Editor’s Note

The fates are funny sometimes. I had no idea when I selected “adolescents” as the special feature for this issue that my wife and I would be the proud parents of a new baby boy. So it was with special interest that I read the contributions for this issue, thinking of what I had to catalogue for the future.

I would like to extend special thanks to the members of the NAADAC Adolescent Specialty Committee who took time out of their busy schedules to contribute to this issue. They are committed professionals who are always on the lookout for others who share their information. More information from the committee is on page 14.

Finally, please keep an eye out for NAADAC events coming up in the new year. NAADAC will host its 2008 Advocacy Day from March 9–11 in cooperation with its new partner, the National Association of Addiction Treatment Providers (NAATP) (see page 6). NAADAC also plans to hold two Life-Learning Education series in 2008, and, of course, will be working with the Kansas Association for Addiction Professionals for the annual Conference in Overland Park, Kan. (August 28–31). Plus Recovery Month will be coming up in September! All the best for the holiday season and a very happy 2008!

Donovan Kuehn, NAADAC News Editor
Two Organizations, One Discussion
An Update on the NAADAC, IC&RC Discussions

Patricia Greer, NAADAC President

Happy New Year! I hope the holidays were a time of joy and relaxation for you all.

The new year is a time for planning and reflection, and I would like to take this opportunity to update you on the NAADAC and IC&RC discussions.

In the spring of 2005, NAADAC, the Association for Addiction Professionals, the NAADAC National Certification Commission (NCC), the International Certification and Reciprocity Consortium (IC&RC) and the Society of Credentialed Addiction Professionals (S.CAP) announced a proposal to unify their credentials for addiction counselors. The discussions centered on creating a series of credentials that would be available at the local, national and international level.

Instrumental to this process was Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment and Dr. Karl White, CSAT’s Team Leader for Workforce Development.

The NAADAC and IC&RC committees, made up of equal numbers of NAADAC and IC&RC representatives, decided on six essential components for any addiction credential (see below).

A proposal was presented to the IC&RC and NAADAC Boards of Directors suggesting a new addictions treatment and prevention credentialing board be established that would incorporate the current credentials of IC&RC and NAADAC. The new organization and its credentials were intended to be local, national and international in scope.

In June 2005, the initial discussions on credentials led to plans to create a “unification through merger” of our organizations. A 15-member workgroup unanimously voted to approve and recommend a unified governance structure to memberships of NAADAC and IC&RC. Another unanimous motion approved the unification of the two organizations’ credentials.

In a statement released at the time, NAADAC President Mary R. Woods, RNC, LADC, MSHS and Acting IC&RC President Jeff Wilbee said, “Our discussions have been frank and transparent and we have been thoughtful in planning the details to move this to fruition. The next step in moving our associations and the addiction profession forward, is the care- ful consideration of a plan that will create the most benefit to our members and credential-holders.”

The discussions centered on three key areas: credentialing, organization and training/advocacy. All participants also began development of an interim business plan for the amalgamated organization. The participants, made up of equal numbers of NAADAC and IC&RC representa- tives, decided on eight essential components for the interim business plan leading to a merger (see box below).

Discussion at that time suggested that all current IC&RC and NCC credentialed professionals would have their qualifications unified by December 31, 2005.

However, after meeting in July 2005, the discussions between the two organizations slowed and were disbanded in January 2006.

In an effort to assess the stumbling blocks in the negotiations, two representatives, Jeffrey A. Hoffman, PhD, of Danya International, Inc. and Vic Shaw, MTh, of Distance Learning Center, LLC, stepped forward to facilitate interviews of key stakeholders in both organizations.

Dr. Hoffman and Mr. Shaw conducted a series of interviews to discuss issues, barriers and opportunities for increased collaboration or possible merger between the two organizations.

NAADAC’s President, continued on page 5

Proposed Principles for NAADAC/IC&RC Merger

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

Six Essential Components for any Addiction Credential

1. The need for strong local credentialing boards;
2. Local, national and international credentialing for the profession;
3. Valid and legally defensible examinations;
4. The purpose, foundation and scope of practice for each credential;
5. Portability of credentials from state to state; and
6. Appropriate levels of credentialing based on the needs of local and international credentialing boards.
Veterans Face Challenges in Receiving Care
NAADAC Reveals Action Plan for Resolving Gaps in Service

Donovan Kuehn, NAADAC News Editor

Having overcome the dangers of combat, many veterans are finding themselves facing a new battle: obtaining treatment for drug and alcohol addiction. NAADAC, the Association for Addiction Professionals, has just released a Working Paper entitled Improving Access to Substance Use Prevention and Treatment Services for Veterans and their Families to provide solutions to this challenge.

The Working Paper was developed by a special NAADAC Public Policy Committee task force composed of former servicemembers and addiction-focused professionals from across the United States. The paper proposes five strategies to address the issues facing veterans and their families.

1. Encourage the Department of Veterans Affairs and the Department of Defense health care systems to reach out to civilian resources when it will improve recovery service delivery.

2. Create new, inclusive and population-specific prevention and treatment strategies that address the needs of returning veterans, particularly of the needs of female servicemembers.

3. Improve access to addiction services to family members of servicemembers and veterans.

4. Increase training in stress-related diseases for addiction focused professionals, and educate other mental health professionals to identify substance use disorders when co-occurring with PTSD.

5. Use NAADAC’s network of 10,000 addiction-focused professionals to promote improved addiction prevention, intervention and treatment for active duty servicemen and women, veterans and military families.

“This Working Paper was developed in response to the problems that NAADAC members experienced on the ground when treating veterans and their families,” said Daniel Guarnera, Government Relations Liaison for NAADAC and the National Association for Addiction Treatment Providers (NAATP).

“It reflects addiction professionals’ commitment to advocating for the clients they serve, and their willingness to become part of the solution to a real public policy challenge.”

“There has been a lot of talk about veterans’ health care over the past few years, and that’s a good thing,” said Peter Formaz, NCAC II, LAC, of Helena, Mont., chair of NAADAC’s Veterans Task Force and a former U.S. Marine. “This paper declares that no discussion of health care for vets is complete without fully addressing addiction as well.”

A copy of the Working Paper can be obtained from NAADAC’s website, www.naadac.org, or by calling NAADAC at 800.548.0497.
Holiday Stress?
Strategies to Cope This Holiday Season

Michael Torres, Media Relations Coordinator, Centre for Addiction and Mental Health

The holiday season is filled with festivities and family gatherings, but for some people this season can also be very stressful. Here are some helpful tips on coping with stress during the holiday season.

- Set realistic expectations about what you can accomplish at the holiday season. Try to establish some balance between what you do for others and what you do for yourself.
- If spending time with family is stressful for you, set limits on the amount of time you spend with them.
- Consider sharing the holiday meal preparations with friends and family to ease the load.
- Holidays can bring up feelings of loss and a sense of being alone and disconnected. If you have at least one person to talk to, try to spend some time with them or at least connect with a friend or family member on the telephone.
- Some religious organizations or groups have special services you can attend for people who are alone during the holidays. This can be a good opportunity to talk to others and meet new friends.
- The holidays can be a tempting time to overuse alcohol and other substances in order to relax. For someone with a substance use problem, this can be a particularly difficult time with all of the socializing (www.camh.net/About_Addiction_Mental_Health/Drugs_and_Addiction_Information/having_party.html) that occurs and because our society promotes the use of substances at these times. The Centre for Addiction and Mental Health (CAMH) has put together Low Risk Drinking Guidelines (www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/low_risk_drinking_guidelines.html) to help people reduce the harms related to alcohol use.
- Give yourself permission to feel any sense of loss or emotions that can surface during the holiday season.
- Do something enjoyable for yourself. See a holiday movie or treat yourself to a new book.
- If you experience distress during the holidays, please do not hesitate to contact your family doctor or visit your local hospital emergency room.

Following these steps can help ensure that the holidays are filled with festivities and joy, not stress and distress. All of the best for the holiday season!

For more information please contact Michael Torres, Media Relations Coordinator for the Centre for Addiction and Mental Health, 416.595.6015. The Centre for Addiction and Mental Health is a Pan American Health Organization, World Health Organization Collaborating Centre and a teaching hospital fully affiliated with the University of Toronto.

NAADAC’s President, from page 3

A report on the Hoffman/Shaw findings was issued at the end of 2006 and has been circulated to NAADAC and IC&RC leaders. It should be noted that when the report was undertaken last year, both NAADAC and IC&RC agreed that it would only be released with the consent of both organizations’ representatives.

While I am not able to disclose the contents of the report, I can assure you that NAADAC is committed to its discussions with IC&RC and is hopeful that they will reach a positive resolution.

NAADAC’s ultimate goal is to ensure that all addiction focused professionals are served by any move to establish new guidelines or criteria in the addiction profession. Our goals can be summarized as a desire:

1. To establish a truly national set of guidelines that establish best practices for addiction focused professionals.
2. To establish a clear career ladder that serves those in the addiction profession by laying out a clear employment path for those currently working or interested in a career in addiction services.
3. To have a set of transparent and effective credentials that are recognized and portable throughout the nation.
4. To assist in the development of national academic educational standards for addictions focused professionals.

These issues may not be easily resolved, but they are key to ensuring that addiction focused professionals have the opportunity to prosper and thrive in their chosen career path. These goals are critical to cementing a foundation for the addiction profession that will provide strengthened and sustainability for the future.

I am interested in hearing from you! Please drop me a line at pmgreer@sbcglobal.net.
Get involved and help shape the views of the nation’s lawmakers. NAADAC’s Advocacy in Action Conference will focus on legislative issues affecting the addiction professional. NAADAC will provide briefings for all participants on the major issues facing addiction professionals.

These face to face meetings with members of the House of Representatives and Senate can help convey the importance of addiction prevention, intervention, treatment, continuing care and recovery.

“The Advocacy in Action Conference is an excellent opportunity for addiction professionals from across the United States to come to Washington, D.C., and meet with their national representatives. In a concerted effort, these professionals come together and learn about key issues facing the addiction treatment profession today,” said Gerard J. Schmidt, MA, LPC, MAC, chair of the NAADAC Public Policy Committee.

The sessions in Washington, D.C., are geared to new and returning participants with an introduction to advocacy issues, tips on how to communicate effectively with lawmakers and mentoring sessions for those new to the legislative process.

NAADAC members and its partners in addiction health services, plan to discuss the federal government’s workforce development agenda, parity for addiction and other health related insurance, adequate and consistent funding for addiction health services and strategies to ensure that addiction prevention, intervention and treatment are considered as a part of the nation’s agenda.

“For many treatment professionals this is their first encounter with their lawmakers. The excitement for most professionals is that they are at the heart of the legislative process, can see events unfold in front of them and become an active participant in the process,” said Schmidt.

NAADAC will be co-hosting the 2008 Advocacy in Action Conference with the National Association of Addiction Treatment Providers (NAATP). This is one part of the two organization’s agreement to share government relations efforts. NAADAC and NAATP also plan on working with a number of other organizations to reinforce the importance of the impact of addiction on communities and the nation. Tentative partners are Therapeutic Communities of America (TCA), Legal Action Center, Danya International, the American Society of Addiction Medicine (ASAM), Capitol Decisions, the Johnson Institute and the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD).

“Addiction professionals have an exciting opportunity to make a difference this year,” said Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP. “With the success of the parity legislation in 2007, there are new opportunities for legislation, funding and workforce development issues.”

“NAADAC’s Advocacy in Action Conference is an immediate opportunity to address addiction focused issues with the new Congress. NAADAC members can be there to influence and educate their congressional representatives,” added Moreno Tuohy.

More details on the 2008 Advocacy in Action Conference can be found at www.naadac.org.

### CONFERENCE SCHEDULE AT-A-GLANCE

**MARCH 9, 2008**
- Noon - 8 pm: Registration
- Noon – 1 pm: Public Policy and Political Action Committee Lunch Meeting
- 1 to 2 pm: Advocacy 101: Advocating for Client Welfare
- 1 to 2 pm: Advocacy 201: Advocating for Client Welfare
- 2 – 3:15 pm: Current Policy Impacting the Addiction Profession
- 3:15 pm – 3:45 pm: Coffee Break
- 3:45 pm – 5:00 pm: Current Policy Impacting the Addiction Profession (continued)
- 6 - 8 pm: PAC Reception and Auction

**MARCH 10, 2008**
- 7 am - 7 pm: Registration
- 8 – 8:30 am: Continental Breakfast
- 8:30 – 10:00 am: Everyday Advocacy
- 10 – 11 am: Travel to Capitol Hill
- 11 am – 1 pm: Capitol Hill Briefing and Lunch
- 1 pm – 5 pm: Optional Activities
- 7-9 pm: Legislative Awards Dinner

**MARCH 11, 2008**
- 7:30 am – 9 am: Continental Breakfast
- 7 am - 5 pm: Registration
- 9 am – 5 pm: Meetings With Legislators on Capitol Hill
- 2 – 6 pm: Debriefing Session

Schedule subject to change without notice.
2008 Advocacy in Action Conference Registration Form
March 9–11, 2008 • DoubleTree Crystal City, 300 Army Navy Drive, Arlington VA 22202
www.doubletreecrystalcityhotel.com • 866.999.8439

✔ YES, I want to attend the sessions at the rate checked below!

EARLY BIRD SPECIAL!
(Register by January 26!)

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This is my first advocacy event.  □ Yes  □ No

For non-members to receive the member rate for the conference, join NAADAC by calling 800.548.0497 or visit www.naadac.org or to join NAATP by calling 717.392.8480 or visiting www.naatp.org.

PLEASE PRINT CLEARLY
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CONFEREN CE FEES

☐ Conference Fee (see fee schedule above)

☐ Ticket for the NAADAC Political Action Committee (PAC) reception on March 9, 2008. $35 suggestion donation. Corporate checks or credit cards cannot be used to pay for PAC tickets.

☐ Guest Dinner Ticket for Legislative Awards Dinner on March 10, 2008. $50 per guest. Dinner is included in your conference registration fee.

☐ TOTAL AMOUNT ENCLOSED

☐ Please send me additional information about membership.

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Conference Refund Policy:
A partial refund of 75% of registration cost is refundable with written cancellation received 30 days before the conference. Thereafter, 50% of conference fees are refundable.
Miriam-Webster’s Online Dictionary defines ‘adolescence’ as 1: the state or process of growing up; 2: the period of life from puberty to maturity terminating legally at the age of majority; 3: a stage of development (as of a language or culture) prior to maturity.

Being an adolescent today can shift from a wonderful, exhilarating experience to a forceful hurricane all in a matter of seconds. Working with teens in the professional setting is like being on the ride at the amusement park that only the brave or unaware are willing to experience. This means that we have a responsibility to make sure we’re strapped in and ready for the ride!

It seems today that we live in a society that has labels for a lot of things. Urbandictionary.com lists numerous terms used in the teen culture today. For example, teens can be referred to as, Gansta, Punkster, Jock, Yuppie, Emo, Geek, Straightedge, Prep, Scene Kid, Grunge, Poser, Goth depending on their looks, attitudes or actions. So, how do we keep up with recognizing the strengths, embrace their individuality and stay energized in working with teens who are on their own journey towards adulthood in a world filled with over-stimulation, labels and multiple stressors that weren’t present years ago.

A teen once told me that the only thing normal is the settings on a washer and dryer and this led me to wonder “is there really anything NORMAL about adolescence?” So what can we expect from an adolescent? We can expect the unexpected and that is it!

Teens today have a variety of stressors that they are dealing with. Issues with an urban youth are much different from that of a rural or suburban youth; however each one is dealing with significant pressure on a daily basis that can make it difficult to focus or visualize goals in life. It may mean dealing with constant fighting at home, difficulty in keeping up with academics, getting through the day without witnessing or experiencing violence, getting cut from a sports team, not being able to afford the right clothes to “fit in”, struggling with co-occurring disorder, being in a gang, having to take the “parent” role in caring for the family, and the list goes on and on. The increased pressures for today’s teens can draw one into a life of substance use when there are no other visible ways to cope.

This speaks to the importance of networking and supporting others in the profession. Those of us working with teens today need to come together; and the time is right now! The NAADAC Adolescent Specialty Committee (ASC) offers that opportunity. I encourage any one interested to join the ASC to share your experiences, strengths and hope while reaching out with others to experience the benefit of networking with other teen providers! The kids of our communities are worth it!

Margie Taber, CASAC, ASE, is a member of the ASC Leadership Committee.

NAADAC welcomes Mission Vista Behavioral Health Center as a new Organizational Member

Mission Vista Behavioral Health Center is a 34-bed, Mediterranean-style facility that sits on eight acres in the heart of San Antonio, Tex. The luxurious campus offers a comfortable environment for treating adults that are experiencing chemical dependency, substance abuse and/or dual diagnosis issues. Mission Vista Behavioral Health Center offers a full service Addictions Continuum for Adults that include medical Detox, Rehabilitation and Evening Intensive Outpatient Program. Tricare, Medicare and most insurance plans are accepted. Mission Vista is located at 14747 Jones Maltsberger in San Antonio, Tex. Visit www.missionvistabhc.com or contact Alan Fisher, CEO at 210.497.0004 or alan.fisher@psysolutions.com for more information.
Suicide Rates Among Young Women Should Concern Us All
Addiction Professionals can Provide Guidance

Joanne Florence, BA

A disturbing trend has developed among young women in the U.S. The Center for Disease Control and Prevention (CDC) reports that suicide rates among preteens and young adolescents girls spiked 76 percent which is a disturbing sign that the Federal Health Officials say that they can’t fully explain.

For all young people between ages of 10 to 24, the suicide rate rose eight percent from 2003 to 2004. This was the biggest single-year bump in 15 years in what one official called “a dramatic and huge increase.”

The report, released by the CDC, indicates that suicide rates among older teens and adolescents between the ages of 15–19 shot up 32 percent, with rates for males in that age group rising by nine percent. More research is needed to determine whether this is a trend or just a blip, says Dr. Thomas Cummins, psychiatrist of Children’s Memorial Hospital in Chicago. As addiction professionals, we need to keep our eye on this phenomenon over time to see if this is a continuing trend.

Overall, there were 4,599 studied suicides among young people in 2004, making it the third leading cause of death, surpassed only by motor vehicle accidents and homicides.

The study also documents a change in suicide methods. In 1990, guns accounted for more than half of all suicides among adolescents females. By 2004, death by hanging and suffocation became the most common suicide method. It accounted for 71% of all suicides in girls aged 10–14; about half of those aged 15–19; and 34% between the ages of 20–24.

What can addiction professionals do to help adolescents if they have suicidal ideation or other serious problems?

Simple acts of kindness and compassion can make a difference. Make yourself available to listen, discuss feelings, shared interests and support their efforts to seek help.

When working with adolescents, explain to them that they are not alone and that responsible adults are willing, ready and able to come to their aid or assistance. Explain that millions of others faces similar experiences and have grown up to lead healthy and satisfying lives.

Please, remind them that their family’s problems are not their fault, nor their responsibility to solve. Their jobs are to be children and take good care of themselves.

Encourage them to ask for help and assure them that getting help is a sign of strength, not cowardly. And remember, all those crying out for help need to be connected with services in their community.

It does take a “village to raise one child.” We can help to break through the barriers and shame, silence and isolation and help provide the guidance and support that can help young adults address the challenges they face.

Joanne Florence, BA, is an Alcohol and Drug Counselor, Mental Health and N.A.M.I. instructor and has been a NAADAC member for three years.

References


When Marijuana Means Identity
Some Adolescents Find Their Identity Emerging Around Marijuana Use
Christopher C. Bowers, MDiv, CSAC, ASE, Chair, NAADAC Adolescent Specialty Committee

I recently asked an adolescent about when he first used alcohol and drugs ... what did he feel afterward? His response: “Grown up and good.” The teen was 11 years old when he had this first substance use experience. Here are some other quotes from teens about using alcohol and other drugs, especially marijuana, and some meanings behind the words of these adolescents:

“It’s so much a part of my life!” (Marijuana is part of me. Take this away and I’ll lose some of who I am)
“Everybody smokes!” (I’m with my peers, my community, my world!)
“Drug doesn’t make you do stupid stuff” (“And not being stupid is who I want to be”)

The 2005 National Survey on Drug Use and Health (NSDUH) reported that “Marijuana is the most commonly used illicit drug among adolescents.”¹ Some adolescents use marijuana just to relax. Some use it to reduce their stress and get away from problems they can’t solve. Some use it only for fun. And some gain a degree of identity from marijuana.

Adolescents are in the stage of growth where identity development has become the task they have to accomplish successfully before moving ahead well in life. Psychologist Erik Erikson outlined eight developmental stages starting at birth, the stage from 12–20 years old being that of “Identity versus Role Confusion” where the ideals of peers and connection with the peer group becomes highly important as the teen works out who he is and what role seems fit for him.² Success in this developmental task rests on the gains in prior tasks including social skills.

Some teens have not gotten much guidance in understanding what they are like and who they are, the importance of goals and relating well to others and what their family believes that has value for them and the community. Some of these adolescents find their identity emerging around marijuana use. Smoking the drug gives these teens a sense of belonging, a connection and closeness to other using peers that the teen sees as solid, present and powerful. Marijuana use over time becomes a matter of having and keeping a self-image, an identity some teens know to make up their world view.

Further, when there is drug use by family members, the teen’s self-view and perspective about ‘how the world is’ can become concretely shaped by the constant presence of marijuana, the teen “more likely to identify with negative aspects” in the family.³ Thereby, consistent family and community use of cannabis will have a strong say in how the teen views himself at a critical time of personality development. This self-view is not quickly dislodged or displaced during treatment. The teens I have worked with in treatment groups repeatedly make statements similar to those above, and I can empathize with the clinician who at times wants to give up trying to educate, guide and support adolescents in learning about the problems that marijuana causes.

The first thing to remember in a clinical approach teens with marijuana use is that change in self-view will happen for many adolescents over time. The growth process with its demands for greater responsibility will be a teacher. Growing up and establishing a stable life financially in a career and with one’s own family is a great motivator to re-view oneself. Many drop cannabis use along with way. Yet, of those who do not, difficulties in these life areas have a strong probability of developing.

To give adolescents the best chance of establishing a young adult life that has stability and health, a feeling of becoming “grown up and good” not based on chemical use yet that resides in a more positive self-image, I would suggest the following:

1) Help the teen see his identity in the positive family connection he has, in his relationship with other adults who care, in having constructive goals, and in dealing with problems successfully without marijuana.
2) Assist the teen to see and understand alternative lifestyles that support progress for herself and her future family, rather than a life of legal and health risks and the negative influence on her future children she will

Helping Children and Teenagers Cope With Grief Issues
Expressing Emotions is Key to Successful Therapy

Kevin M. Large, MA, LCSW, LMFT, MAC, ICAC-II

Working with adolescents takes special skills. Being able to work with children and teenagers involves being able to communicate on their level in a way so that they can understand you, and that you can understand them. This seems to be a gift for some of us who have worked with children, yet, for others, they know that they don’t have it, or at least, know that they don’t care to work with children as much as they prefer to work with adults. Serving adolescents requires an ability to understand where they are in their development, how they perceive the world, their ability to communicate with others and how well they understand themselves.

Children do not have the same understanding of loss through death that adults have, and children do not have a sense of the permanency of death until at about the age of 12. The developing child has a definite sense of a person being missing and gone from their life. Often it is difficult for the child to understand, and certainly difficult to accept, that the person is not ever coming back.

I recall having a family therapy session some years ago with a young boy, about eight years of age, and his mother. In meeting with them, I found out that his father had died and that the boy had what we commonly refer to as “unresolved grief” over his father’s death. During the family session, I moved from my chair to a seated position on the floor beside the boy’s chair, and I spoke to the boy about imagining that his father was sitting in the chair across from him, and that he could speak with his father. I don’t recall his words, but I remember that he was able to “talk” to his father, to ask him some questions and express some of his feelings. Typically, after a process like this has been started, the client is encouraged to journal their feelings in order to be able to continue the process and continue to get in touch with the feelings associated with the loss of a parent.

Gestalt open-seat work uses an “empty chair” that is left empty during the session, however the therapist and client may “choose” a person in the client’s life that he or she would like to speak to “in the empty chair.” As such, this is an imaginary construct yet can be quite effective in accessing whatever the client may want to say to this person, including unanswered questions, challenges, expressions of emotion and expressions of grief and loss. The “empty chair” technique is particularly useful if the actual person has died, and thus not available to participate in a family session. The technique can also be helpful for the client to begin to explore their feelings and “practice” expressing them to this “empty chair.”

I have also enjoyed using two chairs side-by-side to offer the client, young or older, to represent the polar opposite sides of “Love” and “Hate or Anger” about the same person. This can be for an adult, or a partner in a relationship. The therapist indicates, for example, that one chair would represent the love and affection that the client may feel for the person, and the other chair would be there so that the client could express their anger or frustration at this person. By “protecting” the love for that person through the use of a separate chair, symbolically the family rule of always loving the person can appear to remain intact, while the client can hopefully feel less inhibited to explore and express angry feelings at the person—and to say whatever they have to say to person, including about topics such as parenting, discipline, in cases of abuse, divorce and death.

The flip side of this discussion is when, for example, the client has so much anger at the person that they say that they have no love or affection for the person, and the therapist helps the client express their feelings. Particularly in the case of a parent or other person that has been abusive, or has left the family through death or divorce, the “empty chair” technique can be useful to help the client express ambivalent feelings at the person. The “empty chair” representing “Anger” can be used for the expression of feelings such as anger and hatred, and the
Help Wanted
A Selection From the NAADAC Career Classified Ads

Donovan Kuehn, NAADAC News Editor

For a full career classified listings or for more information on advertising, please visit www.naadac.org and click on “Employment.”

NEW HAMPSHIRE

LADC (Licensed Alcohol and Drug Counselor) — Multiple Positions

Keystone Hall, Greater Nashua Council on Alcoholism. For more information, visit www.keystonehall.org

Agency Background: For over 20 years, Keystone Hall 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.

Position Description: Full time/benefits or fee for service.

The LADC has the primary responsibility for the development of individual resident treatment plans. These plans will utilize accepted theories of practice in the treatment of chemical dependence, mental, emotional and/or behavioral disorders. The LADC will lead small group sessions and see residents for one-on-one sessions. Current programs include: crisis intervention, case management, sobriety maintenance, transitional living, screening, referral, assessment, intensive outpatient, early recovery, relapse prevention, and after-care.

Requirements

- Must have licensure as a Drug and Alcohol Counselor in New Hampshire or obtain within four months. Prefer licensure in social work, counseling, or related field and work experience with individuals who have chemical problems.
- Experience working with adults with severe emotional and behavioral disturbance preferred.
- Bachelors or masters degree in counseling, psychology, behavioral science or related field.
- A thorough understanding of treatment models and adult mental health issues.

- Experience with diverse client populations such as cultural and/or religious minorities, co-occurring disorders and indigent and socio-economically disadvantaged clients
- Valid drivers license and insurable driving record.

Please forward resumes and salary requirements to hiring@keystonehall.org

Keystone Hall
Attn: Director
Pine Street Extension
Nashua, NH 03060
(Posted 11/27/07)

IDAHO

Excellent Opportunity: Three Springs Inc. of Mt. Home, ID, has an immediate opening for a Certified Alcohol and Drug Counselor.

Overview: The Certified Alcohol and Drug Counselor will assist in evolving a substance abuse program to complement an existing residential behavioral treatment program. The Counselor will con-

Marijuana, from page 10

exert through marijuana use as a parent. Added to this will be the behavior problems the children will have if they mimic their parents and start using the drug.

3) Provide information that shows the reality about marijuana use today; for example, The National Survey on Drug Use and Health (NSDUH) report on the percent of teens using cannabis, genders, trends, etc. Some teens will discount survey reports, but talking about this information will prompt thought on how many teens are not smoking marijuana.

4) Give information about the link between ongoing marijuana use and mental health and behavior problems: depression, aggression and failures to achieve.

Further, it is important to note that teens may believe popular myths about marijuana, and discount reality. I often hear teens say, “You never hear about anybody dying from marijuana!” I respond to teens with this reality: Any kind of smoke you take into your lungs is going to hurt you, and marijuana smoke has significantly more tar than cigarettes (note that I am also careful to clarify the strong damage from tobacco).

I say to teens that people don’t tell their doctor or other medical person about smoking marijuana. When a doctor asks, “Do you smoke?”… the person would likely say “yes” without reporting marijuana. The lack of complete medical reporting means we simply don’t have the facts about deaths linked to marijuana, as we do for tobacco. Further, the person may be smoking marijuana and cigarettes, the physical damage over time being very strong.

In summary, consistent supportive work with an adolescent about this issue will yield results, but clinicians need to be mindful along the way about the power in teen marijuana use for shaping the young person’s identity.

Christopher C. Bowers, MDiv, CSAC, ASE, serves as the Chair of the Adolescent Specialty Committee. He has worked for 12 years as an adolescent substance abuse counselor in residential behavioral healthcare with teens having co-occurring disorders. Contact him at chrisbowers@comcast.net.
duct assessments, create treatment plans, perform case management tasks, and facilitate group and individual sessions. The candidate must possess the ability to work effectively in a multidisciplinary team. Familiarity with recovery issues specific to the adolescent population is desirable.

**Qualifications:** Idaho certification as an Alcohol and Drug Counselor (or demonstrate the ability to do so within six months), Masters degree in a related field desired, but not required, clinical experience with adolescents preferred. Some in-state travel may be required.

EOE

For immediate consideration, please visit www.threesprings.com and apply or you may fax your resume to 256.880.3082 and list Certified Alcohol and Drug Counselor - Mt. Home in the subject line.

(Posted 11/26/07)

**WYOMING**

Southwest Counseling Service: Recovery Services Professional

**Full-time Recovery Services:** Professional position at a CARF Accredited Community Mental Health and Substance Abuse Treatment Center in Rock Springs, Wyoming. Primary responsibilities will include drug/alcohol assessment and intensive outpatient and residential treatment. Therapy with chemically dependent in clinic and residential based services. Successful applicant must be masters level and licensed or licensable in the State of Wyoming. Southwest Counseling Service offers an excellent benefit package and salary is commensurate with the applicant’s education and experience.

Send resume to:

Human Resource Manager
Southwest Counseling Service
2300 Foothill Blvd.
Rock Springs, WY 82901 or kwilcox@swcounseling.org

(Posted 11/13/07)

**MISCELLANEOUS**

John Avery Fellowship

**Description:** Being a John Avery Fellow is a once-in-a-lifetime experience. Fellows are experienced addiction services professionals who want to bring their skills and experiences to Washington, D.C., to work at the headquarters of an addiction focused professional association.

Responsibilities will span a gamut of experiences: working in the development and improvement of nationally recognized certifications and educational materials; engaging lawmakers and policymakers in the development of national addiction policy and hands on interactions with other professionals who work in the non-profit, business and government communities.

The program is a yearlong, paid, full-time professional development program. Fellows participate fully in all organizational activities, working with experienced professionals in seeking practical solutions to addiction related issues.

Participants will develop their skills in writing, policy analysis, leadership, critical thinking and social awareness.

**Qualifications and Compensation:** Strong written and oral communication skills are essential, as well as an ability to handle a fast-paced working environment. Applicants must be able to demonstrate leadership qualities, experience and perspective within the addiction services profession and strong writing and oral skills. Applicants must have a bachelor’s degree or equivalent experience.

Fellowships are open to those with experience in the addiction profession. Fellowships are a 12 month commitment. Participants receive an annual stipend of $32,000 to $38,000.

**Becoming a Fellow:** Please e-mail a brief cover letter, resume, short (2–5 page) writing sample and two references (at least one reference from a former employer) to naadac@naadac.org with “Fellowship” in the subject line. You may also fax the above items to 703.741.7698, or call 800.548.0497 for more information.

All applicants must possess U.S. work authorization which does not require employer sponsorship. NAADAC is an equal opportunity employer.

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**Grief, from page 11**

“empty chair” representing “Love or affection” can be used to represent the positive things that the client missed in their relationship, or the positive things that they wished for but never received.

A child may freely express how angry they are at the parent, but may struggle with expressing their unmet needs, what they didn’t get in their relationship and what they had hoped for but now appears lost. By helping a child to identify these types of losses and the feelings associated with them can be helpful in getting in touch with the depth and the breadth of the grief for the child—exploring the impact of the loss, some of the down-to-earth and practical ways in which the child experiences the loss and is able to communicate it in very direct and practical terms.

While adults typically are expected to “talk” about their feelings, children may literally not have the words to express how they feel. Art therapy, and the use of drawing, painting and other creative means can be very helpful ways for clients, both young and older, to be able to express their feelings about life, about love, and about loss. Through the use of images and colors, individuals can oftentimes achieve a much fuller expression of their inner world by creating a “work of art” and thus bringing their inner world “to life.”

Kevin Large currently works as a Clinical Director of several therapeutic group homes for adolescents in northern Indiana.
Applying for the NAADAC Adolescent Specialist Endorsement (ASE)  
NAADAC’s New Endorsement Helps Professionals Highlight Their Skills  

Margie Taber, CASAC, ASE

In September 2007, NAADAC, the Association for Addiction Professionals, unveiled the Adolescent Specialist Endorsement (ASE) at its annual meeting held in Nashville, Tenn. Developed through the collaborative work of NAADAC’s Adolescent Specialty Committee and National Certification Commission, the ASE is a first in the nation. It is intended to standardize competencies needed by clinicians who treat adolescent substance use disorders, and give national recognition to counselors and mental health workers who are carrying out a high level of effective clinical practice in treating this specialized population.

Oversight of the ASE is provided by NAADAC’s National Certification Commission (NCC) and the endorsement exam is administered by the Professional Testing Corporation (PTC). Questions about the ASE can be directed to the Certification Commission at 800.548.0497 and about the examination directly to PTC at 212.356.0660.

The steps in applying for the Adolescent Specialist Endorsement are simple:

- Information about the ASE can be viewed online at www.naadac.org: select “Certification” and “Information on Adolescent Specialist Endorsement (ASE)” under the Endorsement listing. Information about eligibility requirements is then provided. The “full details” link takes you to the PTC website to view the examination “Handbook for Candidates” and application.

- For the exam, access the PTC website at www.ptcny.com: select “Test Information.” The NCC block down the page includes a selection to the exam information contained in a handbook giving full exam details. Move down the page for information on the ASE application deadlines, exam dates and fee. If you need it, you can download the free Adobe Acrobat Reader; you can then download the handbook and application, or you can ask for a postal mailing.

- Note that the exam is carried out at LaserGrade sites; search for the site nearest you through the link provided on the PTC website in the Adolescent Specialist Endorsement information under “Regional Testing Center(s).”

If you are a NAADAC member and have an interest in joining NAADAC’s Adolescent Specialty Committee, please contact Margie Taber at metjoy@aol.com, or at 585.753.2622. Or, if not a NAADAC member and you would like to join the committee’s Yahoo Group list to receive information postings about adolescent issues and updates on committee work, you may also contact Margie Taber.

Adolescent Specialty Committee Mission Statement

The NAADAC Adolescent Specialty Committee (ASC) advocates for effective clinical services addressing prevention and treatment for adolescent substance use disorders (SUD). The Adolescent Specialty Committee (ASC) does this through working within NAADAC to meet the following goals:

1) promoting public and professional understanding of the impact of adolescent SUD upon families, schools, juvenile justice, peer influences and the overall health and emotional wellness of the adolescent,

2) advocating for adequate substance abuse prevention education and intervention services,

3) supporting best practice clinical efforts by NAADAC treatment professionals, and

4) encouraging acceptance of the clinical uniqueness of today’s adolescents and their families.
In 2007, NAADAC, the Association for Addiction Professionals, added the Adolescent Specialist Endorsement (ASE) to its product line. The ASE was developed to address the need for professional competencies for practitioners treating adolescents with substance use disorders (SUDs). The ASE is intended to validate the specialized experience and training of adolescent addiction professionals. ASE candidates must successfully pass a 100 item written examination specific to treatment of adolescents with substance use disorders.

To help prepare for the ASE written examination, NAADAC is offering *Treating Adolescent Substance Abuse: Understanding the Fundamental Elements* through the NAADAC Bookstore. This book is a practical, easy-to-follow guide to diagnosing and treating teenage adolescent substance abusers. Author George R. Ross details eight fundamental elements that make a treatment program successful. He presents a sound rationale for conceptualizing the problem of chemical dependency, includes an easy-to-follow framework for addressing it and lists specifically defined goals and objectives for confronting the substance use disorder. If you are considering applying for the ASE, this book will be a great addition to the wealth of knowledge you already possess.

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<th>Regular Price: $26.00</th>
<th>Member Discounted Price: $20.00</th>
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More information on this and other products is available at the NAADAC bookstore at www.naadac.org.

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**Adolescent Specialist Endorsement Applications**

Applications are now being accepted for the Adolescent Specialist Endorsement (ASE) and can be obtained by visiting www.naadac.org, calling 800.548.0497 or emailing naadac@naadac.org.

**Requirements for the Adolescent Specialist Endorsement:**

**Application Requirements**

- Five years of validated supervised experience working in the addictions profession, half of which must be with an adolescent population;
- Evidence of 70 hours of training related to adolescent treatment; and
- A current credential through an approved certifying board (such as a state commission, NAADAC, the Association for Addiction Professionals, the American Academy of Health Care Providers in the Addictive Disorders, IC&RC or other related licensing authority).

**Course Requirements**

- Successfully pass a 100-item examination specific to treatment of adolescents with substance use disorders.
- Completion of 40 Continuing Education (CE) credits every three years to renew the endorsement.

**Cost**

The cost for the application process and written examination is $200 for members of NAADAC and/or NCC certificate holders and $300 for non-members and non-certificate holders. After successful completion of the examination, you will receive an approval letter and an ASE certificate valid for three years.

NAADAC strives to provide our members with the best available resources to help its counselors treat addiction. If you are the author of, or know of a book or product that has been remarkably helpful to your practice, please contact Mistie Storie via email at mstorie@naadac.org to possibly extend this resource to your peers.
Depressed Young Adults More Likely to Start Cigarette Smoking and Other Substance Use

Three Million Young Adults Experienced Depressive Episodes in the Past Year

The National Survey on Drug Use and Health (NSDUH), the source for this report, defines a major depressive episode as a period of two weeks or longer during which there is depressed mood or loss of interest or pleasure and the presence of at least four other symptoms that reflect a change in functioning. These include problems with sleep, eating, energy, concentration and self-image. This definition is consistent with the one used by the American Psychiatric Association.

Among the report’s notable findings were that young adults experiencing major depressive episodes within the past year were:
- Approximately 60 percent more likely to have initiated cigarette use than those in their age group who had not experienced depression in the past year (12.7 versus 7.8 percent, respectively).
- Approximately 35 percent more likely to have initiated alcohol use than those in their age group who had not experienced depression in the past year (33.7 versus 24.8 percent).
- Twice as likely to have initiated use of an illicit drug as those in their age group who had not experienced depression in the past year (12.0 versus 5.8 percent).
- Twice as likely to start abusing pain relief medication than were their contemporaries who had not experienced recent depression (7.1 versus 2.8 percent).

A new report indicates that young adults who have suffered from depression within the past year are at a higher risk of initiating substance use including cigarette smoking and use of alcohol or illicit drugs. The findings, based on the largest national survey on substance use and health, were reported by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Depression and the Initiation of Cigarette, Alcohol, and Other Drug Use among Young Adults indicates that 9.4 percent of people aged 18 to 25, or approximately three million young adults in the United States, experienced one or more major depressive episodes in the past year.

The full report, including detailed information on demographic groups and types of substance abuse, is available online at http://oas.samhsa.gov/2k7/newusers/depression.cfm. Copies may be obtained free of charge by calling SAMHSA’s Health Information Network at 877.SAMHSA.7 (877.726.4727). Request inventory number NSDUH07-1115. For related publications and information, visit www.samhsa.gov.

SAMHSA is a public health agency within the U.S. Department of Health and Human Services. The agency is responsible for improving the accountability, capacity and effectiveness of the nation’s substance abuse prevention, addictions treatment and mental health services delivery systems.

NAADAC Welcomes Two New Organizational Members

Potomac Pathways provides counseling and wellness services for teens, young adults and their families. They have a unique aftercare program designed to support teens who are returning home after residential treatment or wilderness programs which focuses on recovery and relapse prevention. Weekly treatment groups incorporate experiential elements such as African drumming and mindfulness meditation for stress reduction. These programs are configured for teens who may have a combination of recovery issues including substance abuse, learning differences and/or ADHD and mood disorders. The groups provide a positive peer culture and include peer mentors, teens who have been clean and sober for a year or more and are able to share recovery insights with others. Potomac Pathways works with the entire family in recovery and also provides school advocacy for teens with learning differences. Potomac Pathways is located at 15720 Seneca Road in Darnestown, Md. More information can be found by visiting www.potomacpathways.org or contacting Brooke Brody, Program Director at 301.987.7284 or bbrody@potomacpathways.org.

Shaker Heights Youth Center has distinguished itself as a leader in the field of community social service. It is one of the few agencies statewide to be recognized for excellence in service from the Ohio Department of Alcohol and Drug Addiction Services. Shaker Heights’ comprehensive programs serve youth from grades K–12. Shaker Heights also provides a Mentoring Program to create opportunities for students to experience positive adult interaction as a way of increasing individual academic achievement. Shaker Heights Youth Center is located at 17300 Van Aken Boulevard in Shaker Heights, Ohio. Contact John Lisy, Agency Director at 216.752.9292 or jlisy@msn.com for more information.
Group Psychotherapy with Addicted Populations
An Integration of Twelve-Step and Psychodynamic Theory, Third Edition

Philip J. Flores, PhD, ABPP

“This BOOK KEEPS GETTING BETTER! Flores has interwoven his in-depth explorations into attachment theory and addiction to create a text that is rare to find: a practical guide to treatment that is theoretically grounded. . . . Provides comprehensive, readable overviews of the nature of addictions, group therapy, 12-step work, and psychodynamic theory.”
—Marilyn Freimuth, PhD, Professor of Psychology, Fielding Graduate University, and Author of Hidden Addictions

“SCHOLARLY YET IMMENSELY HELPFUL AND PRACTICAL BOOK . . . covers all the bases, integrating how group therapy and twelve step programs help to access and transform the core vulnerabilities of addicted individuals.”
—Edward J. Khantzian, MD, Clinical Professor of Psychiatry, Medical School at Tewksbury Hospital and the Cambridge Health Alliance

In this newly revised third edition of the classic text, Philip J. Flores, a highly regarded expert in the treatment of alcoholism and in group psychotherapy, provides you with proven strategies for defeating alcohol and drug addiction through group psychotherapy.

CONTENT HIGHLIGHTS
• Chapter 1. Interpersonal Neurobiology and Addiction: An Attachment Theory Perspective
• Chapter 2. Attachment Theory As a Theoretical Basis for Understanding Addiction
• Chapter 3. The Disease Concept and Group Psychotherapy
• more!

2007. Available now. 796 pp. with Index.

Faculty: Order Your NO-RISK Exam Copy Today!
For more information, please visit us online.

Handbook of the Medical Consequences of Alcohol and Drug Abuse, Second Edition
John Brick, PhD, MA, FAPA (Editor)

“REMAINS AN INDISPENSABLE REFERENCE TOOL FOR MEDICAL PRACTITIONERS AND OTHER PROFESSIONALS who may encounter addiction problems in their clients.”
—Penny Booth Page, MLS, Director of Information Services, Rutgers University Center of Alcohol Studies

“A very useful guide for medical and other health professions students who need to have this type of information at their fingertips as they try to evaluate and intervene or just give advice and counseling.”
—Mark S. Gold, MD, Distinguished Professor, University of Florida College of Medicine Departments of Psychiatry, Neuroscience, Anesthesiology and Community Health & Family Medicine

The Handbook of the Medical Consequences of Alcohol and Drug Abuse, Second Edition, is the newly-updated classic reference text that provides even more detailed and expanded information on the pharmacological, toxicological, and neuropsychological consequences of alcohol and drug abuse.

CONTENT HIGHLIGHTS
• Chapter 1. Characteristics of Alcohol: Definitions, Chemistry, Measurement, Use, and Abuse (John Brick)
• Chapter 2. Medical Consequences of Acute and Chronic Alcohol Abuse (John Brick)
• Chapter 3. The Neuropsychological Consequences of Alcohol and Drug Abuse (Rosemarie Scolaro Moser, Corinne E. Frantz, and John Brick)
• more!

Faculty ordering this book on school letterhead for a class will receive a free Faculty Curriculum Guide. (Instructor’s Manual)
### NAADAC NEW MEMBER APPLICATION

**FEE COMPUTATION**

Membership (see below for your state’s fee)

- Donation to the NAADAC Education and Research Foundation (NERF)
  - (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.
  - **The NAADAC Political Action Committee (PAC)**
    - (tax deductible) helps educate lawmakers to understand the priorities of addiction services professionals.

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### PAYMENT INFORMATION

- Payment options: Check (payable to NAADAC) or credit card payment. Please charge $_______ to my [ ] Visa [ ] MasterCard [ ] American Express

- Donation to the NAADAC Education and Research Foundation (NERF)
- Donation to the NAADAC Political Action Committee (PAC)
- Donation to the NAADAC Building Campaign

- **TOTAL AMOUNT ENCLOSED**

### ACCOUNT NUMBER EXP. DATE

**SIGNATURE**

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**NOTE:** From whom and where did you hear about NAADAC

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**MAIL YOUR APPLICATION WITH CHECK TO:**

NAADAC
1001 N. Washington Street, Suite 201
Alexandria, VA 22314

**FAX YOUR APPLICATION WITH CREDIT CARD INFORMATION TO:**

800.377-1136 or 703.741-7698

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“For more than 30 years, NAADAC has been the leading advocate for addiction services professionals. Our association’s purpose is to help develop the skills and enhance the well being of professional alcoholism and drug abuse counselors.”

—Roger A. Curtiss, NCAC II, LAC, NAADAC President 2004–2006

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**JOIN ONLINE AT WWW.NAADAC.ORG**

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**JOIN ONLINE AT WWW.NAADAC.ORG**
New Study Assesses Adolescents’ Substance Abuse Behavior
Over Half a Million Adolescents Use Marijuana on an Average Day

On an average day, nearly 1.2 million teenagers smoked cigarettes, 631,000 drank, and 586,000 used marijuana, according to the latest data, in a first-of-a-kind report from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The report, which highlights the substance abuse behavior and addiction treatment activities that occur among adolescents on an average day, draws on national surveys conducted and analyzed by SAMHSA’s Office of Applied Studies.


Among the report’s major findings is that on any given day during 2006 nearly 1.2 million adolescents ages 12 to 17 smoked cigarettes, 631,000 drank alcohol, 586,000 used marijuana. In addition, each day nearly 50,000 adolescents used inhalants, 27,000 used hallucinogens, 13,000 used cocaine and 3,800 used heroin.

To provide some perspective on these figures, the nationwide number of adolescents using marijuana on an average day equals more than half the total number of students enrolled in New York City’s public school system during the 2006–07 school year.

“While other studies have shown that significant progress has been made in lowering the levels of substance abuse among young people in the last few years, this report shows many young people are still engaging in risky behavior,” said SAMHSA Administrator Terry Cline, PhD.

“By breaking the data down and analyzing it on a day-to-day basis, we gain a fresh perspective on how deeply substance abuse pervades the lives of many young people and their families,” Cline added.

The report also sheds light on how many adolescents ages 12 to 17 used illegal substances for the first time. On an average day in 2006:

- Nearly 8,000 adolescents drank alcohol for the first time;
- Approximately 4,300 adolescents used an illicit drug for the first time;
- Around 4,000 adolescents smoked cigarettes for the first time;
- Nearly 3,600 adolescents used marijuana for the first time; and
- Approximately 2,500 adolescents abused pain relievers for the first time.

The report also analyzes the most recent available data to indicate how many people under age 18 were receiving treatment for a substance abuse problem during an average day in 2005. These numbers included:

- Over 76,000 people under the age of 18 in outpatient treatment,
- More than 10,000 in non-hospital residential treatment, and
- Over 1,000 in hospital inpatient treatment.

This report was drawn from SAMHSA’s National Survey on Drug Use and Health, Treatment Episode Data Set and the National Survey of Substance Abuse Treatment Services, and contains many other important facts about adolescent substance abuse, treatment and treatment admissions patterns.

The full report is available at http://oas.samhsa.gov/2k7/youthFacts/youth.cfm. Copies may be obtained free of charge by calling SAMHSA’s Health Information Network at 877.SAMHSA.7 (877.726.4727). For related publications and information, visit www.samhsa.gov

SAMHSA is a public health agency within the Department of Health and Human Services. The agency is responsible for improving the accountability, capacity and effectiveness of the nation’s substance abuse prevention, addiction treatment, and mental health services delivery system.
2008 UPCOMING EVENTS

**January 11**  
Call for 2008 Presentation Proposals  
NAADAC and the Kansas Association for Addiction Professionals (KAAP) are calling for workshop proposals for the 2008 conference in Overland Park, Kan. Proposals are welcome addressing any topic dealing with addiction. The deadline for proposal submission is January 11, 2008. Details at www.naadac.org or call 800.548.049.

**January 31–February 1**  
Recovery Revolution  
Earn 12 or 14 Continuing Education credits on one of two tracks.  
**Track One** (14 CEs) Recovery Revolution featuring William White, Barry Duncan and Mark Sanders  
**Track Two** (12 CEs) DOT Substance Abuse Professional Certification or Re-Certification featuring Wanda McMichael.  
For more information, call 800.548.049 or download a brochure from www.naadac.org/fl.

**February 15**  
Nominations Due for NAADAC 2008 Elections  
Details at www.naadac.org or call 800.548.049.

**March 9–11**  
NAADAC Advocacy Action Day  
Help shape the nation’s addiction prevention, intervention, treatment and recovery agenda. Washington, D.C.  
Details at www.naadac.org or call 800.548.049.

**April 1–30**  
NAADAC 2008 Elections Period  
If you have not received a ballot by April 7, 2008, please contact Donovan Kuehn at dkuehn@naadac.org. Eligible voters will be NAADAC members in good standing as of February 1, 2008. Details at www.naadac.org or call 800.548.049.

**April 10–12**  
Northwest Regional Conference and Montana AADAC Annual Conference  
Join us in the spring for the first NW Regional Conference, The Veteran in Your Community. Grant Creek Inn, Missoula, Mont. Earn up to 18 Continuing Education credits and have fun in Big Sky Country.  
**General conference presenters to include:**  
Larry Ashley, NAADAC Counselor of the Year, UNLV: PTSD and Substance Use Disorders; Dr. Mary Harsh, PhD: PTSD & The Family; Dr. Ron Hull, MD & Carl Shipp, MEd, LAC: Opiate Replacement/Suboxone Therapy; Cynthia Moreno-Tuohy NAADAC Executive Director: Professional Ethics; Robert Richards, NAADAC NW VP: Cultural Considerations in Counseling; Shelley Andrus, MSN: Drug Court Development in Montana and Major-Gen. Randy Mosley (invited) AdjGen, Montana National Guard.  
Details from Peter Formaz at peteformaz@hotmail.com or visit www.naadac.org.

**April 30**  
Submission Deadline for the NAADAC 2008 Awards  
Details at www.naadac.org or call 800.548.049.

**August 28–31**  
NAADAC Annual Conference held in association with the Kansas Association of Addiction Professionals (KAAP)  
Overland Park, KS  
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

**September 1–30**  
Recovery Month  
Details at www.recoverymonth.gov.

**September 20**  
Addiction Professionals Day  
Join with others throughout the nation in recognizing the important role of addiction focused professionals  
Details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.