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# NAADAC NEWS

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

Vol. 16, No. 3, August 2006

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National Alcohol  
& Drug Addiction  
*Recovery Month*  
september 2006

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## Editor's Note

I started my internship with NAADAC at the end of May with little to no knowledge of this organization or the addiction field in general. What caught my eye about this internship was that it involved public relations and marketing, which I am studying at college, and it dealt with public health, an issue I have always cared about.

I have learned a lot about the addiction professional community during my time here at NAADAC and I admire all the work that you professionals are doing for those with addiction problems and all the work that NAADAC does for you members.

Most of the knowledge I have gained during my time here has been very insightful to me and I am presenting everything I have learned in this issue of the **NAADAC News**. I hope you find these topics as fascinating as I did!

Thank you for this opportunity to serve as a guest editor! I would also like to thank Donovan Kuehn for taking me under his wing and further exposing me to the exciting world of public relations.

Anh Nguyen  
Public Relations Intern and Guest Editor

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(updated 7/24/06)

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## Framing the Message

### Terminology Shapes How the Addiction Profession is Perceived

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

*“Language exerts hidden power, like a moon on the tides.”*

– Rita Mae Brown  
author and social activist

Anyone who is new to the addiction profession encounters an almost mind-numbing number of phrases that describe the disease we treat: “substance abuse,” “chemical dependency” and “addiction,” to name a few. However, one of the terms that we use has given me cause for concern.

Addiction professionals prescribe to the belief that addiction is a brain disease that can be identified at the cellular level. People in our profession also realize that the brain and the body work in conjunction with each other. All chronic illnesses: diabetes, heart disease, arthritis, etc. have a “behavioral” component to them and require some type of behavioral treatment interventions. Access to appropriate treatment in a caring, highly confidential and nonjudgmental environment is essential for long-term recovery.

More and more, “behavioral health” has been used as a comprehensive term to include addiction. Historically, behavioral health has been a term used to describe what has long been known as mental health. A shift to behavioral health took place for two reasons.

First, behavioral health was adopted to address the often negative reaction people had to the word “mental.” Second, the term was adopted to broaden the discussion of these issues to include the habits, emotions, behaviors and choices which often reflect our mental health. The term “mental” was not only loaded with negative connotations, it also implied that the scope was limited to the function of the brain. Stigma around mental health is still a serious issue and a limitation for people who may otherwise benefit from treatment.

For mental health practitioners, behavioral health is a more holistic approach




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*...this can support  
the notion that  
if a person  
merely changes  
his or her behavior,  
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mental illness will  
disappear.*

---

to the relationship between our physical health and our environment. It implies that how we act and behave in the world is not limited to a single organ: the brain. Behavioral health involves a greater appreciation for how the world shapes and influences our behavior as well as how our behavior influences the world around us.

Recognizing these facts, I have grave concerns with the concept of “behavioral health” as it increasingly is used when speaking of addiction.

The concept of addiction and mental illness as “behavioral health” is part of the stigmatization that results in inadequate healthcare options and coverage. Choosing this term can support the notion that if a person merely changes his or her behavior, then the addiction or mental illness will disappear. This is an opinion that simply isn’t borne out by the facts.

As addiction professionals, we need to be focusing on the compulsion to use substances, the concept of the reward deficiency syndrome in the brain and the biology of cravings. When we focus on the drugs and/or alcohol, we continue to reinforce the problem and not the solution.

Addiction professionals need to change the conversation around “behavioral health” to become a discussion of the brain disease that responds to biological, spiritual and behavioral treatment interventions. There is no magic bullet, no one size fits all approach to the treatment of any chronic illness. Chronic illness—by definition—suggests life long treatment, access to treatment during times of increased symptoms and a continuous monitoring of the illness and the patient. Imagine if we capped diabetes treatment to one inpatient visit or limited the treatment of vascular or heart disease. But these are realities faced by those who are being treated for their addictions.

We need to advocate for the body to be treated as a whole entity and not have brain illnesses be treated in isolation from the rest of the body. I invite you in joining me in changing the conversation.

*My thanks to Paul Potter for his contribution to this column.*

**Source:** Managing Managed Care, Institute of Medicine, 1997.

## Will They Stay or Will They Go? Looking at Voluntary vs. Involuntary Treatment

By Anh Nguyen, Public Relations Intern

Many have argued that in order for treatment to be effective, one must want to get better or have the internal motivation to do so. Others have said that people must be compelled into treatment; with the criminal justice system serving as an obvious example of involuntary treatment to overcome addiction.

But what do the studies say? Even with scientific studies, the answer still is not straightforward.

A study published in the *American Journal of Drug and Alcohol Use* March 1993, showed that the level of coercion had no effect on the effectiveness of treatment. The people in this study were in methadone maintenance programs in six southern California counties. The subjects were divided between three levels of legal coercion: high, moderate and low. The high level consisted of those who entered treatment because of legal coercion and had official, legal supervision while undergoing treatment. The moderate level consisted of those who either entered treatment because of legal coercion or had official, legal supervision while undergoing treatment, but not both. Low level consisted of those who enter treatment voluntarily and supervised themselves voluntarily.

The results of this study had no significant difference between the three groups. The high level group had a

slightly longer pre-treatment addiction period with an average of eight years compared to the five years from the other two groups. Those in the high level group also remained in treatment during their first admission slightly longer with an average of 23 months compared to the 19 month average from the moderate group and the 20 month average of the low level group. Also, after these subjects were first discharged from treatment, 36 percent of the high level returned to methadone maintenance while the moderate group had an average return rate of 32 percent and the low level group averaged a 31 percent return rate. While there is a difference, it is not a large variance.

Another study published in the January 2004 *Journal of Substance Abuse Treatment* showed that legal coercion was more beneficial than voluntarily seeking treatment. The study looked at people with addictions to various types of drugs and alcohol. Those who were legally forced to seek treatment were three times more likely to engage in behavior that was recovery-oriented a month prior to their admission. The study also showed that those who entered treatment more prepared had more positive outcomes from treatment.

An article in the 1998 *Psychology of Addictive Behaviors* analyzed numerous research literatures on the effectiveness of drug treatment. The article concluded that having the legal system force people into treatment has been effective in reducing drug abuse. It also concluded that the longer one spends in treatment, the more effective treatment will be.

Another article published in the June 1998 *Federal Probation* reviewed 11 studies dated from 1976 to 1996 on the effectiveness of coerced treatment. Of the 11 studies, five showed a positive relationship between legal coercion and the outcome of treatment, four showed no difference, and two showed a negative relationship.

So what can be said about the effectiveness of voluntary and involuntary treatment? It seems as though the majority of the studies examined for this article indicate that legal coercion is effective in treating people for substance abuse.

Although, some of these studies that had no difference in effectiveness indicated there must be some outside, unaccounted variable that influences the outcome of treatment. Race, gender, living environment, economic background, type of addiction and other variables can all affect the effectiveness of treatment. The majority of these studies did not keep the addictive substance constant with all its subjects and some substances can be more addictive than others which will affect the effectiveness of treatment.

Most importantly, it does not matter how people find their way to enter treatment, but rather the fact that they are seeking treatment, whatever their motivation.



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## Recovery Month 2006

By Donovan Kuehn, NAADAC Director of Outreach and Marketing



The 17th annual National Alcohol and Drug Addiction Recovery Month (Recovery Month) will

be held in September 2006 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.

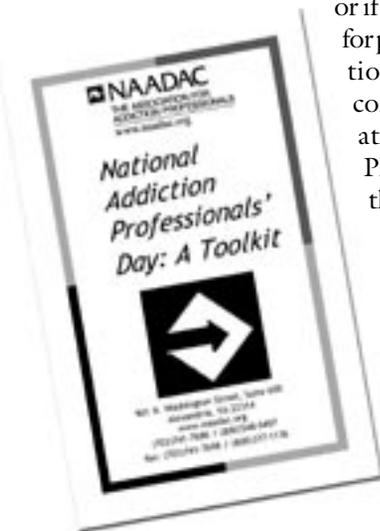
Please visit [www.recoverymonth.gov](http://www.recoverymonth.gov) or [www.naadac.org](http://www.naadac.org) for more information.

### National Addiction Professionals' Day September 20, 2006

The National Addiction Professionals' Day will be September 20, 2006, coinciding 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, 2006, 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.

To receive the **Addiction Professionals' Day Toolkit**, or if you'd like to share ideas for possible events on Addiction Professionals' Day, contact Donovan Kuehn at [dkuehn@naadac.org](mailto:dkuehn@naadac.org). Please put "AP Day" in the subject line.



NAADAC has developed a toolkit for Addiction Professionals' Day. To download a copy, visit [www.naadac.org](http://www.naadac.org) or call 1-800-548-0497.



### Join NAADAC for its 2006 Open House

Please plan to visit NAADAC's National Office in September as a part of the national celebration of Addiction Counselors' Day. The NAADAC office serves 11,000 addiction counselors throughout the United States and the world.

NAADAC Open House  
September 20, 2006, 10am to 2pm  
901 N. Washington Street, Suite 600  
Alexandria, VA 22314

Celebrating Addiction Professionals' Day: A Part of Recovery Month 2006

For more information, call 1-800-548-0497, or send an e-mail to [naadac@naadac.org](mailto:naadac@naadac.org) (Please put "Open House" in the subject line) or visit [www.naadac.org](http://www.naadac.org).

### Share Your Story for 2007 Recovery Month

By Anh Nguyen, Public Relations Intern

Recovery Month is quickly approaching as September is only a month away. However, planning for Recovery Month 2007 is already under way.

Sharing personal stories of successful recoveries is a powerful way to celebrate National Alcohol and Drug Addiction Recovery Month in September 2007. Personal stories of recovery can give hope to the millions out there who are trying to overcome this disease.

If you would like to submit a story about recovery from a substance use disorder (about yourself, a friend, a family member or colleague recovery), the story should:

- 1) Be very brief—no more than a short paragraph in length.
- 2) Include a photo of good quality—high resolution with a close-up of the person's face. (Preferred: Electronic files such as jpg, tif or eps; or hard-copies must be 35mm film or equivalent. We cannot accept photos embedded in a Word file) Also, if photo includes more than one person, please indicate which person is you.

Please send your story and photo to:  
NAADAC Public Relations  
901 N. Washington Street, Suite 600  
Alexandria, VA 22314-1535  
Phone: 703-562-0212

E-mail: [naadac@naadac.org](mailto:naadac@naadac.org) (please put "Stories" in the subject line)

# NAADAC Annual Conference Goes to Sunny California

Join NAADAC in Burbank from September 28 to October 1, 2006

By Donovan Kuehn, NAADAC Director of Outreach and Marketing



NAADAC is pleased to be working with the California Association of Alcoholism & Drug Abuse Counselors (CAADAC) and the National Association of Lesbian and Gay Addiction Professionals (NALGAP) in co-hosting its Annual Conference in Burbank, Calif. from September 28 to October 1, 2006. The conference's theme: *Strengthening the Addiction Workforce: Building for the Future*, emphasizes the importance of Workforce Development to the future of the addiction profession.

By working together, CAADAC, NAADAC and NALGAP are able to bring the best nationally and locally recognized presenters to the conference. Innovative workshop sessions will offer over 23 continuing education credits. You'll be earning those credits at the four star Hilton Burbank Airport and Convention Center for an amazing room rate of only \$110 per night (\$159 for suites).

Specialized topics at the Annual Conference include:

- Clinical Supervision
- Co-Occurring Disorders
- Cybersex & Chemical Dependency
- Eating Disorders
- Ethics
- Workforce Development
- HIV/AIDS and Hepatitis C
- Pharmacologic Therapies
- Post Traumatic Stress Disorder
- Relapse and Recovery
- Special Populations
- Tobacco

The conference will also include 12 hours of special training for Substance Abuse Professionals who need to re-qualify under US Department of Transportation regulations (an additional fee of \$350 applies) and will offer special tracks for NALGAP, Workforce Development, International, Spiritual and Tobacco issues.

Don't miss this exciting educational opportunity. Earn your continuing education credits at the Annual Conference, and bring the family for some fun in the sun in California.

For more information, please visit [www.caadac.org](http://www.caadac.org) or [www.naadac.org](http://www.naadac.org), call 916-368-9412 or 1-800-548-0497 or e-mail [counselors@caadac.org](mailto:counselors@caadac.org) or [naadac@naadac.org](mailto:naadac@naadac.org) (please put "Annual Conference" in the subject line).

## SCHOLARSHIPS

Scholarships are available. Please visit [naadac.org](http://naadac.org) to download the scholarship application form. **All scholarship applications must be received 45 days before the first day of the conference (August 13, 2006).**

## Agenda at a Glance\*

### September 28, 2006 (Thursday)

- 7:30am–9:00pm Registration Open
- 8:30am–10:00am CAADAC/NAADAC/NALGAP Opening Plenary Session, **Dr. Ron Perkinson**
- 8:30am–10:00am Substance Abuse Professional Re-Qualification Course (DOT/SAP) *Separate Track/Additional fees will apply*
- 10:30am–12:00pm CAADAC/NAADAC/NALGAP Diversity Panel
- 10:30am–12:00pm DOT/SAP Re-Qualification, *cont.*
- 1:00pm–5:30pm Workshops
- 1:00pm–5:30pm DOT/SAP Re-Qualification, *cont.*
- 6:30pm–8:30pm Leadership Orientation and Certification/Licensure Presentation, **Mary Woods, Cynthia Moreno Tuohy and Shirley Beckett Mikell**
- 8:30pm–10:00pm NALGAP Reception with celebrity speaker.
- 7:00pm–9:00pm Workshops
- 9:00pm–10:00pm Optional 12 Step Meeting

### September 29, 2006 (Friday)

- 7:30am–8:00pm Registration Open
- 7:00am–8:00am Optional 12 Step Meeting
- 7:30am–5:30pm Exhibit Hall Open
- 8:30am–10:00am DOT/SAP Re-Qualification, *cont. from previous day*
- 8:30am–10:00am CAADAC/NAADAC/NALGAP Opening Plenary Session: Workforce Development, **Kathy Jett**
- 10:30am–2:00pm Workforce and Evidence Based Practices
- 10:30am–12:00pm DOT/SAP Re-Qualification, *cont.*
- 12:00pm–2:00pm CAADAC Membership Meeting Box Lunch
- 2:00pm–4:30pm Workshops
- 2:00pm–4:30pm DOT/SAP Re-Qualification, *cont.*
- 4:30pm–6:00pm NAADAC Coffee & Dessert Membership Meeting
- 7:00pm–9:30pm CAADAC/NAADAC Political Action Committee Reception

### September 30, 2006 (Saturday)

- 7:30am–7:00pm Registration Open
- 7:30am–5:00pm Exhibit Hall Open
- 8:30am–10:00am Plenary Session
- 10:30am–12:00pm Workshops
- 10:30am–5:00pm NAADAC Board of Directors Meeting
- 12:00pm–1:00pm NALGAP Membership Meeting
- 1:00pm–5:00pm Workshops
- 6:00pm–10:00pm CAADAC/NAADAC/NALGAP Annual Presidents' Dinner & Dance and Entertainment (*Optional black tie attire; theme is Hollywood*)

### October 1, 2006 (Sunday)

- 7:30am–1:30pm Registration Open
- 8:30am–10:30am Workshops
- 11:00am–1:00pm CAADAC/NAADAC/NALGAP Closing Plenary, **Willie Wolf**

\*schedule subject to change

## Registration Form

### CAADAC/NAADAC/NALGAP ANNUAL CONFERENCE September 28 to October 1, 2006 • Burbank, California

Please check your category below (if applicable)

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 NALGAP Member                 NAADAC Org. Member  
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### Conference Fees

Please check the appropriate rates below. Full conference fee *includes* the Presidents' Dinner on September 30th.

- \$375 Full Conference, CAADAC/NAADAC/NALGAP Member  
 \$425 Full Conference, Non-Member  
 \$100 Full Conference, Student Member (No Meals)  
 \$125 Full Conference, Student-Non-Member (No Meals)  
 \$200 Full Conference, Student Member (with Meals; Presidents' Dinner not included)  
 \$225 Student-Non-Member (with Meals; Presidents' Dinner not included)  
 \$100 Thursday-Saturday Daily Rate, Member  
 \$125 Thursday-Saturday Daily Rate, Non-Member  
 \$75 Sunday Only, Member  
 \$100 Sunday Only, Non-Member  
 \$50 Presidents' Dinner Ticket (Sept. 30), Member  
 \$75 Presidents' Dinner Ticket (Sept. 30), Non-Member  
 \$350 DOT SAP Re-Qualifying Course. 12 CE's and 50 item exam included. This fee does **not** include the CAADAC/NAADAC/NALGAP conference fees.

\_\_\_\_\_ Total Conference Fees

Yes, I want to join CAADAC/NAADAC. Please add \$210 (full member) or \$67.50 (student member) to my total.

I do not reside in California, but would like to join NAADAC/renew my NAADAC membership. (Consult [www.naadac.org](http://www.naadac.org) or call 1-800-548-0497 for your state fees.)

I would like to join the National Association of Lesbian & Gay Addition Professionals (NALGAP)

Individual Membership: \$35

Agency Membership: \$50

Please send me additional information about membership.

\_\_\_\_\_ Total Amount Enclosed

### Payment Options

Check or money order (payable to CAADAC) and mail to:  
2006 Annual Conference  
3400 Bradshaw Road, Suite A5  
Sacramento, CA 95827

Charge my credit card and fax to 916-368-9424

Visa

Mastercard

American Express

NAME AS APPEARS ON CREDIT CARD (PLEASE PRINT CLEARLY) \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Registration cancellation less than 7 days prior to the conference will result in a \$35 administrative charge.**

### NEAREST AIRPORT

Fly into the Bob Hope Airport Burbank (Airport Code: BUR). Airlines that serve the airport include Alaska, America West, American, Delta, JetBlue, Southwest and United.

### BRING THE FAMILY!

The CAADAC/NAADAC/NALGAP conference will be offering special rates with local tours and unique opportunities to enjoy all that southern California has to offer. For more information, visit [www.caadac.org](http://www.caadac.org) or [www.naadac.org](http://www.naadac.org).

## The American History of Alcohol Use

By Anh Nguyen, Public Relations Intern

There are many uses for alcohol in modern America. Some people use it for celebratory reason such as for holidays. Others use it for social settings. And then there are those who abuse the product or use it to fulfill an addiction.

Was alcohol always used this way? For the purpose of this article, we are

*Even toddlers  
drank beer,  
wine and hard  
cider with their  
parents  
at dinner.*

going to explore how alcohol has been used since the beginning of American history.

As many people know, Jamestown, Virginia, was the first English colony formed in America in 1607. When the colonists first settled here, they brought more alcohol with

them from England than water.

The reason for this was alcohol was cleaner and safer to drink than water. Alcohol was viewed as a very healthful beverage during this time. Even toddlers drank beer, wine, and hard cider with their parents at dinner. Life insurance companies also charged a higher rate to those who abstained from alcohol than to those who drank alcohol regularly.



**W. Hurd Clendinen, mayor of Zion City, pouring away two bottles of beer. Zion City, Ill., destroyed 80,000 pint bottles of beer, 1921, Library of Congress.**

On top of the belief that alcohol led to longevity, it was also used medically to relieve pain.

A common belief was that alcohol was a gift from God, but alcohol abuse was viewed as the workings of the Devil. This led to the creation of the first alcohol-related law in 1619 in Virginia.

This law was not against drinking, but was against excessive and binge

drinking. Many colonists frowned upon the idea of having a “town drunkard.” There were various punishments for drunkenness including fines and time in the stocks. The stocks was a wooden framework that would lock the criminal’s ankles down while he was sitting for public humiliation.

Drinking patterns changed as the economy changed. During the American Revolutionary War from 1775 to 1783, the economy was doing poorly and there was a rise in social problems, including an increase in alcohol abuse, or as was termed at the time, “drunkenness.”

After the war, the country experienced major changes economically, politically, and socially. This led to a more relaxed control over alcohol abuse, and drunkenness dramatically increased.

These societal conditions resulted in the formation of the American Temperance Society in 1826, as well as many smaller temperance organizations. The focus of these groups was to promote the moderate use of alcohol and not prohibition.

As the influence of religions grew, the temperance organizations began arguing that to completely eradicate drunkenness, alcohol needed to be completely eliminated.

The temperance movement was put on hold from 1861–1865 because of the Civil War. When the war ended, there was a big push for prohibition. Alcohol was no longer perceived as a gift from God.

Prohibition became official in 1920 when Senate passed the 18th Amendment. Many thought prohibition would end crime, poverty, violence, and other social problems, but this was not the case.

Almost immediately there was the development of criminal gangs who organized bootlegging, the brewing and distilling of illicit alcohol. This led



**Sixteenth Convention, Anti-Saloon League of America at Atlantic City, N.J., July 6-9, 1915, photographed by Thomas Sparrow, July 1915, Library of Congress.**



**National Prohibition Convention, 1892, Library of Congress.**

to the corruption of politicians and law enforcement agencies. This also strengthened mafia groups and allowed them to grow financially.

During prohibition, bootlegged alcohol became a leading cause of death and disabilities due to dangerous substances and impurities found in this form of alcohol.

The cost of enforcing prohibition ended up being extremely high and revenues were being lost since government agencies could not collect taxes on the illegal alcohol. The 21st Amendment was passed in 1933 to repeal the 18th Amendment.

In the 1940's, the concept that drunkenness was a disease was accepted. People began to realize that alcohol was not the problem, but rather it was the disease the people had. Problem of "drunkenness" was then renamed "alcoholism."

In 1942, the Yale Center of Alcohol Studies was established at Yale University to try to better understand alcoholism. This was the first alcohol studies program in the United States.

E.M. Jellink, one of the most famous researchers at the center, published a book in 1960 titled "The Disease Concept of Alcoholism." The



book had evidence that proved alcoholism is a real disease. This book, along with other campaigns from different organizations throughout the 50's and 60's, made the disease concept widely accepted all over America. This decreased the view of alcohol as the problem and lessened the influence of anti-alcohol movements.

Which takes us to modern day uses of Alcohol. So as times progress and people's thoughts and customs change, so do their drinking patterns.

**(above) Lt. O.T. Davis, Sgt. J.D. McQuade, George Fowler of Internal Revenue Service and H.G. Bauer with the largest still ever taken in the Washington, DC, area and bottles of liquor, published Nov 11, 1922, Library of Congress.**

A comprehensive resource that addresses the history of addiction is William White's book, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (see page 15). To order, call 1-800-548-0497 or visit NAADAC's bookstore at [www.naadac.org](http://www.naadac.org).

## My Turn—SAMHSA and Katrina

### The Story of a Counselor's Contribution after the Destruction of New Orleans

By Connie Millimaki

Through the Substance Abuse and Mental Health Services Administration (SAMHSA), I had the privilege of traveling to the storm ravaged Gulf Coast to provide help to Hurricane Katrina evacuees on three occasions between October 2005 and January 2006. While it is impossible to accurately capture the breadth of my experiences, I hope to convey at least a sense of what it was like to serve on these deployments.

My first deployment in October was to Houma, La., where I worked at a shelter in the gymnasium at Nichols College in nearby Thibodaux. Expecting to be providing substance abuse counseling, I found myself working

*There was a palpable air of lawlessness that hung over the vacant streets and piles of rubble.*

closely with the Federal Emergency Management Agency (FEMA), the Red Cross and other agencies helping evacuees sign up for FEMA assistance and then to obtain semi-permanent housing in trailers.

I soon realized that the people in the shelter, evacuated from their homes and the comfort of

community were in the throes of what I began to refer to as “DCD”—denial, courage and denial. They were in denial about the severity of the storm, had the courage to make it though and then returned immediately to a denial about the reality of what had occurred. It also became clear that shelter residents had little trust in what the authorities were reporting.

We took evacuees into New Orleans in an attempt to help them understand that it would be a long time, if ever, before they could return to their homes. As a SAMHSA worker, I went along to provide support for those going back for the first time to see the



Home damage in New Orleans.



Damaged home in the Lakeview area of New Orleans.



What looks like damaged tile is dried mud. Out of sight of the camera is a wheel-chair and ceiling fan with bent blades, either from warping or water weight.

Vicky Hardiman recently returned from New Orleans where she worked for six months as a volunteer for SAMHSA on the Katrina Assistance Project. After a month in New Orleans, she developed an internet photo album ([www.PictureTrail.com/gid9279602&pathID=1367407](http://www.PictureTrail.com/gid9279602&pathID=1367407)) to help those who were not able to visit the area themselves better understand the problems faced by the people of that area. Hardiman is a master's level substance abuse counselor and teacher who has been in private practice for the past five years.

wreckage Katrina had wrought and to see what remained of their former lives.

We traveled in convoy style into the Ninth Ward, home to most of the shelter residents, with a sheriff's escort because the area had not yet been secured. There was a palpable air of lawlessness that hung over the vacant streets and piles of rubble. I watched people again and again, leave Thibodaux with a sense of hope, enter their homes with boxes to collect belongings and emerge with a few scraps of paper and a stray item or two, if even that. The sadness in their eyes as we returned was haunting, but it was only after they had returned from one of these trips that they would even look at the trailers that were being offered to them, much less consider living in one.

My favorite experience from my October deployment came when I was able to connect an apartment owner in a less damaged section of New Orleans who was in search of laborers to begin restoring his apartment units with shelter residents desperate to return to the city they loved (or at least to get out of Thibodaux and the shelter), but needing both work and housing before they could do so. I was able to arrange both by convincing the apartment manager that hiring laborers from the shelter answered everyone's needs. I often wonder how this marriage of convenience has gone; I arranged this just before I left and never learned how it played out. I did once, however, receive a call from the apartment manager at my home in Napa, California, following my return asking for contact numbers so he could get more people involved in this solution.

My December deployment was to Mandeville, where I found myself working in an established Hammond, La. drug treatment program. The program was very short on help and

lacking group oriented materials. They made me feel welcome right away and were grateful to have someone to run groups and do intakes. After returning home I sent along a ream of materials I have been using successfully for many years.

On the weekends, the treatment team went to FEMA trailer parks and were able to get people out for barbecues to meet one another. It was amazing to me how this community of relocated people lived so near one another but had not even met. It was not a great jump from a handshake over a hot dog to, with our help, begin a discussion about childcare and car-pooling. This was important because

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*We understood the  
importance  
of establishing  
some sense  
of normalcy.*

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very few of the trailer residents had independent transportation. The process of brainstorming ways to help this community develop inter-dependent relationships was a challenge, but thoroughly rewarding. On occasion we went through neighborhoods handing out gloves, masks, water and energy bars. This turned out to be an effective way to get people discussing their feelings and thoughts with us.

January found me back on the Gulf, this time in Pascagoula, Miss., where I was assigned to the Holiday cruise ship chartered by FEMA and still housing nearly 600 evacuees. Before my team arrived, there were only two SAMHSA volunteers working on the boat. Living on a docked cruise ship for long periods of time, with no ocean flowing by and no charming port of call on the horizon, is far different than the life depicted in the travel magazines.



**The mold took care of what the mud and water didn't get.**



**This was a brick house in the Ninth Ward of New Orleans. It is in the ground zero area.**

Working with another team member, I took on the job of developing programs for children. Soon after we arrived we realized that the first task was to get the childcare and recreation area in better order; we didn't yet realize how important cleaning up the area would be to the attitude and stress levels exhibited by the children. We then set up specific areas for different activities, and shortly after enclosing the reading area with bookcases, we found that the children began using the area for recreational reading and for homework as well.

Our "Mom and Tots" group gave us the opportunity to discuss a number of issues and we followed up each evening by going online to find the information that mothers or fathers needed to help their children cope with the loss of home and subsequent sense of imprisonment on a cruise ship. I was also invited by FEMA to do a staff presentation on stress reduction and the need for the staff members to take care of themselves. Once we realized that the ship was their streets and neighborhood for the time being, we understood the importance

of establishing some sense of normalcy. We were able to help them make the best out of the situation they were in and take some pressure off of the parents. Perhaps not surprisingly, people began to trust us.

As I look back on the counseling I provided, some of the things that stand out happened where I least expected to be of use. One night I went to the laundry room and soon found myself holding a woman while she cried for half an hour. She told me she would never have sought us out and was not about to burden anyone else on the ship with her problems. On another occasion I found myself counseling our waitress at K-Pauls over dessert; she was thankful she had finally found a situation in which she could talk about her losses.

All of my assignments were different but in a sense they were all the same. In Thailand, they have a saying, "Same Same, But Different." I cannot think of a more accurate way to describe my experience. I didn't really know what to expect on any of my three deployments. I boarded the plane in San Francisco each time with little more than the suggestion that SAMHSA provided me: be flexible. It was the best advice I could have received. I never knew for sure when I would find myself of use but was determined to always stay in the moment.

After realizing that it is impossible to help everyone, I decided to simply help the people I could and as many of them as I came across. I am a better person because of these experiences.

*Connie Millimaki is the co-founder of Alternatives, a California community-based treatment provider and runs Woman Alive, the premier female anger management program in Napa County. She has made four trips into Louisiana and Mississippi providing disaster assistance through SAMSHA. She can be contacted by email at [cmillimaki@sbcglobal.net](mailto:cmillimaki@sbcglobal.net) or by phone at 707-255-1940. Millimaki will be leading a seminar on her experiences at the NAADAC Annual Conference in Burbank, Calif.*

## Around the Nation

*Compiled by Donovan Kuehn, NAADAC Director of Outreach and Marketing*

### Arizona

The Arizona Association of Alcoholism and Drug Abuse Counselors (AzaADAC) has planned their state conference for September 14–16, 2006, in Tucson. A pre-conference is planned for September 14, focusing on ethics and HIV/AIDS. The conference's theme is "Looking at the Elephant" and will deal critical issues facing addiction professionals, including:

Clinical Supervision	Adolescents
Youth & Co-Occurring Disorders	DUI
Methamphetamine	Faith Based Services
Pharmacology	Anger Management

September 15th will feature a theater production by the C.A.S.T. (Clean & Sober Theater) which focuses on teen peer-to-peer alcohol/drug education and prevention. C.A.S.T is a live multi-cultural theater production that speaks directly to the issues of youth alcohol and drug use/addiction. The performers are teens in recovery that share their personal stories about how they progressed from casual experimentation to addiction and eventually to the challenges and rewards of recovery. The theater presentation conveys the profound impact substance use has on users, their friends, family and community.

For more information visit [www.azaadac.org](http://www.azaadac.org), e-mail [azaadac@azaadac.org](mailto:azaadac@azaadac.org) or call 520.975.2724.

### Florida

Florida NAADAC hosted its Annual Conference entitled "*Exploring the Possibilities*" **Strengthening The Future of Our Field Through Education**, in Jupiter Beach in late June. The conference attracted participants from around the state and was held at the Jupiter Beach Resort, one of the premier oceanfront hotels in Palm Beach and ranked second among the region's "Best Places to Stay."

The conference featured seminars designed for addiction professionals with CAP, LCSW, LMHC, and LFMC credentials, offered 20 CEs and kicked off a renewed education program in the state.

### Louisiana

After NAADAC's cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA), NAADAC continues to focus on rebuilding opportunities and infrastructure for addiction professionals in the state. Addiction professionals in Louisiana are invited to attend a meeting from 2pm to 4pm at the Gavier Room in the Le Pavillon Hotel, in New Orleans, LA on August 12, 2006.

NAADAC President-Elect, Sharon Morgillo Freeman will be leading the discussions, with the ultimate goal of serving NAADAC's members and all addiction professionals in the state. Topics for discussion include: current relationships in Louisiana; partnership benefits; training needs; advocacy; visibility; and Katrina contributions. Light refreshments will be

served and all those with membership or certification in Louisiana are welcome.

### Montana

The Montana Alcohol & Drug Counselors Association (MADCA) and the Montana Council on Problem Gambling have partnered to schedule their Fall Conference in Bozeman, Mont., on September 15–16, 2006. Featured speakers include Charlotte Kasl, PhD, speaking on empowerment and overcoming addiction and trauma; Deidre Combs, PhD, presenting on conflict resolution; and Joanna Franklin, MA, NCGC II, presenting on problem gambling.

MADCA encourages social workers, professional counselors, chemical dependency counselors, school counselors, mental health case managers, probation professionals, and other health care professionals to attend. College credit will be offered.

For more information contact Vanessa Sexson, LCPC, LAC, at 406-580-8813.

### Tennessee

The Tennessee Journey Together conference will be held from September 6–8, 2006 at the Embassy Suites Airport in Nashville. The overall goal of the conference is to bring together professionals working with substance abuse prevention and treatment. Participants will explore a variety of topics related to the medical, psychological and familial aspects of the disease of addiction and to share knowledge, expertise and resource networking.

Participants who attend this conference will:

- explore the impact of alcohol and drug use on adolescents, adult clients and family systems;
- be introduced to the latest research and clinical interventions in addressing the relationship between alcohol and drug use, mood disorders, pharmacology, abuse, other addictions and the newest treatment modalities;
- understand and practice creative prevention and treatment approaches including brief therapy, identifying other addictions, treatment issues when working with adolescents and older adults, addressing relapse prevention, and professional issues.

This year's conference offers a special Substance Abuse Professional (SAP) pre-conference from September 5–6 (SAP fees are \$300 which includes training, manual and one-year SAP web listing).

More information is available at [www.taadac.org](http://www.taadac.org)

### National

#### NAATP Honors Excellence

The National Association of Addiction Treatment Providers (NAATP), an association representing over 270 of the best known providers of addiction treatment, presented the Michael Q.

**(Around the Nation, continued on page 14)**

## The National Certification Commission Wants You! Get Involved in Shaping NAADAC's National Credentials

By Shirley Beckett Mikell, NCAC II, SAP

The National Certification Commission (NCC), established in 1972, operates as an independent body for all matters involving NAADAC's alcohol and drug abuse counselor certification and endorsement opportunities at the national level. This 13-member Commission is responsible for ensuring our national credentials maintain the highest achievable standards and accurately reflect the most up-to-date, science-based research. The NCC also provides professional development opportunities and specialty endorsements to help addiction counselors continue to advance in the profession.

This September, five seats on the National Certification Commission will become vacant, and the NCC is looking for qualified candidates to fill the positions. Each Commissioner serves a three-year term and is required to attend two bi-annual meetings, participate in five conference calls a year, and serve on one of the following subcommittees related to the profession's current needs:

- Criminal Justice
- Adolescents
- Faith-based
- International
- Credential Bibliography

### Policies and Procedure

The NCC is currently accepting nominations for these vacancies. To qualify, you must be a current member of NAADAC, hold a valid national credential through the NCC (NCAC I, NCAC II, MAC or TAS are acceptable), and preferably have previous experience on a state-level certification commission or board. Strong candidates must also possess a keen desire to advance the credentialing process for addiction professionals and a sense of humor. The existing commissioners certainly have large helpings of both!

If you are interested in serving, please contact your Regional Vice President (see box) to facilitate the application process and email your resume and cover letter to sb eckettmikell@naadac.org, fax to 703-741-7698, or mail to NAADAC, the Association for Addiction Professionals, Attn: Shirley Beckett Mikell, 901 N. Washington Street, Suite 600, Alexandria, VA 22314. **Nominations must be received by August 31, 2006.**

Once nominations are received, recommendations will be made to the President of NAADAC and Chairman of the NCC for appointment selection. If appointed, a letter of approval from your employer is required to ensure all responsibilities of the service can be met.

For more information, please email sb eckettmikell@naadac.org or call 703-741-7686 ext. 105.

### NAADAC Regional Vice Presidents

Please contact Your Regional Vice President if you are interested in serving on the National Certification Commission. Nominations must be received by August 31, 2006.

**Mid-Atlantic Region** (*Represents New Jersey, Delaware, Pennsylvania, Virginia, the District of Columbia, Maryland & West Virginia*)

William Coombs, CADC, NCAC I  
102 Jacob Court, Dayton, NJ 08810  
wjc102@comcast.net

**Mid-Central Region** (*Represents Illinois, Indiana, Kentucky, Michigan, Ohio & Wisconsin*)

Donald Osborn, NCAC II, CADAC II, MAC, CCS  
2224 N 12th Street, Terre Haute, IN 47804  
dposborn@hotmail.com

**Mid-South Region** (*Represents Arkansas, Louisiana, Oklahoma & Texas*)

Patricia M. Greer, BA, LCDC, AAC  
223 Sovereign Court, Rockwall, TX 75032  
pmgreer@sbcglobal.net

**North Central Region** (*Represents Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota & South Dakota*)

Jack W. Buehler, MA, LADC, LMHP, NCAC II, SAP  
RR 1 Box 144, Denton, NE 68339  
jackwbj@aol.com

**Northeast Region** (*Represents Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island & Vermont*)

Edward L. Olsen, LCSW, CASAC, SAP  
P.O. Box 1481, Lake Grove, NY, 11755  
elo50@msn.com

**Northwest Region** (*Represents Alaska, Idaho, Oregon, Montana, Washington & Wyoming*)

Robert C. Richards, MA, CADC II, NCAC II  
2893 Timberline Drive, Eugene, OR 97405  
robri88@yahoo.com

**Southeast Region** (*Represents Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee*)

David Cunningham, LADAC, NCAC I, QSAP  
507 Berkford Road, Knoxville, TN 37918  
dcunnin529@aol.com

**Southwest Region** (*Represents Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah*)

Jerome Synold, CADC II, CGS, CPS, MAC  
7914 Las Nueces Place, Carlsbad, CA 92009  
jsnyold@aol.com

## 2006 NAADAC Award Winners

By Anh Nguyen, Public Relations Intern

Every year NAADAC, The Association for Addiction Professionals, presents awards to recognize and honor addiction professionals and organizations that have done so much

for the addiction services profession.

The Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year award is presented to **Thomas Thelin** this year. This is presented to a counselor who has made an outstanding contribution to the profession of addiction counseling.

Thelin has over 26 years in alcohol and drug counseling in community, private and religious sectors. He has been on the staff of the Adcare Day Treatment Program for the past 16 years and is currently the program's Coordinator and Clinician. He is on the Board of Directors for the Massachusetts Board of Substance Abuse Counselor Certification, the Massachusetts Addiction Council and the Bridges Conference Planning Board. Every person who nominated Thelin mentioned that he puts his patients first and goes above and beyond to help them.

NAADAC also gives out the Mel Schulstad Professional of the Year award for outstanding and sustained contributions to the advancement of the addiction counseling profession. This year's recipient is **Dr. Frances Clark**.

Dr. Clark has been an addiction counselor for 17 years and a trainer for 13 years. She was the president of Middle Tennessee Association of Alcoholism and Drug Abuse Counselors (MTAADAC) for two years and is the president-elect for the Tennessee Association of Alcoholism and Drug Abuse Counselors (TAADAC). Dr. Clark is also a nationally recognized expert as Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Substance Abuse Treatment (CSAT) look to her for advice and guidance. Like Thelin, she is also very selfless in the addiction profession and always goes above and beyond for her clients and colleagues.



Thelin



Clark



Options Recovery Services, Inc.



Beckett Mickell

**Options Recovery Services, Inc.** of Berkeley, Calif. is the recipient of the 2006 NAADAC Organizational Achievement Award. This award is given to those organizations that

have demonstrated a strong commitment to the addiction profession and particularly strong support for the individual addiction professional.

The mission of Options Recovery Services is to break the cycle of substance abuse and crime. The organization offers rehabilitation to those charged with a substance abuse related offense as an alternative to incarceration. It works with the courts, district attorneys, police and probation departments to help restore the dignity of those who have hit "rock bottom."

Last, but not least, is the William F. "Bill" Callahan Award. This award is presented to an individual for sustained and meritorious service at the national level to the profession of addiction counseling. This year's recipient is **Shirley Beckett Mikell**.

Ms. Beckett Mikell has been working in the addiction profession for over 33 years. She worked in opiate replacement therapy and methadone treatment services for Charleston County in South Carolina as a clinician for over 25 years. She also played a key role in establishing a certification system in South Carolina. She has also conducted training events nationally and internationally for over 20 years to encourage and spread best practices for addiction professionals. Currently, Beckett Mikell serves as the Deputy Executive Director of NAADAC, The Association for Addiction Professionals. Her dedication and hard work to the addiction profession is truly award-worthy.

NAADAC would like to thank its award recipients for all of their hard work and dedication to the addiction community.

### (Around the Nation, continued from page 12)

Ford Journalism Award to three individuals who represent a diverse cross section in the journalism field. The award recognizes journalistic efforts that promote the value of and need for addiction treatment. The 2006 award was presented to Rabbi Abraham J. Twerski, MD, Susan Cheever and Christopher Kennedy Lawford.

Rabbi Twerski, Medical Director Emeritus of Gateway Rehabilitation Centers in Pittsburgh, Penna., received the award for the 50 books he has produced throughout his lifetime. One of his most recent publications, *From Pulpit to Couch*, was especially cited as it offers a unique definition of spirituality

and an insightful analysis of addiction and chemical abuse.

Cheever was recognized for her book, *My Name is Bill*. This moving and important work portrays the complex life of Bill Wilson, which is fully told for the first time, as well as the creation of Alcoholics Anonymous.

Lawford received the award for his recently published book, *Symptoms of Withdrawal, A Memoir of Snapshots and Redemption*. In this courageous and exceptionally well-written memoir, Lawford reminds readers that "We are only as sick as the secrets we keep."

The awards were presented at the NAATP Annual Conference in West Palm Gardens, Fla.

## A Career of Contributions

By Misti A. Storie, MS, NAADAC Education and Training Consultant

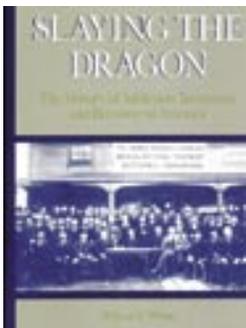
Since its founding in 1972, NAADAC, The Association for Addiction Professionals, has thrived as the largest membership organization serving the addiction profession and continues to be the frontrunner in providing quality education, training and products. This success is due in part to the selfless dedication and commitment of so many pioneers to NAADAC and the addiction profession.

One such leader, William L. White, has contributed over 35 years of research, science-based practice, and

literature to the resources available to addiction professionals. White has authored or co-authored more than 230 articles, monographs and books, and currently serves as the Senior Research Consultant at Chestnut Health Systems/Lighthouse Institute and active board member of the Recovery Alliance. He continues to mentor new clinicians and educate seasoned counselors, not to mention his countless contributions to NAADAC and the clients NAADAC's members serve. White has always advanced with

the changing face of addiction treatment services and has fully connected with the wave of its future, as illustrated by his extensive evidenced-based body of work.

Because of his demonstrated expertise in addiction treatment services, NAADAC's Education and Training Center carries three of White's most popular books. Each of these titles is available through the NAADAC online bookstore at [www.naadac.org](http://www.naadac.org) or by calling NAADAC at 703-741-7686.

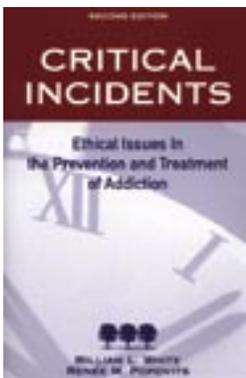


### Slaying the Dragon: The History of Addiction Treatment and Recovery in America

A full history of alcoholism and drug addiction in America and of how addiction treatment services developed into the profession it is today. *Slaying the Dragon* received the McGovern Family Foundation Award for the best book on addiction recovery.

Regular Price: \$28

Member Discounted Price: \$20

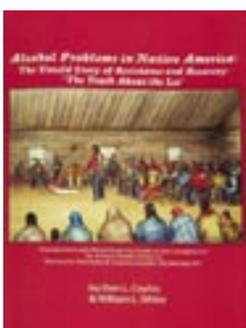


### Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction

A hands-on, situational guide for clarifying potential ethical challenges encountered by addiction counselors. It includes over 200 specific examples of ethical problems, as well as questions to facilitate group discussion.

Regular Price: \$25

Member Discounted Price: \$15



### Alcohol Problems in Native America: The Untold Story of Resistance and Recovery

A carefully researched history of alcohol use, abuse, and dependence among Native Americans and the impact its presence has had on the health and social stability of this community.

Regular Price: \$18.95

*Writ broadly, the narrative recounts the intertwined history of two therapeutic traditions: "mutual aid" or self-help groups inaugurated by the alcoholic-led Washingtonian Total Abstinence Society in the 1840s, and the professional medical specialty with roots in the postbellum "inebriate" asylums. Both were temporarily stymied by the harshly punitive climate of the 1920s, when legal and medical authorities began to define addiction as a criminal vice instead of a treatable disease.*

*The mid-century rise of Alcoholics Anonymous—which serves as a protagonist of sorts in the story—heralded an end to this dark era for addiction treatment. The famous self-help society played a prominent role in rescuing the reputation of alcoholics by helping to revive the notion of addiction as a disease. It also powerfully influenced the development of the reemerging medical specialty by codifying and proselytizing the notion of "recovery" as an ongoing spiritual project rather than a one-time fix.*

*Slaying the Dragon tells the story of addiction treatment in the United States from the post-Revolution "alcoholic Republic" to the present day.*

Review of *Slaying the Dragon* by David Herzberg in the *Bulletin of the History of Medicine*, Vol. 76, No. 2, Summer 2002, pp. 411–412, The Johns Hopkins University Press.

# Principles of Drug and Alcohol Rehabilitation in the 21st Century

## Ten Critical Questions to Ask Regarding Effective Treatment

By Melanie Solomon

Alcoholism and drug addiction has reached epic proportions in the 21st century. Data continues to show that substance abuse contributes greatly to hospital and prison occupancy, dramatically decrease workplace productivity, and are a leading contributor to fatalities in the United States. Alcohol consumption is the third most leading preventable cause of death in America. (Journal of the America Medical Association, 2004).

Not only are illegal drugs at issue, but people from every race, age and socio-economic background are becoming increasingly addicted to prescription drugs like Vicodin, Oxycontin, Valium, Xanax and many more. As a result of alcohol and drug abuse, families are being torn apart and children are being exposed and/or endangered. An estimated 6.6 million children under the age of 18 live in households with at least one alcoholic parent, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

The most widely known and used "treatment" is Alcoholics Anonymous (AA), or other 12-step programs. Unfortunately, according to current research, the statistics on the program's effectiveness are less than encouraging. According to many independent surveys, including one by AA's own General Service Office, AA has a success rate of around 5 percent for those who can make it through their first year. Yet, 93-97 percent of the treatment centers in the US are still primarily using 12-step programs for treatment. While this might have been acceptable when there were no other options, this is now 2006, where much research has revealed many effective alternatives.

(Editor's note: a comprehensive discussion on the success rates and merits of 12-step programs can be found on-line by visiting [www.wikipedia.org](http://www.wikipedia.org) or [www.google.com](http://www.google.com).



Search for "alcoholics anonymous" or "AA success rates.")

Fortunately, there are treatment programs that are taking what the past three decades of research has shown, and have developed a much more effective program as a result of this. According to the National Institute on Drug Abuse (NIDA), "No single treatment program is right for everybody. Matching the treatment program to each individual's needs is critical to success." In other words, the best predictor for your success is your ability to choose your own program, and set your own goals. Therefore, if it is your choice to go into a treatment program, ask the following questions, ensuring that an appropriate drug and alcohol program is chosen that will meet the particular needs of the person entering the program.

### Critical questions to ask drug and alcohol treatment facilities

**1.** What kinds of treatment programs do they offer? Is it primarily 12-step based, or do they offer other self-help options as well, i.e., SMART Recovery, SOS, or Women/Men for Sobriety? Do they match treatment settings, interventions and services to each individual's particular problems and needs, since this is critical to one's

ultimate success in returning to productive functioning in the family, workplace and society?

**2.** Does the program address multiple needs of the individual, not just his or her drug use, such as any associated medical, psychological, social, vocational and legal problems?

**3.** What types of credentials does the staff have, such as doctors, counselors and anyone else who has contact with the clients, and what is the ratio between the staff and clients?

**4.** Is there a doctor on the treatment's premises 24 hours a day, or just a couple times a week to dole out medication?

**5.** What is the treatment program's philosophy or theory towards addiction? Is it religious, bio-psycho-social, psychological, neurological, physical and psychological, trauma-based (addiction that has stemmed from a sole traumatic event in one's life), and does their particular approach suit your own personality, beliefs and values, or is it one that you can believe in, and rebuild your life based on it?

**6.** Does the treatment program have detailed, positive approaches towards treatment, using up-to-date methods, such as motivational therapy, cognitive-behavioral therapy, stress personal responsibility, this is a disease/not a disease but a choice among many others?

**7.** Do you think that this approach resonates with you, or your loved one, that may need in-patient help?

**8.** Does the program offer counseling (individual or group) and other behavioral therapies, where issues of motivation, building life-skills to resist drug and alcohol use, relapse prevention, improving problem-solving skills, and facilitation of interpersonal relationships and ability to function in the family and community often take place?

**9.** How does the drug rehab program assist an individual during the withdrawal process, i.e. is medical

treatment for withdrawal provided, or must this be done somewhere else, prior to entering the facility?

**10.** To what extent is the family involved in the treatment process?

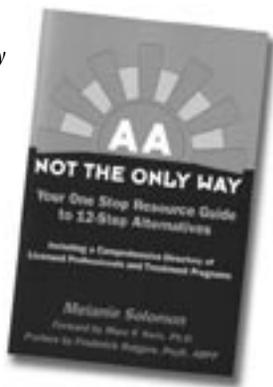
Alcoholism and drug addiction has reached epic proportions in the 21st century, and we can no longer afford to ignore the research that has been going on for over three decades. It is imperative that addiction professionals and treatment programs continuously change and re-evaluate the effectiveness of their treatment approaches. If a drug rehab is determined to be necessary, asking the critical questions in this article will at least give you the important information of whether or not they are a simply a traditional treatment center, only offering only one option—the 12-step method—or whether they have taken all the vital research into account and have now incorporated many different alternative modalities into their program. Remember, scientific evidence indicates that there is not a “one size fits all” solution in the treatment of alcohol and drug problems.

*This article was written by*

*Melanie Solomon, a CAADAC/NAADAC member.*

*Solomon is the author of AA – Not the Only Way; Your One Stop Resource*

*Guide to 12-Step Alternatives, which is available from the NAADAC bookstore at [www.naadac.org](http://www.naadac.org). Solomon also speaks to teens at The Huntington Beach School District's Drug & Alcohol Program and leads workshops at The Learning Annex in California. For more information on this subject, visit [www.aanottheonlyway.com](http://www.aanottheonlyway.com) for information and resources and sign up for a free discussion forum membership.*



## New NAADAC Organizational Members

*Submitted by Donna Croy, Director of Membership Services*

NAADAC is pleased to welcome two new Organizational members:

### The Cottage Program

The Cottage Program offers outpatient substance abuse treatment services for those with addictions, as well as for those affected by others' use. The Program's services include a 24-week intensive outpatient program of six, 18-hour weeks followed by 18 weeks of aftercare. Individual counseling and impaired driver evaluations and treatment for the Department of Motor Vehicles for Maine and New Hampshire are also offered.

Treatment services specifically for teens include evaluations, individual counseling and an intermediate level group. For more about The Cottage Program visit their website at [www.yorkhospital.com](http://www.yorkhospital.com) or contact Deborah Erickson-Irons, Community Health Liaison, York Hospital, 15 Hospital Drive, York, ME 03909 or [derickson-irons@yorkhospital.com](mailto:derickson-irons@yorkhospital.com), phone: 207-351-2199, fax: 207-439-8764

### The Hope House of Dahlenega

The Hope House of Dahlenega, Inc. is a long-term residential and intensive outpatient substance abuse treatment facility that provides a way of life that helps recovering addicts learn to live real life on life's terms. Hope House offers men and women a safe and nurturing environment in which to recover from the disease of addiction.

Hope house provides 30-, 60-, 90-day programs, as well as six-, nine- and 12-month programs. Hope House is state licensed as an 18-bed facility at ASAM levels II.I and III.I. For more information, contact Martha Turner, CEO, P.O. Box 1494, Dahlenega, GA 30533, phone: 706-864-5611, email: [hopehouse1@alltel.net](mailto:hopehouse1@alltel.net) or visit [www.expage.com/hopehouse](http://www.expage.com/hopehouse).

## Faces of Change New Counseling Tool Released by SAMHSA

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment recently released Faces of Change: Do I Have a Problem With Alcohol or Drugs? The brochure looks at five people from different backgrounds who have a problem with alcohol or illegal drugs and may not know it.

Faces of Change is based on the concepts of motivational recovery discussed in Treatment Improvement Protocol (TIP) 35, Enhancing Motivation for Change in Substance Abuse Treatment. The brochure includes information about what could happen with continued drug use and drinking, what a substance abuse counselor could do to help, and how to avoid triggers and practice coping skills. It is for clients who have reading difficulties and offers them a helpful Change Plan Worksheet.

To order free copies of Faces of Change, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Ask for publication order number PHD1103.

Phone: 800-729-6686 or 301-468-2600  
800-487-4889 (TDD hearing impaired)  
877-767-8432 (toll free) Hablamos Español  
Web: [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)



# NAADAC

THE ASSOCIATION FOR ADDICTION PROFESSIONALS

www.naadac.org

901 N. Washington Street, Suite 600  
Alexandria, Virginia 22314-1535  
1-800-548-0497 • 703-741-7686  
Fax 1-800-377-1136 • 703-741-7698

**“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:	\$85	\$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:	\$85	\$42.50
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, Oklahoma and Wyoming.  
Dues subject to change without notice. 10/05

\$6 of your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 8% of dues payment is not deductible as a business expense because of NAADAC's lobbying activities on behalf of members. Dual membership required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 4-6 weeks for initial receipt of publications. Membership in NAADAC is not refundable. From time to time, we share our members' postal addresses with other companies who provide services that we feel are a benefit to the addiction professional. We carefully screen these companies and their offers to ensure that they are appropriate and useful for you. NN8/06

## NAADAC National Office Adds New Members to its Staff

By Anh Nguyen, Public Relations Intern



Nguyen

NAADAC is pleased to add three new members to its staff, **Anh Nguyen**, **Diana Kamp** and **Patricia Miller**.

Anh Nguyen joined NAADAC in late May as the Public Relations intern. Her main responsibility is to assist the Director of Outreach and Marketing in performing outreach to internal and external groups. Nguyen is currently a rising senior at the University of Mary Washington in Fredericksburg, Va. She is a Business Administration major with a concentration in Marketing. Before coming to NAADAC, Nguyen was a marketing intern at START, Inc., a non-profit youth literacy organization, in Washington, D.C. and a public relations and marketing intern for the Signature Theatre in Arlington, Va. She is very excited to spend this summer learning more about public relations through NAADAC. In her free time she likes to read and participate in various activities with Circle K International, a collegiate community service organization she belongs to.

"NAADAC values our interns and places real and important experiences and responsibilities in their placement," Executive Director Cynthia Moreno Tuohy comments, "We hope for the intern to feel welcomed and to feel permission to learn and make the mistakes to do so."

Diana Kamp began in mid-June as the Affiliate Relations Manager for NAADAC. Her main responsibility will be to strengthen communication with NAADAC's state affiliates. Originally a resident of California, Kamp was intrigued by the challenge of moving to the East Coast to join NAADAC. She is pleased to be joining NAADAC because "I wanted to contribute to something important that means something," said Kamp.

Prior to joining NAADAC, Kamp was an information center and membership director for the California Association of Marriage & Family



Kamp



Miller

Therapists (CAMFT), an independent professional organization formed to promote the profession of licensed therapists. Kamp has also worked for various alcohol drug treatment centers and facilities in the state of Washington.

Patricia Miller joined NAADAC's staff in late January as a part-time general assistant. Her duties include helping to keep the office organized; she explained, "I do everything." Miller is joining NAADAC a decade after she retired from the Department of Defense, and said working at NAADAC is a great way to get back into the workforce. Miller thinks the office has a great atmosphere, and enjoys her new position among NAADAC's passionate professionals. In her free time, Miller enjoys reading and enjoying her hometown of Alexandria, Va.

## Help Wanted!

### A Sampling of Jobs from the NAADAC Career Classifieds

#### Certified Addictions Counselor Colorado (posted July 25, 2006)

Immediate opening for a full time Addictions Counselor at Mount View Youth Services Center (MVYSC) in Denver, Colo. MVYSC is a treatment services facility for adolescent offenders. The goal of the treatment program at MVYSC is to increase the accountability, skill development, self-management, self control and problem-solving skills, as well as decrease assaults, suicidal behaviors, mental health symptoms, substance abuse, sexual abuse, and criminal thinking/behaviors in high-risk juvenile offenders.

#### Family Therapist; Unit Therapist Evening/Weekend Therapist Director of Marketing and Intake and Eating Disorders Unit Therapist

Tucson, Ariz. (posted July 21, 2006)

Sierra Tucson, an inpatient behavioral health facility located in Tucson, Arizona Since its inception over 20 years ago, Sierra Tucson has expanded from a drug rehab center to a comprehensive inpatient treatment facility.

#### Administrator of Alcohol & Drug Programs

Napa County, Calif. (posted July 7, 2006)

Napa County is home to 130,000 residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. The County is seeking an energetic and experienced manager to serve as Administrator of Alcohol & Drug Programs. Reporting to the Health and Human Services Agency Director, this position is a member of an integrated agency team which includes Alcohol & Drug, Mental Health, Public Health, and Social Services.

*For full job descriptions or for more information, please visit [www.naadac.org](http://www.naadac.org). Click on "Employment."*

- September 1-30, 2006** **Recovery Month**  
"Building a Stronger, Healthier Community"  
Events Nationwide.  
For a Recovery Month kit or for more details, visit  
[www.recoverymonth.gov/2006](http://www.recoverymonth.gov/2006).
- September 6-8, 2006** **Tennessee Journey Together 2006 conference**  
Special SAP pre-conference, September 5-6  
Embassy Suites Airport, Nashville, TN  
More details at [www.taadac.org](http://www.taadac.org).
- September 8, 2006** **MAADAC, The Michigan Association of Alcoholism and Drug Abuse Counselors Fifth Annual Golf Outing**  
Twin Lakes Golf & Swim Club  
455 Twin Lakes Drive, Oakland, MI 48363  
Arrive by 7:00am; Shotgun Start at 7:30am SHARP  
More details at [www.maadac.org](http://www.maadac.org) or call  
734-254-9333.
- September 15-16, 2006** **Montana Alcohol & Drug Counselors Association and the Montana Council on Problem Gambling Fall Conference**  
CEs available for LACs, MSWs & LCPCs  
Cost \$150 after September 10, 2006  
Bozeman Comfort Inn, Bozeman, Montana  
For more details, contact Vanessa Sexson at  
406-580-8813.
- September 19, 2006** **NCAC I/NCAC II/MAC Application Deadline for November 18 Exam date**  
The Professional Testing Corporation (PTC) provides  
NAADAC approved certification testing.  
More details at [www.ptcny.com](http://www.ptcny.com).
- September 20, 2006** **National Addictions Professional Day**  
Celebrate the invaluable work that addiction  
professionals do!  
Activities nationwide.  
Organizer's toolkit available from the NAADAC office.  
More details at [www.naadac.org](http://www.naadac.org) or contact  
Donovan Kuehn at 1-800-548-0497, ext. 125 or  
[dkuehn@naadac.org](mailto:dkuehn@naadac.org).
- September 20, 2006** **NAADAC Open House**  
Alexandria, Virginia  
Come visit the NAADAC national office, meet  
NAADAC staff and leaders and celebrate Addictions  
Professional Day.  
More details at [www.naadac.org](http://www.naadac.org). To RSVP, contact  
Donovan Kuehn at 1-800-548-0497, ext. 125 or  
[dkuehn@naadac.org](mailto:dkuehn@naadac.org).
- September 28-October 1, 2006** **NAADAC/CAADAC Annual Conference**  
Burbank, California  
NAADAC is joining with the California Association  
of Alcoholism and Drug Abuse Counselors (CAADAC)  
to present NAADAC's annual conference with  
CAADAC's Annual Meeting.  
More details at [www.naadac.org](http://www.naadac.org) or [www.caadac.org](http://www.caadac.org)  
or call 1-800-548-0497.
- October 18-20, 2006** **Kansas Association of Addiction Professionals (KSAAP) Annual Conference**  
Highlights: CC Knuckols on the Science of  
Recovery; Ken Winters on the Adolescent  
Developing Brain; Delbert Boone on Treating the  
Hip Hop culture and Treating Addiction in the new  
Millennium; Gayl Edmunds on Cultural Competency  
and Rosetta Oliver on Women's Issues.  
Broadmoor Hotel, Wichita, KS  
More details at [www.ksaap.org](http://www.ksaap.org) or contact  
[ksaap@ksaap.org](mailto:ksaap@ksaap.org) or 800-880-2352.
- November 18, 2006** **NCAC I/NCAC II/MAC Exam**  
The Professional Testing Corporation (PTC) provides  
NAADAC approved certification testing.  
More details at [www.ptcny.com](http://www.ptcny.com)
- September 5-8, 2007** **NAADAC Annual Conference held in association with the Tennessee Association of Alcoholism and Drug Abuse Counselors (TAADAC)**  
More details at [www.naadac.org](http://www.naadac.org) or contact NAADAC  
at [naadac@naadac.org](mailto:naadac@naadac.org) or call 1-800-548-0497.

Have an event we should know about?  
Contact 1-800-548-0497, ext. 125 or e-mail [dkuehn@naadac.org](mailto:dkuehn@naadac.org).



## NAADAC News

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