Editor’s Note

As you read through this issue, you’ll see that a large portion of the issue is dedicated to the NAADAC elections. As you read through the diverse opinions and experiences, take a moment to remember the comments from another leader:

“So let us begin anew—remembering on both sides that civility is not a sign of weakness, and sincerity is always subject to proof. Let us never negotiate out of fear. Let us never fear to negotiate. Let both sides explore what problems unite us instead ofbabeling those problems that divide us…

...And if a beach-head of cooperation may push back the jungle of suspicion, let both sides join in creating a new endeavor, not a new balance of power, but a new world of law, where the strong are just and the weak secure and the peace preserved.

All this will not be finished in the first one hundred days. Nor will it be finished in the first one thousand days, nor in the life of this Administration, nor even perhaps in our lifetime one thousand days, nor in the life of this century. Nor will it be finished in the first one hundred years. We hold these truths to be self-evident, that all men are created equal.

That speaker was John F. Kennedy in his January 20, 1961, inaugural address. It is almost fifty years later, yet his words still carry meaning today.

Good luck with your choice and good luck to all of the candidates!

Please note, if you have not received an e-mail and/or a mail ballot after April 7, please contact me at 800.548.0497, ext 125.

Donovan Kuehn
NAADAC News Editor
NAADAC President Urges Improved Care for Veterans, Families
Congressional Testimony Focuses on Service Delivery

Donovan Kuehn, NAADAC News Editor

NAADAC President Patricia M. Greer, BA, LCDC, AAC, spoke out on the need to improve services for veterans and their families. She did so in testimony at the Congressional Hearing on Substance Abuse/Co-morbid Disorders: Comprehensive Solutions to a Complex Problem, hosted by the House of Representatives Committee on Veterans’ Affairs, Subcommittee on Health.

The Subcommittee on Health provides legislative oversight for the Department of Veterans Affairs’ (VA) health care system, veterans programs and research. The VA operates over 1,400 sites of care, including medical centers, nursing homes and hundreds of community-based outpatient clinics located throughout the nation and estimates that it now cares for 5.5 million veterans. Over the past decade, the VA has begun work to transform the health care system to better serve veterans.

The current conflicts in Iraq and Afghanistan pose many new challenges to effective health care.

As the conflicts in Iraq and Afghanistan take a toll on veterans and their families, mental health issues have become a priority for the House of Representatives. Currently the VA is only authorized to provide mental health services to family members for military related issues. The VA currently has 209 Vet Centers and is looking to expand to 232 by the end of 2008. Witnesses noted that many Vet Centers were understaffed and in need of more counselors and therapists.

“Substance use disorders frequently co-occur with other physical and mental health conditions. In the case of diseases like HIV or Hepatitis C, comorbidity with substance use disorders is often associated with the act of drug use itself — sharing needles, for example, or engaging in risky sexual behavior. In the case of mental health conditions like post-traumatic stress disorder (PTSD), depression or bipolar disorder, substance use disorders frequently result from attempts to “self-medicate” with alcohol or other drugs rather than receiving needed mental health care,” Greer told the Subcommittee.

“The current conflicts in Iraq and Afghanistan pose many new challenges to effective health care,” added Greer. “While co-occurring substance use disorders and mental health conditions like PTSD are among the most complex of those challenges, comprehensive plans of action can dramatically improve veterans’ health.”

“[NAADAC supports] ensuring that a clinician with addiction-specific qualifications is part of every treatment plan, that the family is included to the greatest extent possible, that screening and intervention for addiction and mental illness is included in primary care settings and that veterans can access the care they need conveniently and close to home.”

“We look forward to working with other stakeholders to improve the nation’s treatment systems for co-occurring substance use disorders,” concluded Greer in her remarks.

Greer was one of many to testify on the impact of veterans’ health care. Other participants included: Linda Spoonster Schwartz, RN, DrPH, FAAN, Commissioner of Veterans’ Affairs for the State of Connecticut; Charles Figley, PhD, LMFT, of the American Association for Marriage and Family Therapy; Fred Cowell, Senior Health Analyst for Paralyzed Veterans of America; Thomas J. Berger, Ph.D., Chairman of National PTSD & Substance Abuse Committee for Vietnam Veterans of America; Barbara Cohoon, Deputy Director of Government Relations for the National Military Family Association.
Traumatic Brain Injury: The Invisible Disorder
Symptoms May be Mistaken for PTSD
Roman Frankel, PhD

In the recent months, many articles have been written and published raising the awareness about the new, however, very common, condition suffered by members of our military forces, namely a Traumatic Brain Injury.

Due to the fact that the symptoms are at times difficult to detect and at times may mimic Post Traumatic Stress Disorder (PTSD), diagnosis and subsequently treatment of this uniquely debilitating wound becomes extremely complicated.

Although appropriately termed as our “wounded warriors” those soldiers returning back to the United States from Iraq and Afghanistan find that receiving help to assist with rehabilitation is as complicated as the injury itself.

As a concerned citizen and a professional clinician, I am further perplexed and concerned that the identification of substance use disorders for those with a Traumatic Brain Injury has been invisible. Contrary to the position taken by our Armed Forces Administration that drug use is declining within the military, many reports strongly suggest that this is, in fact, on the rise and that administering many classified medications occurs with very limited medical supervision.

The National Brain Injury Association agrees with the researchers that patients diagnosed with Traumatic Brain Injuries are more susceptible to acquiring substance use disorders. Logic and professional accountability would therefore strongly suggest that there is a correlation between those two disorders among the wounded warriors.

Lack of adequate identification of this dual-diagnosis may severely impede the process of rehabilitation.

It has become imperative for me to begin encouraging my colleagues, the soldiers and their family members in recognizing that lack of adequate identification of this dual-diagnosis may severely impede that process of rehabilitation. In fact, data shows that if untreated, either diagnosis may in fact spiral downward, causing irreparable damage to the medical, psychological, behavior and spiritual condition of our soldiers and their family members.

Remembering that the major symptom of denial and the social stigma attached to the substance use disorders are great contributors in misdiagnosing these conditions. We must make our responsibility to educate and treat the group of soldiers diagnosed with Traumatic Brain Injuries and substance use disorders. Lack of appropriate diagnosis and therefore appropriate treatment will continue to show lack of positive results further frustrating the patients and the treatment community.

In the recent article published by the Oakland Free Press (December 30, 2007) Mr. Jerry Wolfe – (248.745.4612; jerry.wolfe@oakexpress.com) indicated that Michigan was fortunate to have 55 accredited facilities to treat Traumatic Brain Injuries versus two in Missouri and five in California. In recognizing Mr. Wolfe’s attempt to build hope for our Michigan soldiers it should be noted sadly that most of those facilities would not be accessible to our military due to lack of funding for this often expensive level of rehabilitation.

The number of rehabilitation facilities available in the state of Michigan is simply motivated by the auto-no fault benefits available to victims of the auto accidents.

Even more sadly, it should be noted that none of these facilities provide adequate treatment protocols to treat those diagnosed with Traumatic Brain Injuries and substance use disorders. Addiction and other health professionals must ensure they keep a watchful eye on their clients, particularly those who have served in the military, to ensure that traumatic brain injuries do not become a silent epidemic.

Roman Frankel, PhD, is the president/executive director of New Start Inc., a company that specializes in individualized treatment of multi-diagnosed individuals and their families. Dr. Frankel assisted in developing the country’s first hospital-based program for treating multi-diagnosed individuals. The program became a part of Beacon Center for Behavioral Medicine, Detroit Riverview Hospital.
For more information, contact the author at roman@new-start-inc.com.

Additional Resources
Brain Injury Association of America
1608 Spring Hill Road, #110
Vienna, VA 22182
Brain Injury Association of Michigan
8619 West Grand River, Suite 1
Brighton, MI 48116-2334
info@biami.org
Michigan Association of Alcoholism and Drug Abuse Counselors
P.O. Box 1097
Southgate, MI 48195
maadac4u@yahoo.com
The secret of joy in work is contained in one word — excellence. To know how to do something well is to enjoy it.

– Pearl Buck (1892 – 1973), Novelist

NAADAC established its national awards to identify and honor the outstanding work of addiction professionals and organizations that treat addiction. This provides a unique opportunity to inform others about the professionalism and expertise exhibited by addiction professionals throughout the U.S. and the world.

NAADAC has recognized the best practices of addiction professionals since 1979, when it established the Alcoholism and Drug Abuse Counselor of the Year Award (since re-named the Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year Award). The first winners, the Counselors of the U.S. Navy alcoholism and drug abuse program, came to prominence after the U.S. Department of Defense revised its policies to encourage voluntary identification and enrollment of those with addictions in treatment programs.

The Navy’s program was the first of the non-punitive military rehabilitation programs developed with a focus on treatment. The program treated addiction as a disease and ensured that those who volunteered for treatment could not be discharged under other than honorable conditions.

Over 80 groups, individuals and organizations have received recognition from NAADAC in the 27 years since it began its awards program. Very select company, considering that NAADAC has 10,000 members.

Do you know someone who deserves accolades for their work, professionalism and dedication? If you do, please consider nominating him or her for one of NAADAC’s six awards.

Also, please consider forwarding the names of those who have been nominated for awards at the state level.

Nominations for the 2008 awards must be received by the NAADAC Awards Committee no later than April 30, 2008.

To make a submission, or for additional information, please contact Donovan Kuehn, NAADAC Director of Outreach and Marketing, at 800.548.0497, ext. 125, or by e-mail at dkuehn@naadac.org.

For full descriptions of NAADAC’s awards, please visit www.naadac.org and click on “Recognition & Awards”.

THE NAADAC AWARDS
NAADAC has six awards to recognize excellence in the addiction profession. They include:

**Mel Schulstad Professional of the Year**
Presented for outstanding and sustained contributions to the advancement of the addiction profession.

**William F. "Bill" Callahan Award**
Presented for sustained and meritorious service at the national level to the profession of addiction counseling.

**Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year**
Presented to a counselor who has made an outstanding contribution to the profession of addiction counseling.

**NAADAC Organizational Achievement Award**
Presented to organizations that have demonstrated a strong commitment to the addiction profession and particularly strong support for the individual addiction professional.

**Medical Professional of the Year**
Presented to a medical professional who has made an outstanding contribution to the addiction profession.

**Lifetime Honorary Membership Award**
This award recognizes an individual or entity who has established outstanding service through a lifetime of consistent contributions to the advancement of the addiction profession and its professionals.

Haven’t seen us for a while? The NAADAC News is being delivered to your inbox!

This special 2008 election edition of the NAADAC News has been mailed to all 10,000 NAADAC members.

Since April 2005, the NAADAC News has been available on-line (at www.naadac.org/news), in your inbox (accessible through e-mail link) or available through mail by special request.

If you haven't been getting the NAADAC News, here's how to sign up:

1. If we don't have an e-mail address for you, simply e-mail dcroy@naadac.org with “NAADAC News” in the subject line.
2. Let us know if you change your e-mail.
3. Delete NAADAC from your spam blocker and add NAADAC to your “safe list” so you can receive e-mails.
4. Contact the NAADAC office if you don't have an e-mail account and you will be mailed a copy of the latest NAADAC News. Call Donna Croy at 800.548.0497 ext. 111 or Donovan Kuehn at 800.548.0497 ext. 125. We don't want you to miss a thing!

Remember, give NAADAC your current e-mail address to stay on top of special offers, conference information, educational opportunities and to get the bi-monthly copy of the NAADAC News.

Thanks for reading and we'll see you in June online!
Recovery for a Lifetime Conference 2008
Join NAADAC for Education and Entertainment in Kansas

Donovan Kuehn, NAADAC News Editor

Join us in Overland Park, Kansas, August 28–31
NAADAC, the Association for Addiction Professionals, is pleased to be working with the Kansas Association for Addiction Professionals and NALGAP, The Association for Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies, in co-hosting its Annual Conference in Overland Park, Kan.

Informative workshops and presentations will run from August 28–31 and will include a welcome reception on August 27 which will honor outstanding addiction-focused professionals from around the nation.

Explore Overland Park and Kansas City!
Overland Park is located in the southwest section of the Kansas City area, 35 miles from Kansas City International Airport and minutes from downtown Kansas City, Mo. For more information on attractions and events, contact the Overland Park Visitor’s Bureau (www.opcvb.org) or the Kansas City Visitor’s Bureau (www.visitkc.com) or call 800.767.7700.

Scholarships
Scholarships are available. All scholarship applications must be received 60 days before the first day of the conference (June 27, 2008). Download a scholarship form by visiting www.naadac.org and click on “upcoming events.”

Earn Over 20 CE Credits
A number of tracks will be offered and workshops will cover numerous topics, including:
- Addiction History
- Alternative Therapies
- Co-occurring Disorders
- Clinical Techniques
- Current Research & Outcomes
- Ethics
- Faith Based Approaches
- Prevention
- Professional Development
- Special Populations
- Workforce/Management Issues

Nearest Airport
Fly into the Kansas City International Airport (Airport Code: MCI). Airlines that serve the airport include Air Canada, AirTran, American, Continental, Delta, Frontier, Midwest, Northwest, Southwest, United and US Airways.

Conference Materials
For the Conference Brochure, Registration Form, Exhibitor Information and Conference Program, please visit www.naadac.org or keep an eye on your mailbox.

2008 Conference Fees
EARLY BIRD RATES
(register by June 27, 2008)
Member: $325
Non-Member: $425

REGULAR RATES
(register after June 27, 2008)
Member: $400
Student/Associate/Military
Member: $200
Non-Member: $500
Student/Military
Non-Member: $325

DAILY RATES
Member: $100
Non-Member: $125
Student/Associate/Military
Member: $75
Student/Military
Non-Member: $100

DOT/SAP Two Day (12 hour) Qualification/Re-Qualification Training
Member: $285
Non-Member: $350

August 30 Dinner & Concert Ticket
(not included in conference fee)
Member: $49
Non-Member: $75

Book Your Stay Now!
Join us in Overland Park at the:
Sheraton Overland Park Hotel
8100 College Blvd., Overland Park KS 66221
For reservations, call 886.837.4214. Please mention NAADAC or KAAP to receive the special rate of $109 per night (plus applicable taxes).

All rooms must be booked by August 5, 2008 to receive the conference rate.
Please check the appropriate boxes below.

CONFERENCE REGISTRATION FEES
(does not include August 30 Dinner and Concert)
Early Bird Rates (register by June 27, 2008)
☐ Member: $325, ☐ Non-Member: $425
Regular Rates (register after June 27, 2008)
☐ Member: $400, ☐ Non-Member: $500
☐ Student/Associate/Military Member: $200
☐ Student/Military Non-Member: $325

Daily Rates
☐ Member: $100, ☐ Non-Member: $125
☐ Student/Associate/Military Member: $75
☐ Student/Military Non-member: $100

ATTENDEE INFORMATION (Please print clearly)
NAADAC/KAAP/NALGAP Member #: _______________________________

Name: ________________________________________________________________________________________________

Address: ________________________________________________________________________________________________

City: __________________________  State: ______________  Zip: __________________________

Phone: (______) __________________________  Fax: (______) __________________________

E-mail: ________________________________________________________________________________________________

FEE CALCULATION
____ Full Conference Fee.
____ Daily Fee(s). Please check day(s) you will attend:
   ☐ Thursday, Aug. 28  ☐ Friday, Aug. 29  ☐ Saturday, Aug. 30  ☐ Sunday, Aug. 31
____ DOT/SAP Qualification/Re-Qualification Course (August 28 & 29). In addition, if you would like to attend the conference on August 30 and 31, please select the daily rate.
____ Dinner and Concert Ticket (Dinner and Concert are not included in the registration fee.)
____ Total Amount Enclosed

PAYMENT INFORMATION
☐ Check or money order payable to NAADAC
☐ Charge my:  ☐ Visa  ☐ Mastercard  ☐ American Express

Name as appears on credit card (please print clearly): ________________________________________________________________

Credit card #: ________________________________________  Exp. Date ______________

Signature ______________________________________________

Conference Refund Policy:
A partial refund of 75% of registration cost is refundable 30 days before the conference. Thereafter, 50% of conference fees are refundable.

RETURN COMPLETED FORM TO NAADAC VIA:
MAIL: NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314
FAX: 800.377.1136
How Does Evidence Based Practice Transfer From the Training Room Into the Therapy Room?

The Challenge of Integrating the Best Research With Clinical Expertise

Denise Hall, LPC, NCC, ASE and Tanya Odell, LPC

“EBPs” (Evidence Based Practices) have become a buzz word in the world of behavioral health. In many ways, it is helpful that we are talking the same language, and in other ways, the term has become a watered down term thrown around without much of a sense of definition. One definition used by the Oregon Addictions and Mental Health Division (AMH) identifies evidence-based practices as:

...programs or practices that effectively integrate the best research evidence with clinical expertise, cultural competence and the values of the persons receiving the services. These programs or practices will have consistent scientific evidence showing improved outcomes for clients, participants or communities. Evidence-based practices may include individual clinical interventions, population-based interventions, or administrative and system-level practices or programs.¹

Because of its deceptive simplicity in description, providers often feel they do not need to provide intensive training and start application right away. Our training plan was designed to avoid that common pitfall that results in low model competence.

Implementation Example

A case example demonstrating the leap from training to successful application in a real life setting was evident at Prince William County (Virginia) Community Services Board. The staff of adult and adolescent substance use treatment programs participated in an 18-month MI implementation project. The training consisted of an overview to EBPs (six hours), then one month later an overview of MI (six hours), a 12-hour skills training in smaller groups of 20 at two months and five months, followed by taped session submissions and supervisory training using the MIA:STEP. Prince William County was the first pilot site for the NIDA/SAMHSA Motivational Interviewing Assessment: Supervisory Training to Enhance Proficiency (MIA:STEP) in the U.S. Three booster/follow-up sessions were completed; one for supervisors only and two for all staff originally trained.

<table>
<thead>
<tr>
<th>Training Plan</th>
<th>Hours</th>
<th>Time Frame</th>
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</thead>
<tbody>
<tr>
<td>Overview of EBP’s</td>
<td>6</td>
<td>November 2005</td>
</tr>
<tr>
<td>Overview of MI</td>
<td>6</td>
<td>December 2005</td>
</tr>
<tr>
<td>MI Skills Training</td>
<td>12</td>
<td>February and May 2006</td>
</tr>
<tr>
<td>MIA:STEP (supervisory training)</td>
<td>12</td>
<td>June 2006</td>
</tr>
<tr>
<td>Booster for supervisors</td>
<td>6</td>
<td>January 2007</td>
</tr>
<tr>
<td>Follow-up for staff</td>
<td>6 (two sessions)</td>
<td>May 2007</td>
</tr>
<tr>
<td>Total hours taping, listening to and rating tapes</td>
<td>50</td>
<td>July 2006–December 2006</td>
</tr>
<tr>
<td>Total face-to-face</td>
<td>54</td>
<td>November 2005–May 2007</td>
</tr>
<tr>
<td>Total Technology Transfer hours invested in the implementation process</td>
<td>104 hours</td>
<td>November 2005–May 2007</td>
</tr>
</tbody>
</table>

Prince William staff member Tanya Odell participated in all the training events. Looking towards practical application, she decided as part of her school-based treatment program she would use the Transtheoretical Model (TTM) to design groups based on MI training and Velasquez’s group book. Here is her story.

¹Oregon Addictions and Mental Health Division (AMH), Operational Definition for Evidence-Based Practices Addictions and Mental Health Division, September 11, 2007
In one particular instance, our group theme was “A Day in the Life.” One of my group members had been minimizing his use. As he completed the activity and began processing his use with other group members, he began to realize that he uses a lot more frequently than he thought. He was able to begin to make the connection that his pattern of using everyday before school coincided with his grades dropping. He then was able to set a goal for himself to no longer use before school for a period of one month to see if his grades would improve. In fact, he did see an improvement in his grades and reports overall feeling better about himself and the positive changes he was able to make.

In my experience with this client and others, the MI approach is very effective in giving our clients a sense of personal empowerment over their feelings and behaviors.

The Motivational Interviewing approach is very effective in giving our clients a sense of personal empowerment over their feelings and behaviors.

Summary

The process of technology transfer requires planning, dedication, action, and skillful supervision to promote mastery of an evidence based practice. With those considerations, it is possible to take evidence based practices from the training room to the therapy room.

Denise Hall LPC, NCC
ASE is a project coordinator with Mid-Atlantic Addiction Technology Transfer Center and a member of MINT. dwhall@vcu.edu

Tanya Odell, LPC is a supervisor with the New Horizons Program in Prince William County, Virginia. todell@pwcgov.org

Resources:
Motivational Enhancement Therapy Cognitive Behavioral Therapy, 5 sessions: http://ncadi.samhsa.gov/govpubs/bkd384

Tanya’s Technology Transfer Experience

I am a licensed therapist with the Community Services (CS), New Horizons Program in Prince William County, Vir. We are a school-based program and currently have therapists at each of the local high schools in addition to conducting both individual and family therapy at CS. Our primary focus is to treat adolescents and their families that are struggling with mental health, substance use, and/or co-occurring disorders. As a program, we have embraced the Motivational Interviewing (MI) approach and have found it to be very effective.

I began using the MI approach in combination with the Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual by Mary Velasquez, et al. (2001) at school last year when facilitating my substance use disorder groups. This program has provided me with a comprehensive framework within which I am able to guide my group members through the process of making behavioral changes.

Typically, when I put students in a group, I find they are at varying stages of readiness which can be frustrating to them and hinder progress of some. Using MI and this manual, I found it easier to place students with similar degrees of readiness together and they seemed to progress from readiness to action more quickly. In addition, the early stages sequence had techniques I found to be very effective in helping clients make positive changes.

As a program, we have embraced the Motivational Interviewing approach and have found it to be very effective.
The Candidates at a Glance

**President-Elect**

**Warren A. Daniels III, BA, M-RAS, NCAC I, CADC II, ICADC, CDIS**
Grass Valley, CA

- NAADAC member for 14 years and active on the international, national, state and local levels.
- Appointed to the NAADAC/IC&RC merger group in 2005.
- Served on the NAADAC Board of Directors for two years (2005–2006), past-President of the California affiliate and Legislative Chair for the California affiliate.

**Donald P. Osborn, MS, MA, ICAC II, MAC, NCC, NCP, LMFT, LMHC, LCSW**
Noblesville, Indiana

- Served two terms as Regional Vice President (Mid-Central) and elected by the NAADAC Board of Directors to fill the President-Elect vacancy.
- Served as state President in Indiana and currently serves as the Chair of the NAADAC National Committee of Addictions Studies and Standards in Higher Education.
- Designed and written course competencies for several colleges and universities and is working on a NAADAC-approved degree program.

**Treasurer**

**Michael Angelo, NCAC I, CADC II**
Bakersfield, CA

- Fourteen-year member of NAADAC.
- Member of the NAADAC Board of Directors 2003 to 2005 and elected by the NAADAC Board of Directors to fill the NAADAC Treasurer vacancy.
- Served on the NAADAC PAC for 1.5 years.

**Robert C. Richards, MA, CADC III, NCAC II**
Eugene, OR

- Past President of AADACO, the Oregon Association of Addiction Professionals.
- Served two terms as NAADAC Northwest Regional Vice-President.
- Served on NAADAC personnel committee, membership committee, capital campaign and development committees and as co-chair of the Tobacco Awareness committee.

If you have not received a ballot packet by April 7, 2008, please contact Donovan Kuehn at 800.548.0497, ext 125 or dkuehn@naadac.org.
FEATURE SECTION: NAADAC ELECTIONS

Secretary

Sharon DeEsch, LPC, LCDC, MAC
Greensboro, NC

- Worked in the field of Addictions for the past 25 years.
- Served on and Chaired state and national Ethics Committees and has published articles on the subject of ethics.
- Served as NAADAC Mid-South Regional Vice President and as a commissioner of the National Certification Board (NCC).

Jerome L. Synold, MAC, CAADAC II, CCS, CPS
Carlsbad, CA

- NAADAC member for over 20 years.
- Served as Southwest Regional Representative for NAADAC from 2004–2006.
- Coordinator and instructor for the University of California, San Diego’s Drug and Alcohol Certification program.

Regional Vice Presidents

MID-ATLANTIC REGION
Nancy Deming, MSW, LCSW, CCAC-S
Morgantown, WV

- Currently serving as RVP Mid-Atlantic Region and current member of the NAADAC Political Action Committee.
- President of West Virginia affiliate and member of NAADAC Board of Directors 2000–2003.
- Over 20 years of direct practice and management experience in the addictions profession.

MID-SOUTH REGION
Greg Lovelidge, LCDC, ADC III
Round Rock, TX

- Has served on the board of the Texas Association of Addiction Professionals (TAAP) for the past three years.
- Selected to fulfill unexpired term of Mid-South RVP in May 2007.
- President of the Institute of Chemical Dependency Studies (ICDS) since 1992.

NORTHEAST REGION
Edward Olsen, LCSW, CASAC, SAP
Lake Grove NY

- Member of NAADAC since 1998.
- Former Association for Addiction Professionals of New York (AAPNY) Public Policy Committee Chair, first and second vice president and president.
- Northeast RVP since 2005.

NORTHWEST REGION
Peter C. Formaz, NCAC II, LAC
Helena, MT

- Member of NAADAC since 1999 and current President of MAADAC, Montana’s NAADAC affiliate.
- Member of the Public Policy Committee and currently Chairs the Veterans sub-committee that recently developed a NAADAC position paper on improving veteran’s accessibility to treatment.
- Serves on the Board of the Mountain West Addiction Technology Transfer Center (MWATTC).

If you have not received a ballot packet by April 7, 2008, please contact Donovan Kuehn at 800.548.0497, ext 125 or dkuehn@naadac.org.
NAADAC’s 2008 Elections
Ten Candidates Step Forward: You Decide Who Leads

Donovan Kuehn, NAADAC Director of Operations

Putting your name forward for a leadership position is never easy. Candidates must weigh the benefits of serving on their professional association with the time, travel and other commitments they must face.

Every two years, NAADAC members have the opportunity to select the officers who will determine the direction of the association. This year, 10 people have placed their names in nomination for NAADAC’s leadership positions. The President-Elect, Treasurer, Secretary and four Regional Vice President candidates have decades of cumulative experience and varied backgrounds. And they all have one goal, serving the members of NAADAC.

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.

The views of the candidates, in their own words, are laid out in the subsequent pages of the NAADAC News.

A Note on the Elections:
NAADAC members in good standing as of February 1, 2008, will have the opportunity to elect a President-Elect, Secretary and Treasurer. All positions are for two-year terms.

There will also be elections for four Regional Vice Presidents for the Mid-Atlantic region (New Jersey, Delaware, Pennsylvania, Virginia, the District of Columbia, Maryland & West Virginia), the Mid-South region (Arkansas, Louisiana, Oklahoma & Texas), the Northeast region (Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island & Vermont) and the Northwest region (Alaska, Idaho, Oregon, Montana, Washington & Wyoming). 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.

Warren A. Daniels III, BA, M-RAS, NCAC I, CADC II, ICADC, CDIS
Grass Valley, California
warren@corr.us

Nominated by:
Jerome L. Synold, MAC, CAADAC II, CCS, CPS

Summarize the nominee’s NAADAC activities:
Having been a member of NAADAC for 14 years I am actively involved on the international, national, state and local levels:
• In 2005 I was involved with assisting the Russians (Urals State Technical University) with accessing U.S. addiction education programming through federal sources.
• On the national level I was appointed to the NAADAC/IC&RC merger group in 2005.
• I served on the NAADAC Board of Directors for two years (2005–2006).
• I was assigned to the Workforce Development Committee where NAADAC, PSWATTC and CAADAC developed a California workforce development plan.
• I served four years (1999–2003) as California Certification Board Chair implementing a career path offering multiple levels of certification and membership with increases from 1,400 to 3,500 since its inception, which continues to bring in hundreds of new members to NAADAC yearly.
• As Past-President of the California affiliate I strive to be responsible to individual member daily needs.
• I have been involved in the legislative affairs as the Legislative Chair for the California affiliate. As such, I am very knowledgeable about the legislative and advocacy process.

Philosophy statement of the nominee for this office:
Our profession must be unified nationally and internationally with NAADAC and IC&RC working together, at the state level with strong workforce development programs and at the local level with community coalitions. Our profession’s future lies solely in our ability to establish a competent and highly professional workforce.

The above is accomplished only if our leadership will embrace “thinking differently.” We must maintain strong leadership and fiscal management to remain strong and viable for future generations. If elected as your President-Elect I shall work diligently with every facet of NAADAC and all other organizations utilizing strong, proven leadership skills.
Tasks I will accomplish if elected will be:
• advocate that NAADAC efforts be focused solely on national issues
• increased membership benefits
• decrease membership fees
• increase legislative advocacy to develop a strong workforce development program which utilizes demonstrated programs to attract youth members to our profession

Other qualifications of the nominee for this office:
• Executive Director of a healthcare organization in Northern California for the past 13 years.
• Graduate of the University of Southern California, Marshall School of Business, Leadership Institute.
• As a member of the California affiliate Executive Committee we have increased annual benefits to members exceeding the cost of their annual membership dues and in 2007 were the only affiliate in the country to lower their membership fees by 20%.
• Chairman for the California Foundation for the Advancement of Addiction Professionals.
• Appointments to the State Department of Alcohol and Drug Programs Directors Advisory Council and the State Counselor Certification Advisory Committee.
• County Juvenile Justice Commissioner
• President of the Coalition for a Drug Free Nevada County
• CAADAC James Fulton Award, Counselor of the year 2000
• Distinguished Service Award, California Chiefs of Probation 2006
• CAADAC Fellow Award, 2007
• Northern California Leadership Champion Award 2006

Donald P. Osborn, MS, MA, ICAC II, MAC, NCC, NCP, LMFT, LMHC, LCSW
Noblesville, Indiana
donald.osborn@agsfaculty.indwes.edu

Nominated by:
Stewart Turner Ball

Summarize the nominee’s NAADAC activities:
Don was elected by the Board of Directors special election to fill the President-Elect vacancy and remaining one-year term of Pat Greer, at Nashville, TN in 2007. Prior to that Don served two terms as Regional Vice President (Mid-Central). He is a Senior Fulbright Scholar with the NAADAC Trainers Academy. As state President in Indiana, the affiliate saw rapid and sustained growth. He has served on several state affiliate and NAADAC committees. Currently he serves as the Chair of the NAADAC National Committee of Addictions Studies and Standards in Higher Education. In Indiana he has led a recognized revolu-

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FEATURE SECTION: NAADAC ELECTIONS

SECRETARY

Sharon DeEsch, LPC, LCDC, MAC
Greensboro, North Carolina
sdrecovery@hotmail.com

Nominated by:
James Martin, MSW, CSW, NCAC II, MAC, CEAP, SAP

Summarize the nominee’s NAADAC activities:
Sharon has worked in the field of Addictions for the past 25 years. She has worked in both inpatient and outpatient modalities providing direct care to chemically dependent persons and their families. She is presently working at Moses Cone Health System in Greensboro, NC and has a private practice at Therapy Matters.

Educated in Human Services and Counseling, Sharon received her Bachelor of Science degree from Old Dominion University, Norfolk, Vir.. She received a Master of Arts degree from Amber University, Garland, Tex. Sharon has more than 1,000 contact hours in continuing education. She has provided more than 150 trainings and lectures for counselors in the area of professional conduct, ethics, and HIV prevention for the past 21 years, nationwide.

Sharon has been involved with state and national Ethics Committees and has served as Chairperson of both. She has been published on the subject of ethics both in The Counselor magazine and The Professional Counselor magazine.

For the past 21 years, she has been very active in her state and national professional association, serving at the national level as the Regional Vice President on the NAADAC Executive Committee as well as the NAADAC’s Board of Directors. She sat as a commissioner of The National Certification Board, (NCC) which provides national counselor credentialing.

Sharon holds a Licensed Professional Counselor (LPC) Licensed Chemical Dependency Counselor (LCDC), a national Masters Addiction Counselor, (MAC) from NAADAC, a Certified Criminal Justice Professional (CCJP), and a nationally certified Substance Abuse Professional (SAP).

Philosophy statement of the nominee on the future of NAADAC:
I have always believed that we counselors are stronger by joining together at all levels. I have been blessed to watch our profession blossom in so many directions, and with many speed bumps. I don’t know why my God gave me the energy to be so involved, but I have had the opportunity to meet and learn from an array of gifted and talented people in my 23-year career. We have faced challenges and problems but have walked through them always with our head up high. I am proud to be a Chemical Dependency Counselor. I often watch the Academy Awards and wonder, why can’t we have a spectacular show giving trophies to all those counselors who have in some way helped an addicted person off the bottom of their life into sunshine. But I know we receive those trophies in terms of a smile, a hug or a simple thank you. That’s enough for us; because we know in our hearts we are helping. When asked about what NAADAC does for me? Remember, the counselor helps the client, the state association helps the counselor and the National Association helps the state. We are clearly connected, with pride.

Jerome L. Synold, MAC, CAADAC II, CCS, CPS
Carlsbad, California
jsynold@aol.com

Nominated by:
Warren A. Daniels III, BA, M-RAS, NCAC I, CADC II, ICADC, CDIS

Summarize the nominee’s NAADAC activities:
• Member for over 20 years
• Served as Southwest Regional Representative for NAADAC
• Speaker at NAADAC annual conference in Las Vegas.

Philosophy statement of the nominee for this office:
I would strongly support cooperation between ICRC and NAADAC/NCC. I believe strongly that membership and certification should be well separated for consumer protection. I would encourage ICRC to accept the fine work of the NCC on their credentials and grandfather them into the crosswalk previously discussed by both parties. I would encourage NAADAC to take the bold and necessary move to unite the field for the good of all counselors and get out of the certification business. I would encourage NAADAC leadership to listen to the feedback from members on what is important to them. I believe undeniably that counselors feel that one national credentialing board would only benefit them and their careers. I would support an effort to increase the power of the individual members vote and not rely on what can become isolated leaders.

Other qualifications of the nominee for this office:
• Directed Large Treatment Facility for over 10 years
• Did special planning for a variety of research and initiatives for world-wide programs.
• Over 25 years of Administrative and Clinical experience.
• Served on numerous volunteer boards in the substance abuse field.
• Coordinator and instructor for the University of California, San Diego’s Drug and Alcohol Certification program.
• Conducted compliance reviews of Drug and Alcohol Counselor Education Programs for the State of California’s CACO.

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• Currently Department Head of the Navy Drug and Alcohol Counselors School and the Navy’s Certification and Contracts division. This includes monitoring of a contract to provide clinical supervision to treatment programs world-wide.
• Supported the development of certification standards and counselor curriculum in Australia, Russia and South Africa.
• Awards include California Counselor Hall of Fame, James Fulton Award and the George C. Cobbs Service Award.

REGIONAL VICE-PRESIDENTS

Mid-Atlantic Region

The Mid-Atlantic Region encompasses New Jersey, Delaware, Pennsylvania, Virginia, the District of Columbia, Maryland & West Virginia.

Nancy Deming, MSW, LCSW, CCAC-S
Morgantown, West Virginia
ndeming@valleyhealthcare.org

Nominated by:
Susan Coyer

Summarize the nominee’s NAADAC activities:
Currently serving as RVP Mid-Atlantic Region and current member of the NAADAC Political Action Committee. Attended and participated in annual NAADAC Board meetings 2000–2003 as the WV representative when I served as President of WVAADC, the West Virginia affiliate for that time period. Have attended numerous NAADAC educational conferences and participated in the regional caucuses.

Philosophy statement of the nominee on the future of NAADAC:
I think our membership is the future of NAADAC. How we utilize the individual assets of our membership will have a lasting impact on the success of the organization. There are as many organizations in which a professional can choose to affiliate as there are reasons for affiliating with a professional organization. I choose to be involved in NAADAC because it has a single voice, a national presence, and is the one professional organization that can best positively influence national and state policy regarding issues that affect our profession and the clients we serve. I think it’s important to stay involved in that process and to serve at whatever level you as a member are able and interested; local, state, or national.

Other qualifications of the nominee for this office:
Over 20 years of experience in the Addictions field in the area of both direct practice and management of residential CD treatment programs and active involvement on the WVAADC Board; the WV affiliate. Have coordinated trainings for WVAADC membership with the Mid-Atlantic Addiction Technology Transfer Center (ATTC), and received various trainings including Trainer of Trainers from the ATTC.

Mid-South Region

The Mid-South Region encompasses Arkansas, Louisiana, Oklahoma & Texas.

Greg Lovelidge, LCDC, ADC III
Round Rock, Texas
greg@cdstudies.com

Nominated by:
Matt Feehery

Summarize the nominee’s NAADAC activities:
Served on the board of the Texas Association of Addiction Professionals (TAAP) for the past three years. Was appointed to fulfill unexpired term of RVP Mid-South in May 2007.

Philosophy statement of the nominee on the future of NAADAC:
“NAADAC’s Mission is to lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.” – I support this goal 100%. I believe in the power of mass communication and have for the past 13 years published Recovery Today and will continue in the future to bring professionals the national standard of knowledge, education, and skills to successfully work in the field of chemical dependency/substance abuse counseling.

Other qualifications of the nominee for this office:
President of the Institute of Chemical Dependency Studies (ICDS) since 1992. Published and distributed the Recovery Today newspaper for over 12 years in an effort to assist and communicate with professionals and individuals in all areas of alcohol and chemical dependency. Recovery Today currently has a circulation of 30,000 readers nationally.

If you have not received a ballot packet by April 7, 2008, please contact Donovan Kuehn at 800.548.0497, ext 125 or dkuehn@naadac.org.
Northwest Region

Peter C. Formaz, NCAC II, LAC
Helena, Montana
peteformaz@hotmail.com

Nominated by:
Robert C. Richards, MA, CADC III, NCAC II

Summarize the nominee’s NAADAC activities:
As a member of NAADAC since 1999, Pete has worked at the local, state, regional and national levels advocating for addiction professionals and those they serve. He is currently President of MAADAC, Montana’s NAADAC affiliate, serving since the fall of 2006 and was President Elect for the two years prior. Pete has been a member of the NAADAC Public Policy Committee for the past two years and was recently appointed to the joint NAADAC/NAATP Public Policy Committee. He is currently Chair of the Veterans sub-committee of the Public Policy Committee that recently developed a NAADAC position paper on improving veteran’s accessibility to treatment. He is also on the Board of the Mountain West Addiction Technology Transfer Center (MWATTC) and planner/organizer of NAADAC’s Northwest Regional Conference to be held in April 2008. He maintains weekly contact with the U.S. senators of his state to monitor policies of interest to NAADAC.

Philosophy statement of the nominee on the future of NAADAC:
As NAADAC celebrates 35 years of service to addiction professionals, we are in a prime position to lead the way. NAADAC has begun building bridges of common interest with other associations to support legislative changes, credentialing uniformity and insurance parity. With over 10,000 members, we are uniquely qualified to treat the ever-growing need for substance use disorders in both military and family situations. By holding training seminars and sharing research to practice education,

Northwest Region: Pete Fornaz, continued on page 19
“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

NAADAC NEW MEMBER APPLICATION

☐ YES, I want to join my colleagues as a member of NAADAC. I understand that by joining I will also become a member of the NAADAC affiliate in my state or region.

☐ MS.  ☑ MR.  ☐ OR.  NAME

☐ HOME OR ☐ WORK ADDRESS  (Provide your preferred address for all NAADAC mailings)

CITY  STATE/PROVINCE  ZIP/POSTAL CODE  COUNTRY

WORK PHONE  HOME PHONE

EMAIL  (Required to receive NAADAC's bi-monthly newsletter, NAADAC News.)  FAX

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

NOTE: From whom and where did you hear about NAADAC

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

JOIN ONLINE AT WWW.NAADAC.ORG

FEE 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.

Donation to the NAADAC Political Action Committee (PAC)**

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

$300 – President’s Alliance Member  $200 – Champion

$100 – Leader  $50 – NAADAC Advocate

$  – Other

Donation to the NAADAC Building Campaign  (tax deductible)

$500 – President’s Club  $200 – Executive Club

$100 – Director’s Club  $75 – Patron

$50 – Sponsor  $  – Other

TOTAL AMOUNT ENCLOSED

PAYMENT INFORMATION

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

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

Please charge $_______ to my  ☐ Visa  ☐ MasterCard  ☐ American Express

ACCOUNT NUMBER  EXP. DATE

SIGNATURE

NOTE: 6% of your 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.

6/07
NAADAC Organizational Membership
Welcome NAADAC’s Newest Organizational Member

Alternative Treatment International

Alternative Treatment International, Inc. (A.T.I.), is located in Clearwater, Fla., and offers private, exclusive, non-12-Step residential and outpatient recovery treatment in a stress-free tropical setting. A.T.I.’s programs are State Licensed and Joint Commission Accredited. Insurance is accepted.

Both clinical and alternative treatment is offered for addictions; dual diagnosis disorders; alcohol, cocaine or prescription abuse; depression; trauma/PTSD; stress/anxiety; spiritual healing; eating disorders; abuse and trauma healing and psycho-emotional disorders.

A.T.I. offers individualized clinical recovery treatment for a small group of 18 residential clients as well as intensive outpatient and outpatient clients.

A.T.I. is a clinically based psychotherapeutic program that treats the psycho-emotional disorder(s) and/or the addiction(s). As a dual-diagnosis program, A.T.I. specializes in treating addictions as well as emotional problems, including a combination of two or more diagnosis.

PERCEPTION THERAPY® RELAPSE PREVENTION and RECOVERY TOOLS
We Treat the Whole Person and the Cause of the Problem, Not Just the Symptom

A.T.I. promotes a philosophy that allows one to obtain healing of the mind-body-spirit-environment® — the whole person. Our corporate mission is to bring self awareness to the highest level by formulating philosophies, treatments, techniques and protocols that address the whole individual. Part of A.T.I.’s goal is to examine the perceptions one has about mind-body-spirit-environment® and how those perceptions produce thinking. Perception Therapy® reviews those perceptions throughout the learning process and as those perceptions change, we witness changes in thinking, which in turn brings hope and healing. When a change in thinking produces a new view, all things are possible including good health, lifestyle change, recovery from addictions and emotional problems, happiness, peace and success.

For more information on Alternative Treatment International, Inc. please visit www.alternative2rehab.com or contact Dr. Alan Meyers, Executive Director at 300 South Duncan Ave., Ste. 263, Clearwater, FL 33755. For more information call 800.897.8060 or email info@alternative2rehab.com.

Northwest Region: Pete Fornaz, from page 17

NAADAC can and must support the professional in the field. Our profession is changing daily with new pharmacotherapies and the challenges of co-occurring disorders. It is my goal to bring as many educational opportunities as possible to the region and assist in the development of new and existing affiliates.

Other qualifications of the nominee for this office:
In addition to his national and state credentials, Pete is a certified HIV/AIDS counselor and a life member of the Vietnam Veterans of America. As Montana State President, he has been instrumental in assisting Robert Richards, the current Northwest Regional Vice President, working with more remote parts of the Northwest Region, including reaching out to assist Wyoming in forming a new affiliate. He has been highly active in all of the Northwest region’s conference calls and other activities within the region, making him familiar with the challenges and opportunities facing the area.
Apr. 1–30  NAADAC 2008 Elections Period
NAADAC members in good standing as of February 1, 2008 are eligible to vote. If you have not received a ballot by April 7, 2008, please contact Donovan Kuehn at dkuehn@naadac.org.
Details at www.naadac.org or call 800.548.0497.

Apr. 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, UNLV; Dr. Mary Harsh, PhD; Ron Hull, MD & Carl Shipp, MEd; LAC; Cynthia Moreno-Tuohy, Executive Director, NAADAC; Robert Richards, NAADAC NW VP; Patricia M. Greer; NAADAC President; Shelley Andrus, MSN and Col. Ireland, Montana National Guard.
Details from Peter Formaz at peteformaz@hotmail.com or visit www.naadac.org.

Apr. 15  NCAC I/NCAC II/MAC Application Deadline for June 7–14, 2008 Exam Period
Details at www.ptcny.com/clients/NCC.

Apr. 30  Submission Deadline for the NAADAC 2008 Awards
Recognize the practitioners of best practices throughout the nation.
Details at www.naadac.org or call 800.548.0497.

May 3  New Horizons: Integrating Motivational Styles, Strategies and Skills with Pharmacotherapy
Sheraton Anchorage Hotel, Anchorage, Alaska — Earn 6 CE Credits
Learn about motivational approaches to help alcohol dependent clients make positive behavior change in their lives. Featuring Carlo DiClemente, PhD.
Details at www.naadac.org or call 800.548.0497.

June 2–3  NIDA Blending Conference: Blending Addiction Science and Treatment: The Impact of Evidence-Based Practices on Individuals, Families and Communities
Cincinnati, Ohio — Each 14 hours of CE
For physicians, psychologists, social workers, addiction counselors and others.
Details from Stacy Ringwelski at sringwelski@sel2003.com, Roxanne Kibben at rkibben@sel2003.com or call 240.485.1700.

June 7–14  NCAC I/NCAC II/MAC Testing Period
The Professional Testing Corporation (PTC) administers testing for the NAADAC National Certification Commission. Details at www.ptcny.com/clients/NCC.

July 15  NCAC I/NCAC II/MAC Application Deadline for Sept. 6–13, 2008 Exam Period
Details at www.ptcny.com/clients/NCC.

Aug. 28–31  NAADAC Annual Conference held in association with the Kansas Association of Addiction Professionals (KAAP)
Overland Park, Kan.
Details at www.naadac.org or call 800.548.0497.

Sept. 1–30  Recovery Month; Details at www.recoverymonth.gov.

Sept. 19  NAADAC Open House; 11 am to 2 pm
Visit the home of the nation’s largest professional association for those focused on addictions.
Details at www.naadac.org or call 800.548.0497.

Sept. 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 call 800.548.0497.

Dec. 6–13  NCAC I, NCAC II and MAC Testing Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission.
More details at www.ptcny.com/clients/NCC.

Mar. 8–10  Advocacy in Action Conference
Washington, D.C.
Get involved and help shape the views of the nation's lawmakers. The NAADAC/NAATP Advocacy in Action conference will focus on legislative issues affecting the addiction-focused professionals and treatment providers.
Details at www.naadac.org or call 800.548.0497.