You Choose the Leaders

NAADAC Regional Elections 2007

Page 6
Spring is here and you can feel the sense of possibility that the season brings. Along with the seasonal renewal as we emerge from the winter (at least in the northern parts of the country!), comes the opportunity to get involved with initiatives that NAADAC has begun.

All NAADAC members have the opportunity to recognize excellence in the addiction profession by nominating someone for a NAADAC award. There are six categories to acknowledge excellence, and nominations will be accepted until April 30, 2007.

You can also earn continuing education credits for low or no cost. NAADAC has begun its 2007 Life-long Learning Series in 18 cities. And if one of those cities isn’t convenient for you, take a look at the online version of the series. More information can be found at NAADAC’s website (www.naadac.org) or read more on page 14.

Finally, many of you will be selecting new leaders for the association. The biannual elections for NAADAC Regional Vice Presidents will begin in April. For more information, or to read the biographies of the candidates, please turn to page 6.

Enjoy the issue.

Donovan Kuehn
NAADAC News Editor
A Commitment to Excellence
Evidence-Based Practices are Critical for Success

Sharon Morgillo Freeman, PhD, APRN-CS, MAC

“Evidence-Based Practice (EBP) requires that decisions about care are based on the best available, current, valid and relevant evidence. Health care professionals must be able to gain, assess, apply and integrate new knowledge and have the ability to adapt to changing circumstances throughout their professional life.”

– Sicily statement on evidence-based practice

Within the last ten years the addiction field has seen an increase in focus on research to practice, science to service, and the implementation of evidence-based practices (EBP). EBP usually refers to practice that has proven success through research and has produced results that are continually reproduced over time.

Before conclusions can be drawn about whether or not a particular practice works, rigorous evaluation must be conducted. This evaluation includes systematic and standardized descriptions of the population being studied, relationships between the clients, desired outcomes and often many other factors. Any intervention must be meaningful to the participants and objectively measured when conducted by independent investigators. In addition, the outcome must be a primary result of the intervention not simply a by-product of the intervention.

Implementing proven practices or programs is rapidly becoming standard practice and is becoming a standard requirement of numerous funding sources.

There are a number of attitudes that can influence how we approach clients and colleagues. These can include:

a) Faith “Turn it over to forces outside of our control”;
b) Personal Belief “It worked for me”;
c) Anecdotal Evidence “It has always been this way and it works for most of us”;
d) Influence of Power “We all do it this way, so you will too”;
e) Tradition “It has always been done this way”; and/or,
f) Mandate “Don’t try to change things, we have to do it this way”.

What sets these beliefs apart from evidence-based practices is the absence of a system that can be reliably and consistently replicated.

But we’re not in this alone. SAMHSA has published Treatment Improvement Protocols (TIPs), essentially EBP manuals that are easy to read and contain tremendous amounts of information for counselors at any experience level or practice site. It is incumbent upon addiction professionals to learn as much as possible about advances in EBPs and to offer their clients the most recent information available so they can self-select treatment options.

The most well-known EBPs used in substance use treatment are Motivational Enhancement Therapy and Cognitive Behavioral Therapy. Cognitive Behavior Therapy (CBT) is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behavior) all interacts together—our thoughts determine our feelings and our behavior. It involves recognizing unhelpful or destructive patterns of thinking and reacting, then modifying or replacing these with more realistic or helpful paths.

Motivational Enhancement Therapy (MET) is a patient-centered counseling approach for initiating behavior change by helping patients resolve ambivalence about engaging in treatment and stopping their substance misuse. This approach employs strategies to evoke rapid and internally motivated change in the patient, rather than guiding the patient step-by-step through the recovery process. Many strategies are contained within these two models such as Contingency Management and other Behavior Modification programs.

There are also other sources for EBPs. The National Registry of Evidence-based Programs and Practices (NREPP) is a service of SAMHSA. NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies and organizations implement programs and practices in their communities. The database can be accessed at http://nrepp.samhsa.gov.

In addition, the Addiction Technology Transfer Centers, created by SAMHSA, have 14 individual regional centers and a National Office that work in support of best practices in addiction treatment. Resources and more information can be found at www.nattc.org.

The ultimate result of this research is an enhancement of the tools that will help us work toward positive outcomes for our clients. I find it exciting to be a part of the growth and changes occurring in our profession including the adoption of many of the evidenced based practices being developed for our clients!

I am always pleased to discuss these and any other issues of interest to NAADAC members. If you have questions on this or any other issue, contact me at morgillofreeman@aol.com.

Sources:
Winter Survey Reveals NAADAC Members’ Opinions
State Support and Communication are Priorities for Respondents

Donovan Kuehn, NAADAC News Editor

The results are in from the NAADAC 2007 winter survey, and NAADAC members have spoken out on a number of issues.

When asked what the main focus of the NAADAC’s leadership should be in 2007, over one out of three respondents selected supporting the states, while almost one in four chose improving communication with individual members. The least popular choice was focusing on international growth, which was selected by just one in 20 of the respondents.

Almost 15 percent of respondents selected the “other” choice and mentioned as their priorities: resolving discussions with the International Credentialing & Reciprocity Consortium (IC&RC) on credentials, NAADAC’s certification process, advocacy issues, membership ideas, education and research.

“The results are in from the NAADAC 2007 winter survey, and NAADAC members have spoken out on a number of issues.”

The second question asked why people want to join a national association. The most popular selection, with 33 percent, was “all of the above”—a combination of gaining access to information on clinical and professional issues; for a strong national voice and to receive national discounts on products. That was followed by the desire to gain access to cutting edge information on clinical and professional issues (26%) and to have a strong national voice in Washington, D.C. (21%).

The third question asked how many professional membership organizations members belonged to. Fifty-one percent of respondents belonged to one to three other national professional organizations, while 37 percent of respondents only belonged to NAADAC. Twelve percent of those who responded belonged to four or more organizations.

The fourth question asked what national membership organizations (if any) respondents belong to. Of the 167 people that responded, 194 different organizations were selected. The top five responses were:

1. National Association of Social Workers (NASW) – 26
2. American Counseling Association (ACA) – 23
3. American Psychological Association (APA) – 16
4. American Association for Marriage and Family Therapy (AAMFT) – 12
5. California Association of Alcoholism and Drug Abuse Counselors (CAADAC) – 11

“Having two credentialing bodies is hurting our attempts to be seen as a profession that is organized and has a singleness of purpose.”

The final question of the winter survey centered on international exchange programs. Three hundred one people responded to the question of whether NAADAC should participate in international exchange programs. The majority of respondents selected the option “I don’t know enough about international exchange programs to answer this question” with 54 percent. Thirty-six percent of respondents felt that NAADAC should participate in international programs while eight percent opposed participation. Of the comments on the subject, most respondents expressed the opinion that energy should be spent on strengthening state affiliates before expanding international programs.

The opinions and comments of
NAADAC members are an invaluable part of shaping NAADAC’s direction as an organization. We sincerely thank everyone who participated in the survey and hope that you will participate in the spring survey.

If you have questions about the survey process, contact Donovan Kuehn at dkuehn@naadac.org or 800.548.0497 ext. 125.

1. Which should be the NAADAC Leadership’s main focus for 2007? (398 total responses)
   - State support 33.9% (135 responses)
   - Improve communication with individual members 24.1% (96 responses)
   - All of the above 23.6% (94 responses)
   - Other (listed below) 13.8% (55 responses)
   - International growth 4.5% (18 responses)

2. I am a member of a national association because I want: (462 total responses)
   - All of the above 33.3% (154 responses)
   - To gain access to cutting edge information on clinical and professional issues 26.4% (122 responses)
   - For a strong national voice in Washington, D.C. 21% (97 responses)
   - To receive discounts on national certification, publications, events, etc. 11% (51 responses)
   - Other (listed below) 8.2% (38 responses)

3. I belong to ________ (#) of professional national MEMBERSHIP organizations (such as NASW, APA, ANA, AMA, etc.) NOTE: This does NOT include certifying agencies, only MEMBERSHIP organizations. (280 total responses)
   - 1 to 3 other Professional National Organizations 50.5% (142 responses)
   - Only NAADAC 37% (104 responses)
   - 4 to 6 other Professional National Organizations 9.6% (27 responses)
   - 7 or more other Professional National Organizations 2.8% (eight responses)

4. What other national membership organizations (if any) do you belong to? (166 total responses)
   Top five responses:
   - National Association of Social Workers (NASW) – 26
   - American Counseling Association – 23
   - American Psychological Association (APA) – 16
   - American Association for Marriage and Family Therapy (AAMFT) – 12
   - California Association of Alcohol and Drug Abuse Counselors (CAADAC) – 11

5. Should NAADAC participate in international exchange programs? (302 total responses)
   - I don’t know enough about international exchange programs to answer this question. 54% (163 responses)
   - Yes 35.8% (108 responses)
   - No 8.3% (25 responses)
   - Other 2% (six responses)

NAADAC Spring 2007 Survey
Please return this survey to NAADAC. Mail: NAADAC Survey, 901 N. Washington St., Ste. 600, Alexandria, VA 22314. Fax: 703.741.7698. If your other comments cannot fit in the space provided, attach a separate sheet with your comments or fill out the survey on-line at www.naadac.org.

1. How satisfied are you with NAADAC discounts and services?
   - Extremely Dissatisfied
   - Somewhat Dissatisfied
   - Satisfied
   - Somewhat Satisfied
   - Extremely Satisfied
   - Other (please specify) ____________________________

2. Are there any services you’d like to see NAADAC offer discounts on?
   - Educational Services
   - Health Insurance
   - Professional Insurance
   - Cellular Phone Service
   - Car Rentals
   - Credit Card Services
   - Travel Services
   - Entertainment Services
   - Gifts and Shopping
   - Home Improvement
   - Childrens Services
   - Pet Services
   - Other (please specify) ____________________________

3. What are the top issues facing the addiction profession?
   - Workforce Issues (recruitment, retention and rewards)
   - Clinical Issues
   - The adoption of evidence-based practices
   - Tension between experienced clinicians and those new to the profession
   - Certification Issues
   - Licensure
   - Other (please specify) ____________________________

4. Do you know how to contact your legislator?
   - Yes
   - No
   - Please help me learn how to do this (please contact dguarnera@naadac.org or call 800.548.0497)

5. Have you ever contacted an elected official?
   - Yes, national
   - Yes, state
   - Yes, local
   - No

6. If you have contacted legislators, what was your experience with them like?

_____________________________________________

_____________________________________________

_____________________________________________

7. Please add any thoughts or comments you have on these or any other topics. If you have a specific question or issue that needs follow up, please include your name, e-mail address and phone number.
NAADAC 2007 Elections
NAADAC Provides Candidate Biographies and Election Information

Donovan Kuehn, NAADAC News Editor

Every two years, different regions have the opportunity to select the representatives who will represent them and help determine the direction of the association. In April of 2007, NAADAC members will select four Regional Vice Presidents. All positions are for two-year terms.

The four positions open for election are:

**Mid-Central Regional Vice President**
(Represents Illinois, Indiana, Kentucky, Michigan, Ohio & Wisconsin)

**North Central Regional Vice President**
(Represents Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota & South Dakota)

**Southeast Regional Vice President**
(Represents Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee)

**Southwest Regional Vice President**
(Represents Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah)

Nominees for the position of Regional Vice President must represent a state wherein an Affiliated State Association is in place and may only be nominated for a region in which they reside. Candidates can serve two consecutive terms.

The following candidates have been nominated for election to the NAADAC Executive Committee and deemed eligible for office by the NAADAC Nominations and Elections committee.

Only members in good standing who have been actively engaged in work in addiction counseling or as an addiction professional for at least two years immediately prior to nomination shall be eligible for an elective office with NAADAC, the Association for Addiction Professionals.

NOTE: If you live in one of the states listed above and have not received a ballot packet by April 7, 2007, please contact Donovan Kuehn at 800.548.0497, ext. 125 or dkuehn@naadac.org no later than April 20, 2007.

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**Candidate #1**
Nominee: Kevin M. Large
Credentials: MA, LCSW, LMFT, MAC, ICAC-II, SAP
E-mail: klarge@alumni.kzoo.edu
Nominated by: Kevin M. Large

**Philosophy statement of the nominee on the future of NAADAC:**
I would like to see NAADAC continue to grow and develop as a premier organization that provides membership services to state affiliates and members, promotes advances in the development of educational materials and training opportunities, and, above all, seeks to provide services and promote legislation that benefits the care of individuals and families affected by addictions and/or substance abuse.

While our primary focus is often on the addiction counselor and other behavioral health providers, there are other allied health professionals, professionals, and paraprofessionals who also deal with those affected by addiction/substance abuse on a regular basis. I believe that it would be appropriate to look, at times, to this “wider audience” that comes in contact with those affected by addictions and substance abuse, whether through educational conferences, the availability of the Trainer’s Academy for professional presentations, and other venues.

I appreciate the efforts of others who have helped to develop academic training programs and curricula for the development of the addiction counselor. I believe that this is a vital step to aid in the further development of the profession of the addiction treatment. This is an important goal in and of itself, and to help put our profession “on par” with the social workers and marriage and family therapists, for example, who already have national standards for their academic training programs.

In addition to the emphasis needed to train the addiction counselors of the future, we need to reach out to those who are in training—students and counselors seeking clinical supervision—to both aid them in their development and to invite them to become a part of our membership organizations. This, of course, gives them an affiliation for their professional development and opportunities for networking.

From my experience at the local level, there appears to be the continuing question of “What does NAADAC do for me?” I think this is an important question, and one that is apt to be asked over and over. In response, I believe that there is much that NAADAC has to offer. Some of what NAADAC does may be immediately experienced such as attending a regional or national conference, while there are other ways, for example, how the NAADAC PAC and Public Policy Committees work, that local members may not be aware of. So, I think that there
is a need to continually make connections so that individual members and local groups can “see” what NAADAC is doing for them, for the field, and for those affected by drugs, alcohol and other addictions. Also, while many counselors may not be in a position to attend a major national conference in a large city, the continued development of regional conferences is a helpful way to “carry the message” to those that are working “in the trenches” and have little resources to travel to a far-away conference.

Lastly, I would like to see that NAADAC continues to provide high-quality educational conferences and educational speakers as they have in the past. I have been most impressed when I have had the opportunity to sit and listen to some of the top leaders in the field, from SAMHSA, CSAT, NIDA, other government officials, and speakers such as Dr. Carlo DiClemente. Instead of just reading about the subject matter out of a book or journal, you have the opportunity to sit in the same room, listen and ask questions, and learn about it first-hand from some of the current leaders in the field.

Summarize Candidate’s NAADAC activities:

• Member of the NAADAC Political Action Committee (PAC), 2004 to the present; participated in the monthly conference calls; participated in the on-site PAC events.
• Organized a NAADAC PAC event, with Jonathan Westin as invited speaker, at the state affiliate fall conference in Evansville, Indiana, October 2004.
• Conference Chairperson for the NAADAC Mid-Central Regional Conference, Merrillville, Indiana, June 2003 (co-hosted with the Indiana state affiliate).
• “Unofficial” staff photographer at the NAADAC Conferences, 2004-2006.

Other qualifications for this office:

• Vice President & Webmaster for the Indiana Association for Addiction Professionals (IAAP), the Indiana state affiliate of NAADAC, January 2005 to November 2006.
• Conference Chairperson for the Northern Indiana Counselors Association (NICA), South Bend, Indiana, 2001–2007.
• President of the Northern Indiana Counselors Association (NICA), South Bend, Indiana, 2002–2006. Chaired the monthly business meetings.
• Member of the Committee on Inquiry (Ethics Committee), NASW-Indiana Chapter, 2002–2004.
• Regional Chapter Representative on the Board of Directors of ICAADA, 2003–2004.
• Conference Chairperson, ICAADA, 2002-2004.
• Member of the Ethics Committee, ICAADA, 2002–2004.

Having grown-up in the Midwest, I have enjoyed the opportunity to live and work in four out of the six states that comprise the NAADAC Mid-Central Region. In the past several years, I have had the opportunity to serve in a leadership position for several organizations concurrently, for several professional membership associations and for a fraternal service organization. Being somewhat of a people-person, I believe that I am well-suited to the task of networking with the various state affiliates and members in the region. I see the role of the Regional Vice President as a combination of a liaison, representing the interests of NAADAC and representing this highly professional organization, and as a coach and mentor, helping the state affiliates to grow and develop their programs and services to the members and to the public that they each serve.

Information provided by candidate.

NAADAC 2007 ELECTIONS

Candidate #2
Nominee: John J. Lisy
Credentials: LICDC, OCPS II, LISW, LPCC
E-mail: jlisy@msn.com
Nominated by: Don P. Osborn, Mid-Central RVP

Philosophy statement of the nominee on the future of NAADAC:

NAADAC is the premier organization for addictions professionals in the United States and the world. We as addiction professionals have an obligation to the individuals that we serve to advocate for a system of care that has the capacity to provide them the help that they need. Capacity includes both “treatment on demand” and a workforce that is empowered by the most current scientific advancements of our field.

For me the future of NAADAC is a combination of strong advocacy and leadership in Addiction Workforce Development.

NAADAC must continue to build the relationships with other national organizations to advocate effectively on a national level. We must also train advocates on both the state and local level. The Public Policy Committee is currently working with the Regional Vice Presidents to build capacity at the state and local levels. This project would be a strong priority for me if I were to be selected.

Workforce Development is essential to the survival of our field. In Ohio, the Ohio Association for Alcoholism and Drug Abuse Counselors (OAADAC) and NAADAC have partnered with other key stakeholders to form the Ohio Addiction Workforce Develop-
Summarize Candidate’s NAADAC activities:

John Lisy was awarded the NAADAC Advocate of the Year for 2005 at the Leadership Conference in Washington D.C. on March 8, 2005. He serves on the NAADAC Public Policy Committee October 2000 to Present.

On the state level he has served as President of OAADAC from September 2001 to September 2003. He serves as State Legislative Chair September 1995 to Present. John received the August Martin Meuli Humanitarian Award form OAADAC in 1998.

John worked with NAADAC to secure two national earmarks for workforce development for the State of Ohio. Ohio serves as one of the national models for a working collaborative workforce project. John chairs the Workforce Development Committee, a statewide coalition that represents all segments of the Addictions Prevention and Treatment Community. Accomplishments include assembling a comprehensive Workforce Development team, completion of four statewide workforce studies, the development of eBasedTreatment.org, numbers of regional and one national conference, higher education study of Ohio colleges and universities and strategic planning for the prevention workforce. The committee has published a comprehensive report on its activities and the “Tricks of the Trade” booklet, a compilation of management activities that work in recruitment and retention.

Information provided by candidate.

Summarize NAADAC activities:

Past President of the Nebraska Association of Alcoholism and Drug Abuse Counselors and current North Central Regional Vice President for NAADAC, the Association for Addiction Professionals.

Information provided by candidate.

NORTH CENTRAL REGION
(one candidate)
Represents Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, & South Dakota

Nominee: Jack W. Buehler
Credentials: MA, LADC, LMHP, NCAC II, SAP
E-mail: jackwbj@aol.com
Nominated by: Scott Grantski and Randy Drake

SOUTHEAST REGION
(one candidate)
Represents Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee

Nominee: David A. Cunningham
Credentials: LADAC, NCAC I, QSAP
E-mail: dcunnin529@aol.com
Nominated by: Hilde Phipps and Cindy Black

Philosophy statement of the nominee on the future of NAADAC:

NAADAC needs to continue to be one of the leaders in the addiction profession in the areas of Parity, reducing Stigma, improving public awareness and education. We need to find new ways to help with recruitment and retention of Addiction Counselors. I support the development of new partnerships in order to keep NAADAC growing in the future. Continue to support the efforts of the NAADAC National Certification Commission (NCC) to help build a unified workforce for the profession.

Summarize NAADAC activities:

Cunningham has been in the addiction treatment field since 1990. He has served as East Tennessee President, Tennessee State President and currently as the South-central Regional Vice President for NAADAC. He has been the recipient of numerous awards including the Henry A. Ashe Professional of the Year in east Tennessee, State Professional of the Year in Tennessee, Tim
Kerin Red Ribbon Award for Community Achievement with Child and Family Services and Helping Pre-Natal Chemically Exposed Children and Adults.

Other qualifications for this office:
His experience has included program development, supervision, therapy, training and volunteer time with the American Red Cross, schools and local treatment facilities. Cunningham is currently the Clinical Outreach Director for English Mountain Recovery, a long-term residential program for men and women located in the Smoky Mountains of east Tennessee. He is a passionate member of NAADAC, a mentor to those entering the field and an advocate for those continuing to suffer from the disease of addiction.

Information provided by candidate.

SOUTHWEST REGION
(two candidates)
Represents Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah
Candidates are listed in alphabetical order.

Candidate #1
Nominee: Jean Armour
Credentials: LPC, BSN, CAC III
E-mail: armourjean@hotmail.com
Nominated by: Frank Lisnow

Philosophy statement of the nominee on the future of NAADAC:
From the many years as both an administrator and a clinician I view the future of NAADAC from both of those perspectives. I continue to see a major role in providing the kind of leadership that is proactive with an infrastructure that is competent and useful to the membership at large. NAADAC has an opportunity to lead the field in current methodologies for successful outcomes in treatment and to encourage shifts in program design which would be reflected in greater effectiveness in client outcomes.

I have had an active role in Colorado in promoting awareness of the need to include the biochemistry of the client in addition to the more traditional approaches. If we as a field are to gain and maintain esteem with our colleagues, we must integrate what we know from past successes with the newer nutritional and neurobiological approaches. NAADAC has an opportunity to encourage this shift and I am hopeful it will happen. I will continue to be an active advocate for the process.

Summarize Candidate’s NAADAC activities:
Many years ago I was a Board Member for the Colorado Affiliate for a brief time and felt that I did not have the time to participate actively and subsequently resigned. My role as an active participant in NAADAC began with assuming the role of President for the Society of Addiction Counselors of Colorado (SACC) in 2005. Prior to that time I had been an Executive Manager in a large addictions treatment agency for 18 years and came to my current role with an interest in providing leadership in the area of administrative expertise.

My goal has been to carefully look at the infrastructure and update the protocol in preparation for the Board moving forward with increased capability of meeting the needs of the membership. I was fortunate to attend the 2006 NAADAC annual meeting, and felt the connections with other State and National Representatives was valuable. In June 2007 I will step aside from the President position and continue to serve in the supporting role of Past President.

Information provided by candidate.

Candidate #2
Nominee: Sharon D. “Del” Worley
Credentials: MC, LPC, LISAC
E-mail: delworley@msn.com
Nominated by: Alice Kibby

Philosophy statement of the nominee on the future of NAADAC:
I am committed to improving the recognition given to addiction professionals nationally and internationally and maintaining the high standards of addiction counseling. NAADAC is a major part of this. I see NAADAC as having a major role in assisting the states in moving toward licensure reciprocity and in helping other countries to establish certification for addiction professionals as China is doing now. Further, as the states move from certification to licensure, I see NAADAC and the state affiliates as having a major role in developing and perhaps administering impaired professionals programs for addiction counselors.

Summarize Candidate’s NAADAC activities:
Del has been a NAADAC member since 1987 and was one of the persons instrumental in chartering the Arizona Affiliate, the Arizona Association for Alcoholism and Drug Abuse Counselors (AzAADAC). She served as President Elect and then President of AzAADAC and as Delegate to NAADAC for two years. She then served on the LGBT Worley, continued on page 10

If you live in the MID-CENTRAL REGION (Illinois, Indiana, Kentucky, Michigan, Ohio & Wisconsin), the NORTH CENTRAL REGION (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota & South Dakota), the SOUTHEAST REGION (Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee) or the SOUTHWEST REGION (Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah) and have not received a ballot packet by APRIL 7, 2007, contact Donovan Kuehn at 800.548.0497, ext 125 or dkuehn@naadac.org by April 20, 2007.

www.naadac.org
Issues subcommittee of NAADAC for two years until that subcommittee was dissolved.

Del has chaired three state AzAADAC conferences and has participated in developing two Southwest Regional Conferences. She continues to serve her state affiliate as a delegate to the Arizona Behavioral Health Professionals Licensure Coalition, a group representing the four counseling professions in Arizona, which successfully worked with the Arizona Certification Board to bring Licensure to the state of Arizona in 2004. She has served on this coalition for eight years.

Del was appointed by the Governor of Arizona to serve on the Arizona Board of Behavioral Health Examiners, serving from 2003 to January of 2007 and chairing the Substance Abuse Credentialing Committee for the past two years. She has also served twice as Co-Chair of her local Southern Arizona chapter and is currently serving a second term as Secretary. She continues to serve AzAADAC as Chair of the AzAADAC Ethics Committee.

Other qualifications for this office:
Del is a counselor and educator who has worked as an addiction professional for 21 years. She maintains a private practice and is a part-time clinical director of Perspectives Counseling, a small outpatient addiction treatment program. She is adjunct faculty at Pima Community College, teaching and developing addiction courses, and at Prescott College, where she is a graduate advisor in the Counseling and Psychology Program. She is co-owner of Southwest Institute for Group and Family Therapy which provides quality education for counselors and is certified by the National Board for Certified Counselors (NBCC) as a continuing education provider. She has presented locally, nationally and internationally on addiction, chronic pain management, relapse prevention and treatment of trauma. She is teaching addiction counseling, addiction prevention and ethics at Beijing Medical University in March of 2007 with the International Center for Health Concerns as part of China’s ongoing process to certify addiction professionals. She is a Diplomat and currently a board member of the Redecision Therapy Association.

Information provided by candidate.

Four Circles Recovery Center
North Carolina Facility Becomes NAADAC’s Newest Organizational Member

By Donna Croy, NAADAC Director of Member Services

Four Circles Recovery Center is an innovative substance abuse treatment center that combines a 12-step philosophy, clinical approaches and outdoor behavioral healthcare to treat chemical dependency with young adults ages 18–28.

Four Circles’ clinical approaches are researched based. Its clinical team is comprised of master’s and doctoral level clinicians who take a bio-psycho-social approach to addiction. The four circles represent healing on emotional, physical, mental and spiritual levels. Their approach includes individualized treatment planning, individual and group therapy, AA/NA meetings, art therapy, martial arts practice, life skills training, psycho-educational skills training, family therapy, 12 step meetings, meditation, cognitive-behavioral therapy, motivational interviewing, experiential education, motivational enhancement therapy, career/vocational/psychological testing, gender specific treatment and solution focused therapy.

The wilderness environment serves as a dramatic backdrop for this recovery program. The reality and natural consequences of nature provide immediate feedback. By stepping out of one’s comfort zone and handling the challenges of the outdoors, clients can confront limited beliefs and long-standing emotional patterns in a real and active way.

Four Circles Recovery Center is owned by Aspen Education Group, one of the nation’s leading providers of therapeutic services to adolescents and young adults. For more information, please visit their website at www.fourcirclesrecovery.com or contact Jack Kline, Executive Director, 156 Clear Crossing Lane, Horse Shoe, NC 28742. Or contact him by e-mail jkline@fourcirclesrecovery.com or by phone at 828.891.2221.
2007 Journey Together Conference
September 5-8, • Nashville, TN

EARN OVER 20 CE CREDITS
Continuing Education credits can be earned in several tracks, including:
• Prevention/Adolescents
• Specialty Populations
• Corporate/Human Resources/Workplace
• Treatment Skills/Issues
• Criminal Justice
• Workforce Development

The conference will also include 12 hours of special training for Substance Abuse Professionals who need to qualify or re-qualify under US Department of Transportation (DOT) regulations (additional costs for this track apply) and will offer special tracks for the National Association of Lesbian and Gay Addiction Professionals (NALGAP).

SCHOLARSHIPS
Scholarships are available. Please visit www.naadac.org to download the scholarship application form. Please click on “upcoming events.”
All scholarship applications must be received no later than July 5, 2007 to be considered.

HOTEL & TRAVEL INFORMATION
Nashville International Airport
Fly into Nashville (Airport Code: BNA) using one of the carriers that serve the airport: American, Continental, Delta, Frontier, Jetblue, Northwest, Midwest, Southwest, United and US Airways.

Hotel
Renaissance Nashville Hotel & Convention Center
611 Commerce St., Nashville, TN 37203 USA
For reservations, call 800.327.6618. Please mention Journey Together or NAADAC to receive the special rate of $139 per night (plus applicable taxes).

FEATURED SPEAKERS
Carlo C. DiClemente, PhD
Professor and Chair, Department of Psychology, University of Maryland, and co-creator of the Transtheoretical Model of Change.

Dr. H. Westley Clark, MD, JD, MPH, CAS, FASAM
Director, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). A leader of the national effort to provide effective and accessible treatment to all Americans with addictive disorders.

Nora D. Volkow, MD
Director of the National Institute on Drug Abuse (NIDA), an agency that finances more than 80% of the world’s research on addiction and how it impacts on people’s lives.

David J. Powell, PhD, LADC, CCS
President of the International Center for Health Concerns and a worldwide leader in the education and training of behavioral health professionals.

Don’t miss this exciting educational opportunity. Come earn your continuing education credits at the Journey Together conference, and bring the family to enjoy the sights and sounds of Nashville.

EXPLORE NASHVILLE & TENNESSEE!
The Journey Together conference will be offering special rates with local tours and unique opportunities to enjoy all that Nashville has to offer.

For more information, visit www.naadac.org or www.taadac.org or contact the Visitor’s Bureau at www.musiccityusa.com or 800.657.6910.

CONFERENCE AGENDA
For up-to-date agenda details, please visit www.naadac.org and www.taadac.org

Co-hosted by NAADAC, the Association for Addiction Professionals, as it partners with the Tennessee Association of Alcoholism & Drug Abuse Counselors (TAADAC) and the National Association of Lesbian and Gay Addiction Professionals (NALGAP).
OHIO

Stacey Frohnapfel Hasson, Chief of Communication and Training for the Ohio Department of Alcohol and Drug Addiction Services, announced that there are a variety of web-based RCH/Continuing Education credits available at www.ebasedacademy.org.

eBasedAcademy is a free, online professional development resource for Alcohol, Tobacco and Other Drug (ATOD) prevention and treatment professionals. It includes both instructor led and self-paced courses and has been online since April 2006. Courses include multimedia items, discussion boards, quizzes, glossaries and a number of other activities to enhance the online learning environment. eBasedAcademy is managed by the Ohio Resource Network for Safe and Drug Free Schools and Communities which is funded by the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Education.

In 2007, there will be a minimum of 25 courses offered in Prevention, Treatment, Social Work, General Health and Education.

Dates for the upcoming sessions are:

Spring Session: April 16–May 28
Summer Session: July 2–August 13

For a full course listing, visit www.ebasedacademy.org.

OREGON

Hillary Wylie, President of the Association of Alcohol & Drug Abuse Counselors of Oregon (AADACO) and NAADAC member Chris Stole, attended an informative legislative session in Salem which was a hearing held with the House Subcommittee on Human Services and Women’s Wellness, chaired by State Representative Carolyn Tomei and the Senate Health and Human Services Committee, chaired by State Senator Bill Morissette. The sessions discussed legislation (Senate Bill 184 and House Bill 2535, the Malt Beverage Cost Recovery Fee) which will earmark two percent of liquor sales to fund Prevention & Addiction Treatment.

Wylie recently outlined priorities and issues of the affiliate:

• Working to restore lost funding and bring necessary treatment funding up to meet the demand for treatment brought on by the methamphetamine epidemic.

“In Oregon, every $1 invested in treatment saves $5.60 in other costs, based on the Oregon Research Brief on Addiction Treatment Effectiveness, made possible through a partnership with AADACO and other state organizations”

– Hillary Wylie

• Planning a joint conference with the State of Washington for later this year.
• Developing a display board and materials for distribution at conferences and exhibits.
• Convincing Oregon’s politicians to fund alcohol and drug addiction treatment. In Oregon, every $1 invested in treatment saves $5.60 in other costs, based on the Oregon Research Brief on Addiction Treatment Effectiveness. This research brief was made possible through a partnership with AADACO and other state organizations.
• AADACO has formed coalitions with Mental Health, Prevention, Chambers of Commerce, Business and Counties and others to help restore funding cut in the last few years to treatment. The Governor’s council has published a good report that has become a working document.
• Upgrading treatment to include evidence-based practices, Masters degree clinicians, state-of-the-art facilities and appropriate pharmacological interventions are needed.
• Better funding and recognition as a healing profession.

In addition to her activities with the Oregon affiliate, Wylie was elected to represent the second ward on the Springfield City Council.

WISCONSIN

J. Wolfgang Wallschlaeger, MSE, CADC III, CCSG, has handed over the reins as President of the Wisconsin Association of Alcohol & Drug Abuse Counselors (WAADAC) to Deborah Marino.
In his parting comments, Wallschlaeger expressed his thanks.

“...[I]t hardly seems like 13 years of active membership in our professional organization. I first became a NAADAC/WAADAC member in 1993 and attended my first national conference in Chicago as a delegate from Wisconsin. I remember the Fairmont Hotel with its attachment to what was billed as one of the most modern and progressive health clubs in the country. Upon entering through an underground entrance from the hotel, we were greeted by a nine story climbing wall, which was an impressive sight. Even more impressive was a woman climbing who had reached the seventh floor height. It was explained to me that she was Cynthia Moreno—a delegate from Washington State. This is the very same woman who is now the Executive Director of NAADAC. She is just one of many inspirational people I have met during my tenure in WAADAC as a member of your executive board. WAADAC has witnessed and been a part of many changes that have affected the profession; whether we were part of committees to help revamp HFS-75 (Treatment Standards for Wisconsin) or advocating for alcohol and other drug abuse (AODA) counselors in sensitive legislature like Act 80, or seating four members on the Wisconsin Certification Board. One of my fondest memories has been the acquisition of the Governor’s endorsement of Addiction Counselors Day in Wisconsin. WAADAC, for the last two years, has been a part of a larger national movement to gain recognition for AODA professionals through the proclamation of a national recognition day for counselors. Governor Doyle in his proclamation has been effusive with praise for the work we do on a daily basis. I’m happy to say we have several qualified and energetic members who have been nominated to succeed me. I pledge to you, that as Immediate Past President, I shall continue on the board as an active member, advising and serving in whatever designated capacity the elected President shall ask.

“[Wisconsin] Governor Doyle in his proclamation has been effusive with praise for the work [addiction professionals] do on a daily basis”

–J. Wolfgang Wallschlaeger

SAMHSA RESOURCES

New Training Manual Teaches Strategies to Motivate Clients in Substance Abuse Treatment

Those new to the addiction services profession, or clinicians who are unfamiliar with motivational enhancement, can take advantage of a new resource that provides the basics on motivating clients. The Substance Abuse and Mental Health Services Administration (SAMHS), the agency responsible for improving the accountability, capacity and effectiveness of the nation’s substance abuse prevention, addictions treatment and mental service delivery systems, has released Enhancing Motivation for Change Inservice Training. This resource provides new substance abuse counselors with the basics on motivating clients.

This training focuses on strategies to affect how motivated clients are to alter their substance use and to develop a plan on how to begin and stick to a change in their behavior. Clinicians have found the approaches in this training useful with populations characterized by denial and resistance: such as court-mandated offenders.

The new manual is based on Treatment Improvement Protocol (TIP) 35, Enhancing Motivation for Change in Substance Abuse Treatment, and is written so an extensive background in training is not needed. The training approach includes presentation, discussion, group or partnered practice exercises and between-session assignments to help participants practice new skills and integrate learning into their practices.

Participants will learn about change theory and motivational strategies, learn to assess clients’ readiness for change and develop skills for enhancing client motivation. This training would be particularly helpful for new counselors or clinicians who are unfamiliar with motivational enhancement. The eleven 1.5 to two-hour modules include presentation instructions, PowerPoint slides, homework assignments and handouts.

Copies of the Enhancing Motivation for Change Inservice Training may be obtained free of charge by calling SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (877.726.4727). Request inventory number PHD1135. To order this or related publications online, visit www.samhsa.gov.

NIDA RESOURCES

Third International Interdisciplinary Conference on Clinical Supervision

The third annual interdisciplinary conference devoted to clinical supervision theory, practice and research will be held in Amherst, N.Y., from Thursday, June 7 to Saturday, June 9, 2007. This conference will focus on core issues in clinical supervision that cut across professional disciplines as well as issues specific to particular fields.

For further information on the conference, please visit www.socialwork.buffalo.edu/csconference.
Addiction professionals can now access a new NAADAC Learning Series at low or no cost. The new series, *Pharmacotherapy: Integrating New Tools into Practice*, will be offered in seminars in 17 cities throughout the U.S. and online. The online course can be found at www.naadac.org/recoverytools.

The seminars, featuring prominent instructors from diverse educational and experiential backgrounds, offer six hours of continuing education for $20. To ensure that cost is not a barrier, those signing up for the courses can apply for a scholarship to cover the registration cost.

The goal of NAADAC’s Life-Long Learning Series *Pharmacotherapy: Integrating New Tools into Practice* is to bring together addiction professionals from many backgrounds to discuss pharmacotherapy in a way that challenges ideas and perceptions, and to present unbiased information that can be used to assess the best possible treatment for patients.

Alcohol abuse and dependence affects millions of Americans each year. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that alcohol abuse affects 9.7 million people and alcohol dependence touches 7.9 million people. In the addiction profession, bio-psycho-social treatment traditionally has been the mainstay of alcohol and drug treatment programs, but more and more, there has been a growth in the availability of medications that may be able to supplement traditional treatment.

This educational program will discuss the four facets of alcohol dependence and addiction (biological, psychological, social and spiritual), will discuss addiction as a disease and the scientific evidence to support this claim, will compare FDA-approved pharmacotherapies for alcohol dependence, focus on overcoming treatment obstacles, apply strategies to match patients to the most appropriate therapy and plans to motivate patients in treatment.

“This is a unique opportunity to offer high caliber seminars on evidence-based practices and on an issue that has a significant impact on addiction services professionals,” said Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, NAADAC Executive Director.

“Addiction services professionals are in a unique position to work with others in the addiction related health care profession. As the people who know clients best, counselors can assess treatment plans and help determine which treatment approach is most appropriate for their clients,” she added.

The face-to-face seminars offer six Continuing Education (CE) credits, while the free online course offers three CE credits. The online course is based on a September 2006 educational breakfast program presented by NAADAC during its annual conference in Burbank, Calif.

For more information on the Life-Long Learning Series, including educational objectives and registration forms, please visit www.naadac.org or call 800.548.0497; or sign up for the online course at www.naadac.org/recoverytools.
SPACE IS LIMITED—REGISTER EARLY!
Pharmacotherapy: Integrating New Tools into Practice
Six (6) Continuing Education Hours
All sessions are $20 unless otherwise listed.
Scholarships are available. Visit www.naadac.org for a copy of the scholarship application.

2007 Seminar Schedule

Indicate the sessions in which you will participate:

☑ I will attend the session in (LIST CITY) ___________

**CALIFORNIA**
- June 6 | Long Beach
- November 3 | Oakland

**FLORIDA**
- June 28 | Orlando
Registration is included if you have registered for the Florida NAADAC conference. If not, cost is $20. Visit www.naadac.org/fl for payment information.
- March 26 | Macon
- March 27 | Tifton
- March 28 | Metro Atlanta
- May 7 | Marietta
- May 8 | Metro Atlanta

**GEORGIA**
- March 26 | Itasca
Registration is included if you have registered for the IAODAPCA conference. If not, cost is $20. Visit www.iaodapca.org for conference information.
- March 26 | Macon
- March 27 | Tifton
- March 28 | Metro Atlanta
- May 7 | Marietta
- May 8 | Metro Atlanta

**ILLINOIS**
- March 26 | Itasca
Registration is included if you have registered for the IAODAPCA conference. If not, cost is $20. Visit www.iaodapca.org for conference information.
- March 26 | Itasca

**MASSACHUSETTS**
- September 6 | Hyannis
Registration is included if you have registered for the Cape Cod Symposium. If not, cost is $20. Visit www.ccsad.com for conference information.

**MARYLAND**
- March 9 | Baltimore

**NEW YORK**
- November 16 | Albany

**PA (PENNSYLVANIA)**
- April 10 | Wyomissing
Registration is included if you have registered for the Mid-Atlantic Regional conference. If not, cost is $20. Visit www.naadac.org for conference information.

**TENNESSEE**
- June 20 | San Antonio
Registration is included if you have registered for the TAAP conference. If not, cost is $20. Visit www.taap.org for conference information.

**TEXAS**
- September 23 | Houston
Registration is included if you have registered for the Spectrum conference. If not, cost is $20. Visit www.taap.org for conference information.

**WASHINGTON**
- July 27 | Edmonds

**REGISTRATION INFORMATION**
Please return registration form to NAADAC no later than 10 days before seminar date.

**MAIL**
NAADAC
901 N. Washington St., Ste. 600
Alexandria, VA 22314

**FAX**
703.741.7698 or 800.377.1136

**E-MAIL**
dkamp@naadac.org

FOR MORE INFORMATION
Visit www.naadac.org or call 800.548.0497 ext. 102

**Attendee Information**

**PLEASE PRINT CLEARLY**

- Ms. ☐ Mr. ☐ Dr. ☐ NAADAC Member ID # ___________

Name ____________________________________________

- ☐ Home or ☐ Work Address _______________________

City ___________________ State __________ Zip ______

- ☐ Work Phone ☐ Home Phone _____________________

Work Phone __________________ Home Phone _____________

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Account Number __________ Exp. Date __________

Signature _______________________________________

Scholarships are available. Please visit www.naadac.org to download a scholarship application form or call 800.548.0497.
Welcome to the trial and tribulations of a chemical dependency professional intern. One day in the year 2000, at the age of 41, I had enough of being sick and tired. You see, life for me was good until around age 36. At this time in my life things seemed to be going in my favor, I had accumulated most everything I had ever wanted. During the next six years, my life would change dramatically. I had a severe bout of depression, which was made worse by self-medicating. Ultimately, I ended up being charged and convicted of six different felony charges.

At that point, I made the decision to get my life back. After I went for an alcohol/drug assessment, I was referred to inpatient chemical dependency treatment. This is the normal course for someone with an extensive addiction history, such as mine. While in my aftercare program, an addiction services professional suggested I look into a career that involved sharing my experience with others who were battling their alcohol/drug addictions.

At that point, I made the decision to get my life back. After I went for an alcohol/drug assessment, I was referred to inpatient chemical dependency treatment. This is the normal course for someone with an extensive addiction history, such as mine. While in my aftercare program, an addiction services professional suggested I look into a career that involved sharing my experience with others who were battling their alcohol/drug addictions.

When I applied to the State of Washington to be granted a registration to practice counseling, I was charged with Unprofessional Conduct, even though I had yet to practice a single day as a counselor. As I mentioned, when I was under the influence of my addictions I had received some legal convictions. However, I had served my time in incarceration and supervised probation. I was now being penalized again for the same convictions.

Due to my past indiscretions, the State of Washington instituted five stipulations on me before I could practice:
1. that my registration be placed on probation for at least three years,
2. that I not engage in solo practice as a counselor over the entire three year probation,
3. that I provide a copy of this order to my current employment supervisor and any employment supervisors thereafter within 30 days of employment, and that my supervisor submit quarterly reports to the state for a period of one year,
4. that I pay a fine in the amount of five thousand dollars ($5,000), with four thousand dollars ($4,000) of that fine suspended on condition of my compliance with this order, and
5. that I was to assume all cost of complying with this order.

With the advice of my attorney, I agreed to the stipulations the state imposed. The only stipulation that I really objected to was the fine I would have to pay. In my understanding, the fine was imposed because I had committed crimes in the state of Washington. I argued that I had paid for my crimes and being fined after already giving the state restitution amounted to double jeopardy—being penalized twice for the same crime.

The State of Washington countered that the fine was imposed because they had to investigate my past—something that can be accomplished in a matter of minutes in the age of computers.

I began working in the field over two years ago, and with the help of some compassionate supervisors, I have complied with every obstacle the state of Washington has put in front of me. The biggest hardship for me has been paying the fine which is due in a one-time payment. I don’t know about other states, but to put together one thousand dollars on a chemical dependency professional trainee’s salary has been a struggle for me. The fine will be paid by the time my three-year probation is lifted.

Despite my challenges, both personal and financial, I am determined to succeed and prosper in this profession. This is possible because I have found my calling and I love working to help others that are struggling with chemical dependency issues.

Carl D. Rodin, Chemical Dependency Professional Trainee (CDPT), works at Sound Counseling, Inc. in Puyallup, Washington.


Under Washington State Law, Unprofessional Conduct is described as:

**RCW 18.130.180 Unprofessional Conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of the person’s profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person’s violation of the statute on which it was based.

For the purposes of this section, conviction includes all instances in which plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(17) Conviction of any gross misdemeanor of felony relating to the practice of the person’s profession. For the purposes of this subsection, conviction includes all instances in which plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

For more information, please visit the State of Washington’s website at [http://access.wa.gov](http://access.wa.gov).

**Over a Million Kids Use Inhalants Annually**

**Few Realize the Potentially Fatal Consequences**

*By Donovan Kuehn, NAADAC News Editor*

Almost five percent of girls between the ages of 12 and 17 used inhalants in 2005, an increase from 4.1 percent in 2002, while boys remained fairly constant with 4.2 percent reporting use in 2005. Together, the data show that an estimated 1.1 million adolescence used inhalants, even though ingesting these household substances can be fatal.

The data, from a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services, was revealed at a press conference by the National Inhaling Prevention Coalition to kick off the 15th National Inhalants & Poisons Awareness Week (NIPAW).

Inhalants are common household products such as shoe polish, glue, aerosol air fresheners, hair sprays, nail polish, paint solvents, degreasers, gasoline or lighter fluids. Youth intentionally inhale these substances to get high. Some suffer “Sudden Sniffing Death” and others become addicted to inhalants. The new federal report, *Patterns and Trends in Inhaling Use by Adolescent Males and Females: 2002–2005*, notes that overall, the number of adolescents who first used an inhalant to get high in the past year remained stable from 2002 to 2005, with 591,000 youth starting to use inhalants in 2002 and 605,000 beginning to use inhalants in 2005. This breaks down to 306,000 males beginning use in 2002 and 268,000 in 2005. In 2002 approximately 285,000 females began use of inhalants, while 337,000 initiated use in 2005.

Almost five percent of girls between the ages of 12 and 17 used inhalants in 2005, an increase from 4.1 percent in 2002, while boys remained fairly constant with 4.2 percent reporting use in 2005. Together, the data show that an estimated 1.1 million adolescence used inhalants, even though ingesting these household substances can be fatal.

The SAMHSA report notes differences in the substances of choice among recent inhalant initiates. Use of nitrous oxides or whippets (used in products like spray whipped cream) among new users declined from 31.6 percent in 2002 to 21.3 percent in 2005, while use of aerosol sprays other than spray paint more than doubled from 12.6 percent in 2002 to 25.4 percent in 2005. The rate of use of nitrous oxide or whippets among male recent initiates declined from 40.2 percent in 2002 to 26.4 percent in 2005. The rate of use of these products remained stable for female initiates.

The SAMHSA report, which combined four years of data from 2002–2005 National Surveys on Drug Use and Health, found that 30.5 percent of recent inhalant users had consumed glue, shoe polish or toluene in the past year. Girls were more likely than their boys to have used glue, shoe polish or toluene (34.9 percent vs. 25.8 percent). They were also more likely to use other aerosol sprays, including aerosol cleaning products such as computer dusters or furniture polish; air fresheners; and aerosol hair sprays, 23.0 percent for female recent initiates vs. 16.4 percent for their male counterparts. Female new initiates also were more likely to have used spray paint, 26.1 percent vs. 20.8 percent.

With the prevalence of brain damage and the potential for death, inhalant use cannot be ignored. This report will help heighten public awareness and provide addiction services professionals with additional tools for effective treatment,” said NAADAC Executive Director Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP.

**NAADAC NEW MEMBER APPLICATION**

**PAYMENT INFORMATION**

Check (payable to NAADAC) in the amount(s) of $__________ enclosed.

**Donation to the NAADAC Education and Research Foundation (NERF)** is a registered 501(c)3, non-profit organization focusing on the promotion of education and research for the addiction services industry.

**Donation to the NAADAC Political Action Committee (PAC)** helps educate lawmakers to understand the priorities of addiction services professionals.

**Donation to the NAADAC Building Campaign**

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NOTE: From whom and where did you hear about NAADAC

**FAE COMPUTATION**

Membership (see below for your state’s fee)

Donation to the NAADAC Education and Research Foundation (tax deductible) The NAADAC Education and Research Foundation (NERF) is a registered 501(c)3, non-profit organization focusing on the promotion of education and research for the addiction services industry.

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The NAADAC Political Action Committee (PAC) helps educate lawmakers to understand the priorities of addiction services professionals.

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NOTE: 5% of membership dues are 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.

JOIN ONLINE AT WWW.NAADAC.ORG

“Earning the title of ‘professional’ carries responsibilities as well as privileges. As a member of NAADAC, I have enjoyed both. The responsibilities include keeping current with issues about the profession through my national organization. Membership allows me to have a voice when decisions are made about my career, my profession and my legal and ethical responsibilities. NAADAC is the ONLY organization representing the addiction profession at the table in Washington, DC. Let it be your voice as well as mine. Join today.”

—Sharon Morgillo Freeman, PhD, APRN-CS, NAADAC President
To see the full list of job opportunities, please visit www.naadac.org and click on “employment” and follow the career classifieds link. To post a job opportunity, please visit www.naadac.org and click on “employment” and click on career classified ad program or contact Jeff Crouse at jcrouse@naadac.org or 800.548.0497.

NEW HAMPSHIRE

Clinical Director
(posted March 16, 2007)

For over 20 years, Keystone Hall (Greater Nashua Council on Alcoholism) has been providing high-quality, low-cost, self-pay substance abuse services in both residential and outpatient settings to adults in the Greater Nashua and surrounding areas of New Hampshire.

Current programs include: crisis intervention; case management; sobriety maintenance; transitional living; screening; referral; assessment; intensive outpatient; early recovery; relapse prevention; and aftercare.

General Position Summary:
This is a full-time, senior-management position reporting directly to the President and C.E.O. The ideal candidate will be an experienced Licensed Alcohol and Drug Abuse Counselor (LADC) with management experience in leading a clinical organization. As the agency is rapidly moving towards dual-diagnosis capability, a license as a clinical mental health counselor would be beneficial as well.

Responsibilities:
• Direct supervision of clinical and administrative personnel
• Collaborate with President & CEO to develop, implement, maintain and evaluate outpatient and residential programs, policies and procedures
• Perform staff job evaluations
• Supervise provision of individual, group and family outpatient and residential substance abuse counseling

Qualifications
• Licensure as an Alcohol and Drug Abuse Counselor (LADC)
• Master’s degree in counseling, clinical psychology or related field
• Licensure as a chemical dependency clinical supervisor preferred
• Experience in managing staff and directing clinical programs
• Experience with diverse client populations such as cultural and/or religious minorities, co-occurring disorders and indigent and socio-economically disadvantaged clients

Please send resumes and salary requirements to p.kelleher@keystonehall.org.
For more information about Keystone Hall, visit www.keystonehall.org.

INDIANA

Substance Abuse Counselor
(posted March 12, 2007)

La Porte Regional Health System, a 227 bed, community hospital has a rich history and tradition in serving the community across the life span. La Porte Hospital was the second hospital in Indiana to achieve Magnet™ designation, the highest level of nursing excellence. La Porte was also recognized twice by U.S. News & World Report as one of the nation’s best hospitals. We have been recognized with both a surgical award for clinical excellence and leadership award for operational excellence from VHA, Inc. In addition, LRHS has been named with the Employer Excellence Award from the Center for Workforce Innovations as the ‘Top Employer’ across a six-county area.

La Porte Regional Health System has an immediate opening for a part time Substance Abuse Counselor. This individual must have a Bachelor’s Degree in Nursing, Management or related field or working toward (six credit hours per year).

Minimum two years experience, which has provided opportunities to refine competencies in practice and leadership. Experience with EOP programs preferred and Certification in related field preferred. Must be able to accomplish tasks with minimal supervision and assess what needs to be done and do so without direction.

LRHS offers competitive wages, excellent benefit package and a unique cultural environment. Benefits include health, dental, vision, life insurance, educational reimbursement, short-term disability, paid time off, 403 (b), weekend and shift premiums, childcare assistance and much more!

If you are interested in this opportunity, please contact K. Poe, Employee Recruiter, La Porte Regional Health System, Phone: 219.326.2438 or apply online at www.laportehealth.org

Equal Opportunity Employer

SAVE THE DATE!

Advocacy in Action Conference 2008
March 9-11, 2008
Washington, DC

For more details, visit www.naadac.org
April 1–30, 2007  Voting period for the 2007 NAADAC Elections
Elections for Regional Vice Presidents for the Mid-Central, North Central, Southeast & Southwest regions.
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

April 10, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Wyomissing, PA
Download the registration form at www.naadac.org or call 800.548.0497.

April 15, 2007  NCAC I/NCAC II/MAC Application Deadline for
June 7–14, 2007 Examination Period

May 7, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Marietta, GA
Download the registration form at www.naadac.org or call 800.548.0497.

May 8, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Morrow, GA
Download the registration form at www.naadac.org or call 800.548.0497.

June 6, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Los Angeles, CA
Download the registration form at www.naadac.org or call 800.548.0497.

June 9–16, 2007  NCAC I/NCAC II/MAC Exam
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing.

June 20, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
San Antonio, TX
Download the registration form at www.naadac.org or call 800.548.0497.

June 21–23, 2007  33rd Annual TAAP State Conference
Culture and Credits...Education the Lone Star Way
Omni San Antonio Hotel
San Antonio, TX
Details at www.taap.org.

June 28, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Orlando, FL
Download the registration form at www.naadac.org or call 800.548.0497.

July 15, 2007  NCAC I/NCAC II/MAC Application Deadline for
September 8–16, 2007 Examination Period

July 20, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Kansas City, MO
Download the registration form at www.naadac.org or call 800.548.0497.

July 27, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Seattle, WA
Download the registration form at www.naadac.org or call 800.548.0497.

September 5–8, 2007  NAADAC Annual Conference held in association with the Tennessee Association of Alcoholism & Drug Abuse Counselors (TAADAC)
Nashville, TN
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

September 8–16, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Cape Cod Symposium on Addictive Disorders
Cape Cod, MA
Download the registration form at www.naadac.org or call 800.548.0497.

September 9, 2007  NCAC I/NCAC II/MAC Exam
The Professional Testing Corporation (PTC) provides NAADAC approved certification testing.

September 20, 2007  Addiction Professionals’ Day
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

September 20, 2007  NAADAC Open House
Alexandria, VA
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

September 23, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Houston, TX
Download the registration form at www.naadac.org or call 800.548.0497.

October 15, 2007  NCAC I/NCAC II/MAC Application Deadline for
December 8–15, 2007 Examination Period

November 3, 2007  NAADAC Life-Long Learning Series
Pharmacotherapy: Integrating New Tools into Practice
Earn 6 CE Credits for $20
Oakland, CA
Download the registration form at www.naadac.org or call 800.548.0497.

Have an event we should know about?
Contact 800.548.0497, ext. 125 or e-mail dkuehn@naadac.org.