committee proposes that all current IC&RC and NAADAC credentialed professionals will have their qualifications unified by December 31, 2005.

The co-chairs of the workgroup recommending the changes, William Cote, APRN, LADC, MAC, NAADAC National Certification Chair, and Jim Scarborough, IC&RC Chair, stated: "We are excited by the positive and frank discussion that NAADAC and IC&RC have had.

Unifying the addiction profession will benefit everyone who works in addiction prevention, intervention and treatment and the clients they serve. Instrumental to this process was Dr. H. Westley Clark, Director of CSAT and Dr. Karl White, CSAT's Team Leader for Workforce Development. Without their support these discussions would not have taken place. We would like to thank Dr. Clark and Dr. White on behalf of the 80,000 people throughout the US who work in the addiction profession."

For more information on the IC&RC discussions and to download a proposal paper on the consolidation of NAADAC's and IC&RC's credentialing systems, please visit www.naadac.org.

Proposal on the Consolidation of NCC and ICRC Credentials

On April 1-3, 2005 the joint NCC/IC&RC credentialing subgroup of the NAADAC/NCC/IC&RC/SCAP, hereafter referred to as the collaborating organizations, met in Alexandria, Virginia to discuss options for coordination of the NCC and IC&RC credentialing programs.

Subgroup members participating in these discussions were: Dennis Barbour, John Barlow, William Cote, Bart Grimes, Jim Martin, Shirley Beckett Mikell, Cynthia Moreno Tuohy, and Jim Scarborough.

The subgroup made the following conclusions and recommendations:

- The profession currently needs:
 - strong local credentialing boards;
 - local, national and international credentialing for the profession;
 - valid and legally defensible examinations;
 - scopes of practice for each credential;
 - portability of credentials; and
 - a choice of level of credentialing for local and international credentialing boards.
- A unified system of local and national credentialing would result in a reduction in competition from other professions, such as mental and behavioral health, thus insuring competency and optimum protection of the public.
- Any new merged credentials that may be offered as part of a unified effort should be re-titled credentials of existing credentials, rather than credentials that are "grandparented"

To adequately respond to these needs and to assure maximal professional competence and protection of the public the group made the following recommendations:

1. There should be a single addictions treatment and prevention credentialing board. This board should be a new organization.
2. The new organization should incorporate the current credentials of IC&RC and NCC;
3. The new organization, and the credentials, should be local, national and international in scope;
4. The new credentials will correspond to a "career ladder" which will be developed;
5. The new organization should provide new credentials and endorsements for the profession, as needs emerge for the profession and for protection of the public; and
6. On December 31, 2005, all current IC&RC and NCC credentialed professionals will incur a title change. All applicants should apply by October 1, 2005.



From left: Dennis Barbour, James Scarborough, Cynthia Moreno Tuohy, John Barlow, Shirley Beckett Mikell, James Martin, Bart Grimes and William Cote.

Recovery Schools Offer an Alternative for Students

By Andrew J. Finch, PhD, Director, Association of Recovery Schools

A movement is underway in the United States that combines treatment aftercare services with educational programming for adolescents in recovery. Recovery schools, as they are called, provide students with aftercare support, a sense of community and an education.

Students in recovery schools have made a commitment to leading drug-free lives. These students maintain a drug-free environment and choose to live in a healthy way. Recovery schools help them feel like they fit in and aren't stigmatized by others who don't understand what they are going through.

Recovery high school and college programs exist at over 30 different sites across the United States. Each recovery school serves approximately 30 students at a time. Most students attending a recovery school have been through some type of treatment, and many schools require some amount of sobriety before a student can be enrolled. In addition to their educational activities, often students are required to participate in a 12-Step program.

It seems very difficult for young adults coming out of treatment to maintain their sobriety when they are placed back into their former lives. Many students 'burned bridges' with school faculty and peers while they were using. In a way, they 'branded' themselves as difficult kids. It is hard for them to remove that label right away. This sometimes contributes to a self-fulfilling prophecy in which they don't believe in themselves and fall back into old habits. Attending recovery schools helps these students become confident in their ability to maintain a drug-free life and helps them feel normal again.

No two recovery schools operate in exactly the same manner. Some are privately funded while others receive public funds. They also differ in staffing requirements, drug testing rules,



Andrew Finch talks about recovery schools.

and their educational programming. Helping graduates transition back into the 'real world' is one of the most important components of the program.

In 2002, leaders from recovery schools founded the Association of Recovery School (ARS) to support the work being done in each of these school settings. Its mission is to advocate for the promotion, strengthening and expansion of secondary and post-secondary programs designed for students committed to achieving success in both education and recovery. As a component of the recovery continuum of care, ARS exists to support such schools who work with students committed to being abstinent from alcohol and other drugs and working a program of recovery.

ARS has received support from U.S. Department of Health and Human Services, Center for Substance Abuse Treatment to continue the effort for development and support of these schools, and it is beginning to be recognized internationally that these schools, "designed for students committed to achieving success in

both education and recovery", are essential to the continuum of care for substance use disorders.

In March, the Association of Recovery Schools conducted its first "Take to the Hill Day," and 60 representatives of recovery schools from across the country converged on Washington to talk about recovery-based education. About 30 House members or staff attended a luncheon to hear about recovery schools, and they were welcomed by Laurie McWethy and Rep. Jim Ramstad of Minnesota. During the day, recovery school parents, students, and staff members spoke with almost 100 House members or their staff, and the feedback was extremely supportive.

ARS will be holding its fourth Annual Conference July 14-17, 2005, and anyone with an interest in recovery-based education is encouraged to attend. The conference will be hosted by the StepUP Program at Augsburg College and will provide presentations from the both high school and college programs for recovering students. The cost of the conference for non-members is \$75 and CEUs will be available. For information or registration, please contact Beth Samuelson at basamu@wbl.whitebear.k12.mn.us or 651/773-6414 or Dave Hadden at dthadden@tmo.blackberry.net or 612/330-1409.

To learn more about recovery schools, visit their web site at www.recoveryschools.org or call 615/248-8206.

Dr. Andrew Finch currently serves as Director of Community High School, a school for teens recovering from alcohol and other drug addictions that he helped form in 1997. He earned his PhD from Vanderbilt University. In July 2002, Dr. Finch was selected to be the first director of the Association of Recovery Schools. Dr. Finch is a National Certified Counselor (NCC) and a licensed professional school counselor in Tennessee.

Rising Adolescent Inhalant Use Alarms Counselors, Parents and Officials

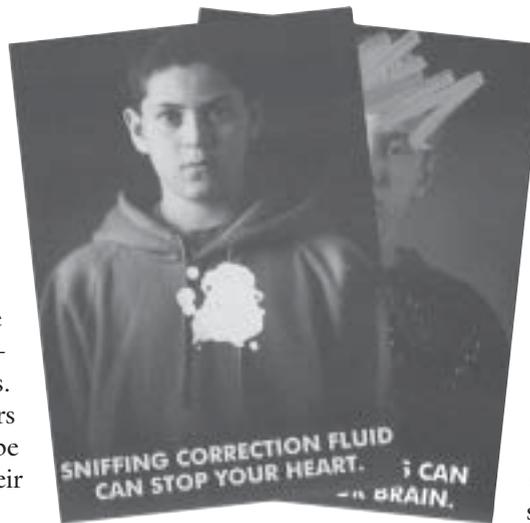
By Valerie A. Kremer, Public Relations Intern

More and more adolescents are using inhalants, according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA) released at a press conference by the National Inhalant Prevention Coalition. Due to the easy access of inhalants, bought in a store or found at home, adolescents are able to conceal inhalant use, causing a rising concern among parents. These studies show that counselors working with adolescents need to be vigilant to catch inhalant use in their clients.

NAADAC staff attended a press conference, held in Washington, DC, which focused on the association of inhalant use, other substance use and delinquency among adolescents. According to the report, adolescents ages 12 or 13 who used inhalants were six times as likely to have stolen or tried to steal items worth more than \$50. More than one in three people who started inhalant use at age 13 or younger were dependent on or abused alcohol or an illicit drug in the past year.

Counselors need to be aware when treating and assessing adolescents and young adults who are using inhalants. According to NAADAC President, Mary Woods, RNC, LADC, MSHS, "If questions about inhalants are not included when youth are assessed, young people could continue to use and self-destruct. NAADAC members and all addiction professionals who deal with adolescents must carefully screen for inhalant use." Adolescents could be given improper treatment options if they aren't forthcoming about inhalant use or proper screenings don't take place.

Harvey Weiss, Executive Director of the National Inhalant Prevention Coalition, noted "there has been a lot of recent research that shows we need



Cards from NIDA; photos courtesy GSD&M.

to be concerned about inhalants, not just because of their toxicity and ability to cause sudden sniffing death, but because we now have clear evidence that early use of inhalants sets the very young up for major problems in later life."

Inhalants are easily accessible to adolescents and easy to conceal. "The survey data show that youth aged 12 or 13 were more likely to use inhalants than marijuana in the past year," stated SAMHSA Administrator Charles Curie. The most popular product categories for inhaling were glue, shoe polish, and toluene (found in household cleaners, nail polish, and paint thinner). The National Institute on Drug Abuse (NIDA) points to a recent study finding that toluene produces euphoria through the same mechanism that promotes euphoria in drugs such as cocaine, amphetamine or PCP.

Nora Volkow, MD, Director of NIDA, warned that "even in an otherwise healthy person, a single session of abusing concentrated amounts of certain inhalants can lower oxygen levels enough to cause asphyxiation or disrupt heart rhythms and cause death from cardiac arrest."

Recent NIDA-funded research shows that about 60 percent of the adolescents who reported using inhalants during the past year also reported the use of more than one type of inhalant.

The resurgence of inhalants is becoming a frightening issue for parents to face. A new study on inhalants released at the press conference by the Partnership for Drug Free America, emphasized that parents do not know their children are inhaling and are not talking to their children about inhalants. The research shows that parents significantly underestimate the vulnerability of their children to inhalant use—only four percent of parents of sixth to eighth graders believe their child has tried inhalants while 22 percent of sixth to eighth graders report having tried them.

John Walters, Director of the White House Office of National Drug Control Policy, said, "While overall drug use among young people has declined substantially over the past three years, we must not lose our focus. Inhalant abuse remains a dangerous and potentially deadly behavior that parents need to be aware of. We encourage all parents to learn the signs of inhalant abuse and to monitor their teens."

Grants are helping states and communities make a difference, while alerting the public of the fatal effects of inhalant use. SAMHSA's Strategic Prevention Framework grants, Drug Free Community grants, and NIDA's funded research programs are tools that can help track adolescent inhalant use and produce a solution to stop it.

For more information on SAMHSA grants visit www.samhsa.gov/grants/2005/grants.aspx. For more information on inhalants visit www.inhalants.org, www.oas.samhsa.gov, www.drugfreeamerica.org or www.inhalants.drugabuse.gov.

Challenges and Opportunities: What You Need to Know about Suicidal Clients

By Paul Quinnett, PhD, and Ben Camp, MEd

Your client has just told you that he has been feeling suicidal. To make it interesting, he told you in a group session with eight other people present. Another client in group says, “I think about suicide all the time. In fact, I’ve tried it twice.” Panic has not set in, but as you formulate your intervention, you are thinking, “They didn’t teach me how to deal with this in counselor training!”

While it doesn’t help, you are not alone. Deutsch (1984) and Faber (1983b) both found suicidal clients to be at the top of the stress list for counselors. Yet recent surveys of training programs finds a virtual absence of specific training in how to deal with, let alone assess and manage, suicidal clients. Now research is showing that addictive disorders are major contributors to suicidal behavior. Consider the following:

- Addictive disorder and actual intoxication are among the greatest predictors [of suicide] (Moscicki, 1997, pgs. 499–517).
- Estimates place substance use disorder as a factor in almost 60 percent of completed suicides and alcoholics may constitute as much as 25–43 percent of all suicides (Henriksson et al., 1993; Murphy and Wetzel, 1990).
- For people with substance use disorders, the incidence of suicide is 20 times greater than the general population (Blumenthal 1988).

As a major public health problem, approximately 30,000 Americans die by suicide each year. Another 650,000 receive emergency care after attempting suicide. Most of these attempts and deaths occur while people are under the influence.

How many of us entered this field expecting to work with suicidal clients? Isn’t suicide a mental health problem? Not any more. Recent research finds suicidal behavior is more closely associated with substance abuse than other mental disorders. And yet, systematic training in the assessment and management of suicidal behavior is virtually nonexistent.

The Surgeon General’s 2001 National Strategy for Suicide Prevention: Goals and Objectives for Action calls for action to correct this problem. Goal 6 asks for, “training for all health, mental health, substance abuse and human services professionals concerning suicide risk assessment and recognition, treatment, management, and aftercare interventions.” As suicide is now the most preventable cause of death in America, substance abuse counselors have a key role to play.

This major gap between professional practice expectations and counselor training programs has recently been addressed by Eastern Washington University, School of

Social Work, Alcohol/Drug Studies Program, the Division of Educational Outreach and the QPR Institute. Working together, curriculum deficits have been addressed with the provision of course work targeted to the needs of addiction counselors, both in the classroom setting and via blended online courses. This life-saving training is now available nationally. NAADAC has embraced these efforts and, by special arrangement with EWU, the online basic QPR (Question, Persuade and Refer) Gatekeeper Training for Suicide Prevention course is available to NAADAC members.

These award-winning educational programs are considered “best practices” by the Joint Commission on the Accreditation of Health Care Organizations and also received the J.J. Negley Associates Presidents Award for Avoiding Suicide Malpractice. The risk assessment protocol has been highlighted as an example of best practices in the US Department of Health and Human Services (SAMHSA) Treatment Improvement Protocol (TIP) 42 “*Substance Abuse Treatment For Persons With Co-Occurring Disorders.*”

Ready or not, trained or not, comfortable or not, our suicidal clients are *our clients*. If we are to serve them well and keep them safe, we must enhance our competencies to help ensure their safety.

Additional course information is available at www.suicideprevention.ewu.edu. Dr. Paul Quinnett has also made his best-selling book entitled “Suicide: the Forever Decision” available for free download at www.qprinstitute.com.

Paul Quinnett, PhD, is President and CEO, The QPR Institute. Ben Camp, MEd, is Adjunct Faculty, Eastern Washington University School of Social Work and Alcohol/Drug Studies Program and Region 1 Representative for The Chemical Dependency Professionals of Washington State

In addition to a 10 Credit University-based Certificate Program, The Alcohol/Drug Studies Program at EWU provides the following online courses:

- **QPR Gatekeeper Training for Suicide Prevention** is a two-hour emergency mental health intervention that teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors.
- **QPR Suicide Triage Training Course** for all “first responders” and professionals who assess and refer suicidal persons including law enforcement officials, teachers, clergy and correctional personnel.
- **QPRT Suicide Risk Assessment and Training Course** for professionals who evaluate and treat suicidal persons including substance abuse counselors, social workers, and psychologists.

Native American Suicide Triage Training Course a basic introduction for suicide risk assessment with an emphasis on Native American populations.

Affiliate News

By *Donovan Kuehn, NAADAC News Editor and Jennifer Ayers, Past Assistant Director for Board, Member & Affiliate Services*



People register at the Alaska Annual School on Addiction Studies in Anchorage, Alaska.

success as Alaska garnered 15 new membership applications for the affiliate. NAADAC would like to thank **Traci Wiggins** and **Vacharee Howard** who have been integral to Alaska's re-involution.

Alaska

NAADAC's Northwest Regional Vice President, **Robert C. Richards**, MA, CADC II, NCAC II, reports that Alaska is revitalizing its affiliate and it used the Alaska Annual School on Addiction Studies as the venue for its work. Richards was the keynote speaker and apparently was quite a suc-

Arizona

AzAADAC President-Elect **Alice Kibby** will soon be taking over from current President **Elaine Calco Gray**, MA, LISAC. AzAADAC's members are working on preparations for their annual conference being held from August 11-14, 2005 at the Orangetree Golf Resort in Scottsdale, Arizona. **Cardwell C. Nuckols**, PhD will be presenting. Another conference coming up in Arizona is the 6th Annual Summer Institute, sponsored by the Pacific Southwest ATTC. The Summer Institute will be held on July 25-29, 2005 at the Hilton Resort in Sedona, Arizona. NAADAC Southwest Regional Vice President **Terri Kang**, NCAC II, says "you'll have to trust me when I say that it is a really GREAT place to have a conference!" **David Mee-Lee** is tentatively scheduled to speak at the Summer Institute.



Indiana Association for Addiction Professionals President Stewart Turner-Ball, MS, MAC, LMFT, LCSW, with conference speakers Dr. John M. Rathbun and NAADAC President-Elect Sharon Morgillo Freeman, PhD, APRN, MAC.



NAADAC's unofficial photographer and IAAP board member Kevin Large, LCSW, LMHC, MAC, SAP, at the IAAP inaugural meeting in Indianapolis, Indiana.

Information on the AzAADAC conference is available at the AzAADAC website at www.azaadac.org or contact 520/975-2724 or hamnett@earthlink.net. Information on the Summer Institute is at www.abhp.arizona.edu/Training/SummerInstitute2005.

Georgia

Cynthia Moreno Tuohy, NCAC II, CCDC III, Acting Executive Director and **Kathryn B. Benson**, LADC, NCAC II, NAADAC Secretary met with members of the Georgia Addiction Counselors Association (GACA) in March and April. They met with the Board of Directors to discuss the benefits of membership and affiliation with NAADAC; professional advancement through national membership and affiliation; advocacy at the national level; professional development through training; conferences and products; certification at a national level and technical assistance to states.

At the conclusion of the meeting, the Board of Directors requested technical assistance for its first "Strategic Thinking and Planning" exercise. Moreno Tuohy returned to Georgia to conduct this full day exercise that concluded with a plan setting priorities, tasks, accountability and timelines. The Georgia Board of Director's worked very diligently and felt very positive about their experience.

Hawaii

Ernest Paul Reese, Jr., 57, of Kailua, died March 30, 2005. He was born in Ellwood City, Pennsylvania and served as Past President of the Hawaii Association of Addiction and Drug Abuse Counselors. Reese was an assistance and recovery program coordinator for Operating Engineers, Local Union No. 3. Ernie was a significant force in helping to improve the efficacy of services for treating addiction in Hawaii. All will miss this all-around great guy.

Indiana

NAADAC President-Elect, **Sharon Morgillo Freeman**, PhD, APRN, MAC, reports that the Indiana Association for Addiction Professionals (IAAP) conference on April 30, 2005 in Indianapolis was an impressive inaugural conference for IAAP.

There were approximately 100 attendees and feedback from the participants was very positive. Dr. John M. Rathbun spoke in the morning session on Ethics Addiction while Dr. Freeman spoke on Pain Medication in the afternoon. Forest Labs sponsored the conference's lunch and the IAAP membership meeting was extremely active

and positive. **Donovan Kuehn** and **Jennifer Ayers** from NAADAC staff were pleased to attend the event.

Kentucky

Steve Durkee, SAP, President of the Kentucky Association of Addiction Professionals (KAAP) announced that KAAP's Annual Meeting will be held at noon on Thursday, July 21, 2005 at the Kentucky School of Alcohol and Other Drug Studies. All members are invited to bring their lunch and hear about KAAP's accomplishments and future plans.

The Kentucky School of Alcohol and Other Drug Studies will be held from July 17–22, 2005 at the Northern Kentucky University Campus in Highland Heights. For more information, contact Justina Keathley at 859/622-1227.

New York

Patricia Fazzino, one of NAADAC's 2003 Christopher Smithers scholarship winners, was recently elected President of the American College of Healthcare Executives (ACHE) Chapter at St. Joseph's College in Patchogue, New York. The ACHE is an international professional society of 30,000 healthcare executives who work in our nation's hospitals, healthcare systems and other healthcare organizations. Fazzino hopes to "engage students who are in health care administration and community health curriculums to become aware of health care issues such as health care delivery systems, employment trends, managed care, as well as the political arena surrounding health care management." She added, "In so doing I am able to raise addiction treatment awareness and advocate for AAPNY/NAADAC reinforcing that addiction professionals help facilitate recovery. I feel that this is a great venue whereby I can obtain knowledge about the challenges confronting health care executives today which will prepare me for my future role as an addiction health care administrator."

Edward Olsen, LMSW, CASAC, President of Association for Addiction Professionals of New York (AAPNY) encourages members from throughout the Northeast to attend their Annual Conference at the Holiday Inn Rochester (911 Brooks Avenue, Rochester) from June 16–18, 2005.

South Dakota

In April, NAADAC Director of Government Relations **Jonathan Westin** spoke at a meeting of the South Dakota Chemical Dependency Association (CDA). Westin also had a chance to meet with students from the University of South Dakota. After these meetings, Westin felt very optimistic about the future of addiction professionals in South Dakota.

RVP Elections

NAADAC is holding elections for Regional Vice Presidents in the Mid-Central, North Central and South-west Regions. The Mid-Central Region includes the following states: Wisconsin, Illinois, Indiana, Kentucky, Michigan and Ohio. The North Central Region includes: Minnesota, North Dakota, South Dakota, Nebraska, Kansas, Iowa, and Missouri. The Southwest region includes: California, Nevada, Utah, Arizona, Colorado and New Mexico. For the first time ever, RVPs will be elected by members residing in each region.

Details about the election are available by contacting the NAADAC office at 800/548-0497 ext. 125 or visiting www.naadac.org. Winners will be seated after the NAADAC Board of Directors meeting on July 8, 2005.

Special Southeast Election

Members of the Southeast Region are electing a new Regional Vice President, since **H.E. Salmon** elected this year, from Georgia had to resign due to health reasons. The winner will be seated by the Executive Committee. The Executive Committee wishes to thank H.E. Salmon for his dedication and wishes him well.

NAADAC Conference Survey

In an on-going effort to improve NAADAC's Conferences, the NAADAC Conference Advisory Committee has initiated a survey to ensure our conferences best reflect the needs of NAADAC members. Please fill out the information below and return it to:

NAADAC Conference Advisory
Committee
901 N. Washington Street, Suite 600
Alexandria, VA 22314
or fax responses to: 800/377-1136

Please rank the following for importance in choosing to attend a major conference (beginning with a 1 for "most important" and 5 being "least important"):

- A. Convenient to airport
- B. Price
- C. Things to do nearby (walking distance)
- D. Amenities in the hotel (like email in rooms, restaurant in hotel)
- E. Location (city chosen is interesting)
- F. How far I have to travel to get there
- G. Timing during the week (check most convenient)
 - 1) weekday
 - 2) weekend or
 - 3) combined weekday/weekend

Please add additional comments or concerns in the space below (use additional sheets as necessary):

The survey is also available on-line at www.hostedsurvey.com/takesurvey.asp?c-SampleEvent12 or visit the NAADAC website at www.naadac.org

Appropriations Takes Center Stage in Washington

By Jonathan Westin, MPA, NAADAC Director of Government Relations

Congress is currently knee-deep in developing the government budget. NAADAC is in the trenches working with legislators, advocates and fellow stakeholders trying to educate legislators on NAADAC's issues, working to prevent any funding cuts and fighting for needed increases in funding for addictive disorder prevention and treatment.

This year, overall funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) was reduced by \$56 million. In testimony before Congress in late April, SAMHSA Administrator Charles Curie cited progress on several fronts regarding addictive disorders. Most notably, he discussed the implementation of the Access to Recovery (ATR) program which is empowered with a mission to increase capacity and access to faith-based rehabilitation programs. The program's objective is to allow individuals in need of substance abuse treatment to receive vouchers to pay for their treatment. President George Bush is asking for a 50 percent increase in funding for the ATR initiative (an additional \$50 million) an aggressive request for a program where there has been heightened concern over the licensing and credentialing of providers and professionals who are involved with this initiative.

The NAADAC Public Policy Committee's objectives for this new substance abuse treatment program are based on three principles: 1) consumer choice 2) use of a results-oriented curriculum that will utilize individual treatment by licensed and/or certified professionals and 3) increased capacity for people to be treated in the community. NAADAC, along with Therapeutic Communities of America (TCA), submitted language that was approved by legislators that called for state licensing and/or certification of addiction professionals. This was meant to ensure that evidence-based practices are being utilized by all professionals who have access to government funding.

Administrator Curie also discussed the National Outcomes Measures and the State Outcomes Measurement and Management System (SOMMS). SOMMS is model of things to come as more providers and professionals will be asked to collect outcomes data that can be used to track the success of best practices. There are ten key domains regarding addiction and they include:

1. Abstinence from drug/alcohol abuse
2. Increased employment or school enrollment
3. Decreased involvement in the criminal justice system
4. Increased stability in housing
5. Increased access to services
6. Increased retention
7. Increased social connectedness
8. Client perception of care
9. Effectiveness of services
10. Use of evidence-based practices

These ten outcomes could very well form the core principles of SAMHSA's Reauthorization (reauthorization is Con-

gress allowing a government program or organization continue to exist or function). Though no plan has been released as of yet, SAMHSA's current authorization expired in December of 2003.

A telling sign that workforce development is emerging as a crucial issue was a question posed to Administrator Curie by Representative Don Sherwood (R-Pennsylvania). The Appropriations Committee member inquired about how improvements can be made in addiction services without a comprehensive workforce development action agenda developed. Mr. Curie answered that a plan is indeed being developed and will be released in the near future. NAADAC is understandably eager to see such a plan and looks forward to working together with SAMHSA and other allies to ensure that a program is set in place.

The Health Professionals Substance Abuse Education Act

While NAADAC's Leadership Summit/Advocacy in Action! Day activities were underway, a key champion of addictive disorder issues, Senator Joseph Biden (D-Delaware) and Representative Patrick J. Kennedy (D-Rhode Island), introduced the Health Professionals Substance Abuse Education Act. The Health Professionals Substance Abuse Education Act seeks to educate health professionals to recognize signs of addictive disorders during visits with their patients and refer those clients to addiction professionals for proper treatment. The legislation also seeks to provide technical assistance to help professionals assess alcohol and other drug use in children and youth and to build an infrastructure to train health care professionals about substance abuse and its impact on families. Most importantly, the legislation asks the Health and Human Services (HHS) Secretary to encourage community colleges and other academic institutions to recognize classes offered to substance abuse counselors through the Addiction Technology Treatment Centers (ATTCs) for academic credit.

The bill's three pillars would go a long way in raising awareness among primary care professionals about addictive disorders. The legislation calls for:

1. \$9 million in grants to the Association for Medical Education and Research in Substance Abuse (AMERSA) to provide training for health professionals to recognize substance abuse in their patients and family members and to intervene, treat or refer for treatment both minors and adults for proper services.
2. \$6 million to establish a Substance Abuse Faculty Fellowship program to fund 50 percent of the salary of educators at eligible educational institutions for up to five years. These "educators" are to devote a substantial number of teaching hours to substance abuse courses (as part of both required and elective courses) and to incorporate substance abuse issues into required courses at the institution.

3. The Secretary of Health and Human Services (HHS) to establish centers of excellence at medical centers or universities throughout the United States. One of the key purposes of these “Centers of Excellence” would be to develop collaborative opportunities around curriculum development, clinical practice, research and policy analysis. The legislation would allot \$6 million for this initiative.

The Health Professionals Substance Abuse Education Act shows that addictive disorders are a part of the integral role of services in the public health continuum. This legislation, which is geared toward educating addiction counselors and increasing education pathways for providers, is a crucial step as NAADAC moves forward in seeking innovative solutions that will lead to a pro-active national workforce development strategy.

A Guide to Making the Federal Budget

The Budget and Appropriations Process for each Fiscal Year is a complex one, but it has several key stages that it goes through:

- **First week of February:** Budget is introduced by the President. Termed the “Budget Request,” the document is deliberated by Congress.
- **Spring:** Congress begins hearings on the President’s Budget and, under the auspices of both the House and Senate Budget Committees, constructs its own plan known as the “Budget Resolution.” This roadmap, which has a dollar figure attached to it, represents a game plan for spending guidelines throughout the year. (For example, this year’s guideline is \$2.56 trillion dollars).
- **Spring/Summer:** Both House and Senate Appropriations Committees (and their respective subcommittees) hold hearings used to assess the budget and determine whether or not the programs are functional and deserving of an increase, decrease, or elimination of all funding.
- **Summer:** House and Senate pass separate plans first at the subcommittee level, then before the full committee. This year there are expected to be ten separate appropriations bills passed and approved by the President. (In previous years, prior to a recent consolidation, there have been 13 bills).
- **Fall:** House and Senate approve measures, but since they are not identical, a conference is formed between the House and the Senate to iron out differences. The final bill is voted on by each chamber and if passed, the ten appropriations bills are signed separately by the President. The fiscal budget for the year ends September 30.
- **Fall/Winter:** In recent years, Appropriations legislation has been delayed due to a variety of reasons. Therefore, some of the ten bills for this year stand a strong likelihood of being combined or merged into what is termed an omnibus. This combination is then signed into law by the President. (Please note that fiscal year Spending Bills for 2003, 2004, and 2005 have all been omnibus bills.)



NALGAP Corner

By *Joseph M. Amico, M.Div, CAS, LISAC,*
NALGAP President

The National Association of Lesbian and Gay Addiction Professionals (NALGAP) is a membership organization founded in 1979 and dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, transgender communities. NALGAP provides information, training, networking, advocacy, and support for addiction professionals, individuals in recovery and others concerned about LGBT (Lesbian Gay Bisexual Transgendered) health. In accordance with its mission, NALGAP confronts all forms of oppression and discriminatory practices in the delivery of services to all people and advocates for programs and services that affirm all genders and sexual orientations.

Fall is a popular time for conferences and workshops. The NALGAP board and members will be busy this fall assisting other counselors to understand the special needs of LGBT clients. If you need some CEUs, want to learn more about GLBT issues, or just want to connect with NALGAP members, here are some of the places you can hear NALGAP members speaking:

- **June 18:** Joe Amico will be presenting on “The Quadruple Diagnosis in Gay Men: Depression, Substance Abuse, Sexual Compulsivity and HIV” at the 11th Annual Lesbian and Gay Psychotherapy Association Conference in West Hollywood, California.
- **July 10–15:** Cheryl Reese is on the faculty for the Rutgers Institute of Alcohol and Drug Studies, at Rutgers State University, New Jersey.

- **July 20:** Edwin Hackney will conduct a one-day workshop on Treating LGBT Clients at the Kentucky Summer School of Alcohol & Other Drug Studies, Northern KY University, Highland Heights, Kentucky.
- **July 22:** Ralph Rynes is doing a one day workshop on HIV—The Alcohol and Other Drug Connection for South Carolina’s 301 commissions.
- **August 11:** Nancy Kennedy and Rodger L. Beatty will be presenting a repeating 90 minute workshop at the Wisconsin State Drug and Alcohol Prevention Conference in Wisconsin Falls. “Where are we headed? It’s enough to drive you to drink: LGBT Substance Abuse Prevention.” This session will expose participants to a 50-year history on the role and use of alcohol and tobacco in the lesbian and gay community.
- **September 20–22:** Cheryl Reese, Joe Neisen, and Joe Amico will present a plenary at the Gay and Lesbian Medical Association in Montreal, Quebec.
- **September 29–October 2:** Dana Finnegan, Emily McNally, Cheryl Reese and Joe Amico will be presenting at the Cape Cod Symposium on Addictive Disorders, Hyannis, Massachusetts.
- **October 6–9:** NALGAP Organizational Members New Leaf Services for Our Community in San Francisco and Alternatives, Inc. of Los Angeles will offer workshops at CAADAC’s 24th Annual Conference in Sacramento, California.
- **November 30–December 1:** SECAD will once again host the Annual NALGAP “Conference Within a Conference in Atlanta, Georgia.”

For more information on these offerings and NALGAP resources, visit our website at www.nalgap.org.

Join NAADAC Today—Reap Benefits Tomorrow!



NAADAC

THE ASSOCIATION FOR ADDICTION PROFESSIONALS

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 Fax 800/377-1136 • 703/741-7698
 www.naadac.org

“For more than 30 years, NAADAC has been the leading advocate for the addiction professional. With your support as a member we can continue to uphold our association’s mission to developing leaders committed to the unification, regeneration, and growth of the addiction profession.”

—Mary Woods, RNC, LADC, MSHS, President

NAADAC NEW MEMBER APPLICATION

PLEASE PRINT CLEARLY.

MEMBER INFORMATION Ms. Mr. Dr.

NAME _____

HOME or WORK ADDRESS (preferred address for all association mailings)

CITY/STATE/ZIP _____

*E-MAIL (E-mail address is required to receive NAADAC's bi-monthly newsletter, NAADAC News.)

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

WORK PHONE _____

HOME PHONE _____

FAX _____

NAADAC RECRUITER'S NAME AND MEMBER # (not required for membership)

MAIL YOUR APPLICATION WITH CHECK TO:
 NAADAC

901 N. Washington Street, Suite 600
 Alexandria, VA 22314-1535

FAX YOUR APPLICATION WITH CREDIT CARD INFORMATION TO:
 800/377-1136 or 703/741-7698

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.

MEMBERSHIP CATEGORY RATE (see rates below) \$ _____

NAADAC PAC CONTRIBUTION** (optional)

\$50 \$100 \$200 \$300 Other \$ _____ \$ _____

Total Amount Enclosed \$ _____

**If you are paying NAADAC dues by company check, you must enclose a SEPARATE PERSONAL check, made payable to NAADAC PAC. Contributions to the NAADAC PAC are optional and are not tax-deductible.

PAYMENT INFORMATION

Check (payable to NAADAC) VISA MasterCard American Express

CREDIT CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

Please send me more information.

DUES RATES	Student (Proof of status MUST accompany application)		DUES RATES	Student (Proof of status MUST accompany application)		DUES RATES	Student (Proof of status MUST accompany application)	
	Full			Full			Full	
Alabama:	\$110	\$57.50	Maine:	\$115	\$50	Oregon:	\$120	\$67.50
Alaska:	\$120	\$67.50	Maryland:	\$125	\$62.50	Pennsylvania:	\$110	\$57.50
Arizona:	\$120	\$47.50	Massachusetts:	\$130	\$54.50	Rhode Island:	\$125	\$57.50
*Arkansas:	\$85	\$42.50	Michigan:	\$140	\$60.50	South Carolina:	\$120	\$52.50
California:	\$210	\$67.50	*Minnesota:	\$85	\$42.50	South Dakota:	\$110	\$52.50
Colorado:	\$135	\$57.50	Mississippi:	\$130	\$65	Tennessee:	\$105	\$42.50
Connecticut:	\$135	\$57.50	Missouri:	\$98	\$40	Texas:	\$145	\$62.50
Delaware:	\$80	\$50	Montana:	\$115	\$47.50	Utah:	\$130	\$57.50
District of Columbia:	\$135	\$57.50	Nebraska:	\$117	\$54.50	Vermont:	\$135	\$62.50
Florida:	\$135	\$57.50	Nevada (Las Vegas Chapter): ...	\$110	\$57.50	Virginia:	\$135	\$52.50
Georgia:	\$145	\$62.50	Nevada (Northern Chapter): ...	\$120	\$52.50	Washington:	\$125	\$42.50
Hawaii:	\$105	\$42.50	New Hampshire:	\$115	\$47.50	West Virginia:	\$120	\$50
Idaho:	\$110	\$42.50	New Jersey:	\$135	\$52.50	Wisconsin:	\$125	\$42.50
Illinois:	\$115	\$47.50	New Mexico:	\$115	\$47.50	Wyoming:	\$125	\$72.50
Indiana:	\$135	\$67.50	New York:	\$145	\$62.50	Other:	\$85	Not available
Iowa:	\$115	\$47.50	North Carolina:	\$120	\$49.50			
Kansas:	\$110	\$57.50	North Dakota:	\$115	\$52.50			
Kentucky:	\$110	\$47.50	Ohio:	\$120	\$57.50			
*Louisiana:	\$85	\$42.50	*Oklahoma:	\$85	\$42.50			

*State affiliate membership not available in Arkansas, Louisiana, Minnesota and Oklahoma.

Dues subject to change without notice. 6/05

\$20 of your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 20% of dues payment is not deductible as a business expense because of NAADAC's lobbying activities on behalf of members. Dual membership required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 4-6 weeks for initial receipt of publications. Membership in NAADAC is not refundable. From time to time, we share our members' postal addresses with other companies who provide services that we feel are a benefit to the addiction professional. We carefully screen these companies and their offers to ensure that they are appropriate and useful for you. NN06/05

JOIN ONLINE AT WWW.NAADAC.ORG

Ohio Tackles the Workforce Issue

By Donovan Kuehn, NAADAC News Editor

On April 26, 2005 clinicians, managers and others working in the addiction profession gathered in Columbus, Ohio for the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) Spring Directors' Meeting, focusing on Workforce Development issues. Guest speakers included NAADAC Acting Executive Director, Cynthia Moreno Tuohy, NCAC II, CCDC III, and Angela Warner, Executive Director of the Institute for Professional Development in the Addictions.

The Spring Directors' Meeting focused on workforce development in conjunction with the congressionally funded Ohio Workforce Development Center. The Ohio Workforce Development Center is a joint project of NAADAC, The Association for Addiction Professionals, the Ohio Association of Alcohol and Drug Abuse Counselors (OAAADAC) and the Ohio Council for Behavioral Healthcare Providers. The Workforce Development Center was made possible by the first phase of funding for the Workforce Project appropriation established by Congress. Congressional support for the funding is directly attributable to hard work from Senators George Voinovich and Mike DeWine and Representatives Ralph Regula, David Hobson and Deborah Pryce, all from Ohio. Hope Taft, Ohio's First Lady, was also instrumental in the project's creation.

Participants included frontline treatment professionals, treatment providers, prevention specialists, educational institutions, the Ohio Certification Board and the Office of the Director of the Ohio Department of Alcohol and Drug Abuse Services (ODADAS). The Spring Directors' Meeting offered a national perspective on the workforce crisis and SAMHSA's agenda for addressing the issue at a federal level.

The Spring Directors' Meeting aimed to produce practical solutions to some of the major issues within the workforce crisis: particularly education and credentialing. With the passage of Ohio's addictions counseling licensure law on July



NAADAC Acting Executive Director, Cynthia Moreno Tuohy, NCAC II, CCDC III, addresses the ODADAS Spring Directors' Conference in Columbus. John Lisy, LISW, LPCC, CCDC III-E, NAADAC member and Director of Shaker Heights Youth Center also spoke at the Conference.

1, 2004, there is an even greater need for counselors' professional development. Participants discussed the licensure process, challenges in the workforce, new educational opportunities and the future trends in the addiction profession.

Workforce Development Project Priorities for 2005–06

- Web-site development, completion of the project with ORN
- Completion of prevention survey and response
- Higher education project with licensure board
- Retention issues—a small tangible project—possibly supervision
- National conference
- Brochure

Ohio Workforce Resources Center

The Center has assembled a Workforce Development Team that represents all segments of the addictions prevention and treatment community. Participation from all segments of the addictions community is essential for the development of a comprehensive response to the looming workforce crisis.

Member Organization

NAADAC, The Association of Addiction Professionals
Ohio Association of Alcoholism and Drug Abuse Counselors
The Ohio Council of Behavioral Healthcare Providers
Ohio Department of Alcohol and Drug Addiction Services
The University of Cincinnati/Ohio Resource Network
The Ohio Chemical Dependency Professionals Board
Alcohol and Drug Abuse Prevention Association of Ohio
Ohio Association of County Behavioral Healthcare Authorities

Represents

Direct service professionals
Direct service professionals
Provider agencies
Ohio Single State Authority
Higher Education
Licensing Board
Prevention providers
County Boards

- As a pilot project, the Ohio Alcohol and Other Drug Workforce Resource Center will generate unprecedented access to career development materials and activities for Ohio's addictions counselors and prevention professionals. Specifically, this Center will target frontline and beginning counselors and will support them as they pursue their professional goals.
- Conferences will provide Ohio addiction professionals with education and training opportunities, networking and mentoring and will include a job fair that facilitates recruitment of new members to this field, attracting individuals at both the undergraduate and graduate levels. Such conferences will also assist faith-based organizations and other private sector groups that need addiction professionals and will benefit from the exposure offered in such an environment.
- A recent survey of NAADAC members showed that a substantial number of counselors with less than four years' experience still have no access to in-service training and Internet resources, suggesting that the Center's combination of hands-on and Internet-based career development activities is critically necessary.
- The Center will also respond to the need to increase ethnic diversity within the alcohol and other drug workforce in Ohio and to ensure that materials are culturally relevant and readily accessible.
- There are approximately 67,000 substance use disorder professionals nationwide, representing a wide array of backgrounds, including nursing, psychology, social work, counseling, and individuals in recovery. Some addiction professionals have no college degree at all; others have associate, baccalaureate, masters or doctoral degrees. There are great differences in the level of specialized training these professionals receive and their licensing/certification status. The Workforce Resource Center will be developed with the understanding that there are multiple paths an individual can pursue to become an addiction professional.

2005 UPCOMING EVENTS

- May 31** **Ballots mailed for the NAADAC North Central, Mid-Central and Southwest Regional Vice President Elections.**
More details at www.naadac.org or call 800/548-0497.
- June 17** **Final date for valid ballots to be returned for the NAADAC North Central, Mid-Central and Southwest Regional Vice President Elections.**
More details at www.naadac.org or call 800/548-0497.
- July 6-7** **NAADAC Executive Committee Meeting**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
More details at www.naadac.org or call 800/548-0497.
- July 6-7** **NAADAC National Certification Commission Meeting**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
More details at www.naadac.org or call 800/548-0497.
- July 7** **NAADAC Membership Meeting**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
More details at www.naadac.org or call 800/548-0497.
- July 7** **NAADAC Regional Caucuses**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
More details at www.naadac.org or call 800/548-0497.
- July 7-9** **NAADAC and TAAP Co-Host Conference "Catch the Wave to Corpus II: The Sequel!"**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
Earn over 25 CEU credits. Book your room at the Omni Marina Hotel by June 15, 2005 for only \$89 per night. Call 361/887-1600; mention "TAAP" when making your reservation.
More details at www.taap.org or at www.naadac.org
- July 8** **NAADAC/TAAP Presidents' Dinner**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
More details at www.naadac.org or call 800/548-0497.
- July 8** **NAADAC Board of Directors Meeting**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
More details at www.naadac.org or call 800/548-0497.
- July 9** **NAADAC PAC Reception**
Omni Marina Hotel and Conference Center, Corpus Christi, Texas
Food, Entertainment and a vast array of auction items await! PAC tickets are \$35.00.*
*Please note that PAC tickets are not tax deductible.
More details at www.naadac.org or call 800/548-0497.
- July 30** **NCAC I/ NCAC II/ MAC Exam Date**
More details at www.ptcny.com
- September 29- October 2** **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, please call 800/314-1921 ext. 10 or mail to AMEDCO, PO Box 17980, St. Paul, MN 55117.
Check www.ccsad.com for more information.
- September 29- October 2** **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.
- September 20** **National Counselor's Day.** September is Counselor's Month. Join NAADAC in organizing an event on the 20th or organize your own local event. Recognize the hard work all counselors do!
More details at www.naadac.org or call 800/548-0497.
- September 30** **NCAC I/ NCAC II/ MAC Application Deadline**
More details at www.ptcny.com
- October 6-9** **NALGAP Regional Meeting**
Held in conjunction with CAADAC's 24th Annual Conference Sacramento, California
More details at www.caadac.org/annualconference.htm or www.nalgap.org
- November 19** **NCAC I/ NCAC II/ MAC Exam Date**
More details at www.ptcny.com
- November 30- December 1** **NALGAP Annual Conference Within a Conference Held in conjunction with SECAD 2005**
Sheraton Atlanta Hotel, Atlanta, GA
More information at www.naatp.org/secad or www.nalgap.org

Have an event we should know about?
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