Musicians in Recovery

Special Feature
Starts Page 10
Editor’s Note

It was a pleasure working on this issue for several reasons. First of all, this issue is full of information, from group work with those in the music industry who suffer from addiction, to the NAADAC Election results, to an obituary of a leader from New York.

But it was also great to work on this issue as I am passing the baton to a new editor who will infuse some new ideas and perspectives into the NAADAC News.

Anne Luna joined the NAADAC staff in August 2007 as our Special Projects Associate. Her role is to facilitate internal and external communication and development and identify potential partners in the addiction, health, LGBT and cultural communities. Before joining NAADAC, Luna worked as the Director of Operations at the Woodhull Freedom Foundation. She has worked in communications; researching and crafting policy; lobbying; developing educational materials, literature and other resources; as well as organizing large and small scale conferences.

It’s always tough to pass along the keys to something you’ve been driving. It has been fun to innovate and experiment with different ideas and approaches to publishing. But all good things must come to an end, and I know Anne will bring her dedication and her own style to the NAADAC News.

It has been fun. Thanks for coming along on the ride!

Donovan Kuehn
NAADAC News Editor

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June/July 2008, Volume 18, Number 2

Change of Address: Notify NAADAC three weeks in advance of any address changes. Change of addresses may take up to six weeks, so please notify us as soon as possible.

Send your old and new addresses to NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314; phone 800.548.0497; fax 800.377.1136 or send an email to dkuhn@naadac.org.
One of the most important acts NAADAC members can participate in is the selection of its leadership. NAADAC’s Executive Committee helps provide day-to-day leadership for the association and helps guide its response to the issues of the day. NAADAC members chose a mix of continuity and experience in electing leaders to serve on the Executive Committee and lead the association for the 2008–2010 term.

The newly re-elected and elected national officers include Donald P. Osborn of Noblesville, Ind., as President-Elect, Sharon DeEsch of Greensboro, N.C., as Secretary and Robert C. Richards, of Eugene, Ore., as Treasurer. Regional Vice Presidents for the Mid-Atlantic (Nancy Deming); Mid-South (Greg Lovelidge); Northeast (Edward Olsen) and Northwest (Peter C. Formaz) regions all ran unopposed.

As President-Elect, Osborn would like to ensure NAADAC retains a leadership role in the addiction profession. “NAADAC must always be visionary in anticipating what may be the pressing needs of the field, its professionals and the organization. Leadership at all levels must be ready to inform the members and present solutions and options within a reasoned and effective strategy,” stated Osborn.

DeEsch, expressed her passion about being a member 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,” said DeEsch. “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,” she added.

Richards put his name forward as a candidate because of his desire to serve the interests of the NAADAC membership. “First and foremost, I believe it is our responsibility to support and advocate for our profession and members. It is also our duty to provide our members with the highest quality of services, education, products and credentialing. In doing so, we must always be a role model organization with unquestionable professionalism and ethical standards,” he stated.

The unsuccessful candidates, Presidential candidate Warren A. Daniels III, from Grass Valley, Calif., candidate for Secretary Jerome L. Synold from Carlsbad, Calif. and current Treasurer Michael Angelo, from Bakersfield, Calif., also had a wealth of experience at the state, national and international levels. The three candidates have a combined 48 years of NAADAC membership.

The transition to the new officers will take place at the end of the NAADAC Board of Directors meeting, which is being held on August 31, 2008, at the Recovery for a Lifetime Conference in Overland Park, Kan. (for more details, see page 6). I will continue to serve in my position until 2010.

I’d like to thank all of the NAADAC members who voted, and all of the candidates who put their names forward.

For more information on any of these issues, or if you have any other questions, please feel free to contact me at pmgreer@sbcglobal.net.

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Complete results of the 2008 election are below.

**Total # of Voters:** 1641  
**Turnout:** 17.27%

**President-Elect**
- Warren A. Daniels III 683  
- Donald P. Osborn 875  
- Write-ins 2  
- No Choice 45

**Secretary**
- Sharon DeEsch 993  
- Jerome L. Synold 554  
- Write-ins 3  
- No Choice 55

**Treasurer**
- Michael Angelo 664  
- Robert C. Richards 882  
- Write-ins 2  
- No Choice 57

**Mid-Atlantic Regional Vice President**
- Nancy Deming 132  
- Write-ins 1  
- No Choice 9

**Mid-South Regional Vice President**
- Greg Lovelidge 89  
- Write-ins 0  
- No Choice 15

**Northeast Regional Vice President**
- Edward Olsen 149  
- Write-ins 0  
- No Choice 9

**Northwest Regional Vice President**
- Peter C. Formaz 115  
- Write-ins 2  
- No Choice 8
NAADAC Launches New Learning Series
Details for These and Other Opportunities at www.naadac.org/learn

Donovan Kuehn, Director of Operations and Outreach

NAADAC has launched two new Lifelong Learning series: New Horizons – Integrating Motivational Styles Strategies and Skills with Pharmacotherapy and New Innovations in Opioid Treatment: Buprenorphine. The two seminar series will be hosted throughout the nation in 2008 and 2009 and participants will earn six continuing education credits.

A few details about the educational opportunities:

**New Horizons – Integrating Motivational Styles Strategies and Skills with Pharmacotherapy**

This learning series will educate participants on motivational approaches to help alcohol dependent clients make positive behavior change in their lives. Seminars will discuss how addiction counselors and other helping professionals can utilize a motivational style in addiction treatment and integrate appropriate motivational strategies to help alcohol dependent clients move through the Stages of Change.

**Seminar Objectives**

1. Discuss the integration of motivational styles, strategies and skills into counseling alcohol dependent clients.

2. Recognize the differences between the four FDA-approved pharmacotherapies for alcohol dependence.

3. Review the Stages of Change model and how to utilize motivational approaches at each Stage.

4. Apply knowledge presented during the educational seminar in group exercises and role plays.

5. Discuss methods to overcome treatment obstacles and matching clients to the most appropriate therapy.

6. Translate information presented during the educational seminar to clients, families and colleagues.

**Training Sites**

The kickoff session has already been held in Anchorage, Alaska, with subsequent seminars to be held in Denver, Detroit, Tulsa, Okla., San Antonio, Tex., Las Vegas, Cincinnati, Boston and Overland Park, Kan. Please visit www.naadac.org/learn for full seminar details.

**New Innovations in Opioid Treatment: Buprenorphine**

The goal of this learning series is to bring together addiction professionals to discuss medication-assisted treatment and to present unbiased information that can be used to assess the best possible treatment for patients.

This educational program will discuss the four facets of opioid dependence and addiction (biological, psychological, social and spiritual), addiction as a disease and the scientific evidence to support this claim. This seminar will also address the three FDA-approved medications for opioid dependence, applying strategies to match patients to the most appropriate therapy, methods of motivating patients in opioid dependence treatment and building cooperative relationships between addiction professionals and prescribers.
Seminar Objectives

Explore common misperceptions and biases regarding medication-assisted treatments for opioid dependence.

1. Learn the psychopharmacology of opioid dependence.

2. Recognize the differences between the three FDA-approved medication-assisted treatments for opioid dependence.

3. Identify at which stage of treatment medication-assisted treatment for opioid dependence is effective.

4. Discuss the clinical aspects of medication management in the treatment setting, including: client selection, adherence issues, treatment planning and ongoing assessment.

5. Review and discuss case studies and strategies for ensuring successful client outcomes.

6. Discuss methods to overcome treatment obstacles and matching patients to the most appropriate therapy.

7. Translate information presented during the educational seminar to clients, families and colleagues.

Training Sites

The kickoff session has already been held in Overland Park, Kan., with subsequent sessions being held in Nashville, Houston, Chicago, Corpus Christi, Tex., San Francisco, Boston, Vancouver, Wash., Philadelphia, Atlanta, Orlando, New York City and Washington, D.C. Please visit www.naadac.org/learn for full seminar details.

For these and other learning opportunities, please visit www.naadac.org and click on “upcoming events” or go to www.naadac.org/learn.
Addiction professionals from around the nation will be gathering outside Kansas City this summer for the 2008 Recovery for a Lifetime conference. From August 27–31, three organizations: NAADAC, the Association for Addiction Professionals, the Kansas Association for Addiction Professionals (KAAP) and NALGAP, The Association for Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies, will co-host the conference in Overland Park, Kan.

Hear From National Speakers and Opinion Leaders
Recovery for a Lifetime will feature prominent speakers in a mixture of daily plenary sessions and workshops. Featured speakers will include Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment (CSAT); Dr. Darryl Inaba, Lifetime Fellow at the Haight Ashbury Free Clinics in San Francisco; Dr. Bertha Madras, Deputy Director for Demand Reduction, White House Office of National Drug Control Policy (ONDCP); Dr. Lucinda Miner, Deputy Director of the Office of Science Policy and Communications (OSPC) at the National Institute on Drug Abuse (NIDA); Jerry Moe, Vice President and National Director of Children’s Programs at the Betty Ford Center; Jennifer Storm, author and Executive Director of the Victim Witness Assistance Program and Dr. Mark Willenbring, Director of the Treatment and Recovery Research Division of the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Earn Over 30 CE Credits, Choose from Dozens of Workshops
In addition, 30 workshops will be hosted by speakers from around the nation. These workshops will cover numerous topics, including:
- Addiction History
- Alternative Therapies
- Co-occurring Disorders
- Clinical Techniques
- Current Research and Outcomes
- Ethics
- Faith Based Approaches
- Prevention
- Professional Development
- Special Populations
- Workforce/Management Issues

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 (contact 800.262.7275 or info@opcvb.org) or the Kansas City Visitor’s Bureau (contact 800.767.7700 or info@visitkc.com).

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

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
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

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
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 ________________________________

RETURN COMPLETED FORM TO NAADAC VIA:
MAIL: NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314
FAX: 800.377.1136

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.
Where Have All the Leaders Gone?
Retirements, Turnover Lead to Questions About the Profession’s Leadership

Donovan Kuehn, Director of Operations and Outreach

The departure of leaders from the profession is a new trend with troubling implications.

In early spring of 2008, the word was made public. Ellen Breyer, President and CEO of Hazelden since 2002, would be stepping down — joining five other top Hazelden officials who had left the organization. And she isn’t the only one leaving the profession.

Breyer has joined leaders from other organizations who are leaving for a myriad of reasons: retirement, fatigue and a desire for new challenges. Whatever the reasons for their departures, it may be the addiction profession that suffers the most in their absence.

Workforce Development has been a recurring theme in the addiction profession, particularly since the Lewin Group report, Information Services Survey, released in 2004. The report identified a shortfall in addiction professionals that would threaten the future of the workforce, stating “The best estimate of annual requirements for substance abuse treatment (SAT) clinical staff is that about 5,000 to 6,000 new professionals are needed each year.”

This information was supplemented by the findings of the Practitioner Research Network (PRN), conducted by NAADAC with support from the Center for Substance Abuse Treatment (CSAT). The PRN research found that counselors were largely mid-career (possessing between five and 15 years of experience) or late-career (possessing more than 16 years of experience), rather than early career (possessing less than five years of experience) professionals. Regardless of their career level, the majority of counselors surveyed were between the ages of 35–64. This trend in early and mid-career counselors suggests that these counselors entered the field at a later point in their life, perhaps after having made a career change from a different line of work into substance abuse counseling. It also revealed a disturbing trend of the aging of the profession, with fewer younger recruits joining the profession.

Theses trends have been borne out more recently by NAADAC’s membership demographics. In 2006, NAADAC surveyed almost 8,000 of its members; the results revealed that over 70 percent of NAADAC’s members had over 10 years experience in the profession — almost seven times higher than the next largest category. (Please see box for details.)

The departure of high profile leaders from the profession is a new trend, but it may have troubling implications. Aside from the departure of Ellen Breyer from Hazelden, 2008 has also seen the departures of How-

Years of Employment of NAADAC members in the Addiction Services Profession

<table>
<thead>
<tr>
<th>Total Members Surveyed</th>
<th>7,745</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 10</td>
<td>71.7%</td>
</tr>
<tr>
<td>7 – 10</td>
<td>10.5%</td>
</tr>
<tr>
<td>4 – 6</td>
<td>9.4%</td>
</tr>
<tr>
<td>0 – 3</td>
<td>8.4%</td>
</tr>
</tbody>
</table>


1 Addiction Counselors Today and the Clients They Encounter: Findings from Year Three of NAADAC’s Practitioner Services Network (PSN) Survey, NAADAC, the Association for Addiction Professionals, 2004.
ard Shapiro from the State Associations of Addiction Services (SAAS), the nonprofit organization whose membership consists of state associations of addiction treatment and prevention providers; and will see the retirement of Johnny W. Allem from the Johnson Institute.

In addition, with 2008 as an election year, there will certainly be a new administration coming to office in 2009. Regardless of which party’s nominee wins in November, there most assuredly will be a shake up in leadership at the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Also leaving the scene will be Representative Jim Ramstad, who will be retiring from Congress. Ramstad, along with Rep. Patrick Kennedy, was a key leader on parity legislation which has been making its way through Congress and was a co-founder of the Addiction Treatment and Recovery Caucus.

While these departures do not spell doom for the profession, they may be harbingers of more disruption in the future. Many of the leaders of addiction-focused groups are nearing retirement age, and any new leadership will need time to adjust to their new roles. Having leaders who are forced to learn as they go could impede the profession’s progress, just when it may have achieved a historic victory through its advocacy efforts.

While the future of the profession may be unclear, one thing is certain: the hemorrhaging of skilled leaders, CEOs and advocates may cripple any gains that have been made in recent years. Only a clear and committed plan of recruitment and education can help ensure that addiction’s policy leaders, as well as front-line professionals, will be able to practice their vocation.

Having leaders who are forced to learn as they go could impede the profession’s progress.

IN MEMORIAM

Losing a Leader
Submitted by John Walsh

George W. Huther, Jr., passed away in Rochester, N.Y., on April 11, 2008, at age 75, following a lengthy illness. Huther was a Certified Addiction Counselor (CAC) and Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for more than 25 years and was an active member of NAADAC since its inception. Huther served as a member of the board of directors for the New York State Federation of Addiction Counselors (NYFAC) which later became the Association for Addiction Professionals of New York (AAPNY). He received the Lifetime Achievement Award in 2003 from AAPNY and the 1993 Helen Guthrie Youth Advocate of the Year Award from the National Council on Alcoholism in Rochester.

He is survived by his wife, Rose Mary; three sons, a daughter and two grandchildren. Huther was an alumnus of Nazareth Hall, The Allendale School and Colby College and he served in the US Army during the Korean War. Huther was Founder and Director Emeritus of Huther Doyle (serving the chemically dependent) and former Chairman of Huther Brothers, Inc. (manufacturer of industrial cutting tools).

NAADAC Presents Two NEW Lifelong Learning Series

New Horizons: Integrating Motivational Styles Strategies and Skills with Pharmacotherapy

and

New Innovations in Opioid Treatment: Buprenorphine

Visit www.naadac.org/learn for more details.
Staying Clean and Sober in a User’s Milieu?
Strategies and Solutions for Helping Musicians Overcome Their Addictions

Laverne M. Washington, LMSW, MAC, CASAC

It’s not by accident that New York City has been christened “The Entertainment Capital of the World.” New York has Broadway, Radio City Music Hall, Carnegie Hall, the Beacon Theater, the famous Apollo Theater in Harlem, Sony Records, the Blue Note and the oldest jazz club in the world, the Village Vanguard, just to name a few of its entertainment venues.

It has been said that if you want to make it in the music business, you must come to New York City. Some people have come to New York with the intentions of finding recognition, fame and fortune, but instead have found frustration, despair, bewilderment and the blues. And to make disappointing matters worse, many also develop an addiction to alcohol, tobacco and/or other drugs.

Traditionally, alcohol and drugs have been a constant cause of trouble for people in the music industry. Careers have been destroyed or seriously damaged; relationships — both professional and personal — have been prematurely terminated; health issues has caused serious impairment and a diminished ability to present their art at a professional level and many people in the music industry have suffered untimely deaths. Substance abuse addiction is a multifaceted and complex disorder; no single, comprehensive understanding of addiction will apply to all people and circumstances.

Contributing Factors

It has been suggested that work related pressures and a lack of personal esteem are two central factors that can contribute to an individual turning to alcohol and other drugs for a boost of their spirit. Add to this the unpredictable work schedules that some people in the music industry are forced to adhere to; the lack of respect for artists and the inconsistent financial rewards for the creation of their art; separation from family and friends for days or longer; adapting to different cultures and foods; and sleeping in strange beds in hotels in unfamiliar towns and cities. These can become very stressful issues. Add to these the feeling of loneliness, and isolation, and you will have the perfect excuse to seek temporary emotional relief and comfort in the embrace of a few drinks of alcohol or another mood or mind altering chemical.

Of course, this lifestyle also has an element of excitement and prestige that can become seductive. In some ways it can feel like a reward to work in other countries and to perform in different parts of the world. A person in the music industry can feel like he or she has finally arrived when asked to go on tour around the nation or the globe. But for some there is a psychological, spiritual and physical price to pay for having these opportunities.

For others there is the boring consistency of being committed to a repetitive work schedule and routine. The only changes for them are the different personalities to which they have to be accountable. These people in the music industry are often caught-up by the vast amounts of money they are paid as professionals in their craft. Making too much money and spending it foolishly can contribute to the stresses associated with employment in the music industry. For others, whether they are performers, recording engineers, stage and equipment handlers or road managers, there is big money being made in the music business. The vast majority, who are often more skilled in their art, don’t earn enough money performing to pay their daily living expenses and do not have health coverage in the event they become ill or disabled. These artists do what they love, but have to deal with feelings of being disregarded, excluded and underappreciated, causing some of them to become resentful and angry at our society. These types of resentments can lead a person to
seek a chemical relief solution for their mental and emotional discomfort.

It is not easy to be clean and sober in an environment that is designed to encourage people to drink, smoke cigarettes and use other mood altering substances. Patrons often wish to show their appreciation to entertainers and musicians by offering to buy them a drink, or something more potent. Audience members can take it as an insult if the musician or entertainer does not accept an offer from a fan.

**Recovery Support**

Since March 15, 2005, I have been the facilitator of a substance abuse recovery support group for musicians and people in the music industry. This group was conceived to aid New York-based musicians and other people employed in the music industry and provide them with an opportunity to connect with others. Some of the dynamics this support group provides is empowering individual change; open membership; focusing on content and principles before personalities; utilizing the socialization concept; and a facilitator who often participates as a member of the group.

To help deal with the unique pressures these members face, this support group helps people become proficient in saying “no” and demonstrates the power people can have when they can effectively say no to alcohol and other drugs. It was also established as a safe harbor to talk openly about pressures, feelings and other issues that may affect their ability to abstain from alcohol or drugs.

With such a unique segment, the group started and continues to be a small, intimate setting. At no time have I had more than eight members in attendance. We meet as a group once a week, for an hour and a half. (However, I do give out my cell phone number, with the understanding that should they experience a trigger situation that may cause them to relapse, they should call me before picking up the first one).

The group is structured in a discussion format. Initially, the thought of integrating an action form of role-playing therapy was considered, but soon rejected because I felt the discussion format would be more effective and beneficial for the group’s members. I have left the structure loose, avoiding a controlled atmosphere recognizing the challenges that the group might face: many musicians and addicts conflict with authority figures, many artists and members can be endowed with tremendous egos and members often have to miss several sessions due to work.

To help the group to become focused on some of the other recovery issues that certainly have had an impact on their lives, I have created a list of questions that are designed to stimulate discussion, and to help individuals share how their lives have changed as a result of entering the recovery process (see Box 1).

These are just a few of the questions I will use from time to time to warm up the group, and move the group into discussion. Attendance at 12 step meetings is strongly suggested and encouraged for members of the group.

I have found that regular attendance in NA (Narcotics Anonymous), AA (Alcoholics Anonymous) or CA (Cocaine Anonymous) is a crucial aid to establishing a clean and sober network that the recovering person needs to remain happy, joyous and drug free. Because of the intimate feeling that has been established with the members of this group, it is easy for members to bond with each other, build trust and be more open in sharing about issues that impact on their lives in music and recovery.

**These artists do what they love, but have to deal with feelings of being disregarded, excluded and underappreciated.**

**BOX 1. Sample Questions for Group Therapy Sessions**

- What does having a “disease of addiction” mean to you?
- What do you miss most about active addiction?
- How has your life been out of focus due to your “disease of addiction”?
- How has your life changed now that you are clean and sober?
- How do you feel about yourself now that you are clean and sober?
- How has your relationship with colleagues changed?
- How has your relationship with the significant others in your life changed?
- How has your “disease” been active lately?
- How has your belief in a “Higher Power” changed since you have been involved in this recovery process?
- How has your self will affected others whom you are close to?
- What other things are you doing to continue to be successful in your abstaining from alcohol and other drugs?

**Group Dynamics**

Because the disease of addiction is subject to change without notice, one of my main tasks as a therapist is to guide the group members through the recovery process, and to help them to avoid the pitfalls that could cause them to experience a relapse. I have had to accept the fact that as this group has become more intimate, it has also become more vulnerable. I believe one of the most difficult skills a counselor must develop is how to appropriately handle a group member’s relapse.

Clean, cont. on page 12
Clean, from page 11

In the recovery process from chemical addiction, relapse can be a frequent occurrence. However, relapse does not equate to a person being a failure because they have had a setback. When one of the group members has a number of relapses, close together, other group members can become distant from them. It appears that group members become fearful. They express feelings of being ineffective; of being powerless, and of feeling unsafe. They become judgmental. They do not feel that the relapsing person is sincere about wanting the recovery process to happen for them.

What I have learned over the past 35 years of working with substance abuse populations is that addiction is a mystery. It is an experience that runs much deeper than conscious control.

To stay connected to the recovery process means to become aware of some of the relapsing triggers that may be considered as warning signs. In Box 2, I have listed a few of the most common triggers for the alcoholic/addict to guard against.

What I have listed are some general relapse warning signs. Every alcoholic or drug addicted person is not effected by the same triggers. I have come to understand that it is of the utmost importance to find out which triggers have the most impact on the different members in my group. I believe that there are at least six major personality disorders that the substance abuser has to work through in the recovery process in order to live and work in an environment that is not focused on sobriety. I am speaking about the character traits of being too dependent, too sensitive, too idealistic, too impulsive, too intolerant and getting lost in wishful thinking. There is nothing wrong with having any of these traits if they can be kept contained, but for people in the creative arts, who are also addicted, these characteristics can become serious liabilities.

I could write a separate paper on the subject of relapse prevention and the chemical dependent client. A review of the literature has suggested that there are at least nine popular relapse prevention models that different counselors subscribe to in their practice. At this point I will say that I am currently using a variety of relapse prevention approaches and materials in order to help this group to become more aware of the relapse warning signs that they may experience at various stages of their recovery process. This has proven to be a very important part of the educational component of the group interaction.

In conclusion, I know that recovery from the grip of chemical dependency is possible for anyone who wants to be drug free, is willing to ask for help and follow the recovery prescription. Because I have been working with the substance abusing client at various levels of intervention and treatment, I feel an obligation to the treatment community to share some of my professional experiences as a substance abuse group facilitator with my colleagues.

The population I have described in this article could be classified as a special population. To me they are special people. Not only do they give us their talent, their creativity and their professionalism for our pleasure, they reach out to those of us in the treatment community for assistance. They are also special in the sense that they are not your typical group of recovering alcoholics and addicts who you can caution to watch out for certain people, places and things. As a part of their livelihoods, they have to be around certain people and places that can trigger cravings or desires. But with the support of a good recovery community, personal determination and a willingness to be open about their fears, this special population can avoid that drink, drug, cigarette, pill or fix, one day at a time.

Laverne M. Washington is an LMSW, MAC, CASAC, working in private practice in New York City. He has worked in the field of substance abuse counseling for the past 35 years. He is an Adjunct Professor at Long Island University Brooklyn Campus where he teaches non-credited CASAC courses in the School of Continuing Studies. He has also worked as an EAP (Employee Assistance Program) counselor for Amtrak, NYC Transit and American Airlines. He was a clinical supervisor in a major New York City Hospital, Gracie Square Hospital, for over 10 years and he has worked extensively counseling African American and other special populations.

References:
4. www.relapseprevention.org
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2008 NAADAC Advocacy Award Winners
Work to Change the Policy Landscape

Leaders in Addiction Policy Recognized

Daniel Guarnera, NAADAC-NAATP Government Relations Liaison

NAADAC’s annual Advocacy in Action conference provides an opportunity for addiction professionals to receive in-depth policy briefings, trainings in advocacy techniques and the chance to speak face-to-face with their members of Congress. Advocacy in Action also provides the opportunity to honor exceptional advocates both in and out of government for their work on behalf of addiction professionals and the clients they serve. Four awards were presented at the March 2008 conference.

NAADAC President’s Award for Lifetime Achievement

Rep. Jim Ramstad received this special award, the highest award offered by NAADAC to a non-counselor. Since being elected to Congress in 1990 as a Republican from Minnesota’s third district (covering the suburbs of Minneapolis), Rep. Ramstad has been an unmatched champion for addiction treatment. His powerful testimony about his personal recovery from alcoholism has allowed him to be a passionate and persuasive spokesman for the treatment and recovery community. Rep. Ramstad co-founded the Addiction Treatment and Recovery Caucus, which educates members of Congress about substance use disorders. He won NAADAC’s Legislator of the Year Award in 1998.

Perhaps Rep. Ramstad’s most important legacy will be the Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424), which requires insurance plans to cover addiction and mental health conditions at the same level they cover other medical treatment. Rep. Ramstad, with parity co-sponsor Rep. Patrick Kennedy (D-R.I.), held nationwide field hearings to raise awareness of the costs—economic and personal—of insurance discrimination. They then skillfully guided H.R. 1424 through a daunting legislative process, ultimately resulting in its passage by a 268–148 vote on the floor of the House on March 5. The Senate passed a slightly different parity bill in September 2007, and the two chambers are currently negotiating on compromise language.

In autumn 2007, Rep. Ramstad announced he would retire from Congress in January 2009 in order to spend more time with his wife and daughter. Although Rep. Ramstad is irreplaceable in the Congress, he has promised to remain an advocate for treatment and recovery; he was recently elected to the board of the National Center for Addiction and Substance Abuse at Columbia University.

Rep. Jim Ramstad accepts the NAADAC President’s Award for Lifetime Achievement.

NAADAC President Patricia M. Greer presents the Legislator of the Year Award to Rep. Danny K. Davis.
Legislator of the Year Award

Rep. Danny K. Davis (D-Ill.) represents the seventh district of Illinois, including much of Chicago. Prior to his election in 1996, Rep. Davis worked in the Chicago public schools, as a health center administrator and as a Cook County commissioner.

Rep. Davis has become a nationally recognized leader in the movement to reform prisoner re-entry systems in the United States. Towards this end, he was the original sponsor of the Second Chance Act (H.R. 1593). The Second Chance Act was first introduced in 2004, a response to the President’s State of the Union declaration that “America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life.” Rep. Davis was a tireless champion of the bill throughout the legislative process (numerous members of Congress have joked that Rep. Davis had no inhibitions about calling them at home to promote the legislation), and it was ultimately passed by a 347–62 vote in the House and unanimously in the Senate. The President signed the bill into law on April 9. The Second Chance Act provides grants to local and state governments and non-profits to provide a broad range of re-entry services, including a strong emphasis on addiction services. Rep. Davis and other advocates (including NAADAC and NAATP) are now working to ensure that Congress provides the actual funding that the bill authorizes.

Sen. Harold E. Hughes Advocate of the Year

Peter Formaz of Helena, Mont., was selected as Advocate of the Year for his work as chairman of the NAADAC Veterans Task Force. A Vietnam-era Marine, Mr. Formaz was an early advocate for NAADAC to address the barriers to addiction treatment faced by returning servicemembers and their families. Since he was named the first chair of the Veterans Task Force in the summer of 2007, Mr. Formaz has delivered testimony at a U.S. Senate field hearing in Montana, led the effort to write a working paper on veterans issues and has developed relationships with numerous stakeholders with influence over veterans health care in Montana and in Congress. The Task Force’s efforts were recognized by Congress when the U.S. House Veterans Affairs Subcommittee on Health asked NAADAC President Patricia Greer to deliver oral testimony on veterans’ health care needs on March 11. Mr. Formaz is also currently president of the NAADAC affiliate in Montana, the Montana Association of Alcoholism & Drug Abuse Counselors.

Emerging Leaders Award

This award is given to a person or organization that has demonstrated innovative thinking and leadership that has had a significant impact on their locality, state or nation. The 2008 recipient was the University of Nevada-Las Vegas’s Student Organization of Addiction Professionals (SOAP). Led by Dr. Larry Ashley, SOAP has organized on-campus publicity events to raise awareness about the addiction profession, including promoting “Gambling Awareness Week” and Recovery Month (September).

Planning for the 2009 NAADAC/NAATP Advocacy in Action conference, scheduled for March 8–10, 2009, is already under way. If you’re interested in getting involved or would like more information, please visit www.naadac.org and click on “Upcoming Events.”
NAADAC’s 2007 Donors
Donors Help Fund Special Initiatives

Compiled by Donovan Kuehn, Director of Operations and Outreach

NAADAC would like to thank all donors to the NAADAC Education and Research Foundation (NERF), NAADAC Political Action Committee (PAC) and Capital Campaign. A combined 332 people donated to the three separate funds in 2007, raising a cumulative total of $41,467.50.

NAADAC Education and Research Foundation

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

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The NAADAC PAC is the only national Political Action Committee dedicated exclusively to advancing addiction treatment, prevention and research. It is used to support candidates for Congress who:

• Have a proven track record on substance abuse prevention and treatment
• Support safe and drug free schools
• Support funding for federal agencies that focus on addiction prevention, intervention, treatment and recovery
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Capital Campaign
The NAADAC Capital Campaign is focused on retiring the debt from purchasing the NAADAC office space in the summer of 2007. Donations to the Capital Campaign are tax deductible through the NAADAC Education and Research Foundation (NERF), a registered 501 (c) 3, non-profit organization.

In 2007, there were 43 donors who gave a total of $17,042 to the NAADAC Capital Campaign.

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Prism Awards Honor Portrayal of Addiction
Actors, Musicians, Film and Television Show Receive Honors

These awards...reflect the entertainment industry’s commitment to the accurate depiction of addiction and health issues in film, television, music, comic books and interactive entertainment.

LOS ANGELES – The year’s best portrayals of addiction and health issues were recognized in Beverly Hills at the 12th Annual PRISM Awards. These awards, presented by the Entertainment Industries Council, Inc. (EIC), in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) and FX Network, reflect the entertainment industry’s commitment to the accurate depiction of addiction and health issues in film, television, music, comic books and interactive entertainment.

Feature films recognized included Michael Clayton which received the “Bipolar Disorder Depiction Award”; Georgia Rule, which won in the “Feature Film – Wide Release” category and You Kill Me received the award in the “Feature Film – Limited Release” category.

Fox Television’s The Simpsons was honored in the “TV Comedy Series Episode” category; ABC’s Grey’s Anatomy received the award for “Drama Series Episode.” NBC’s ER got the “Drama Series Multi-Episode Storyline” award; ABC’s One Life to Live received a PRISM Award for the “Daytime Drama Storyline” category; and ABC’s The View got the award for “Talk Show Episode.” CBS was recognized for its “Outstanding Public Service Project,” CBS Cares, while HBO won the “Mental Health Depiction Award” for The Sopranos.

Performers were recognized as well. James Denton, from Desperate Housewives, won in the “Performance in a Comedy Series” category; Academy Award® nominee Casey Affleck won “Performance in a Feature Film” for Gone Baby Gone; Sally Field and Dave Annable were recognized in the Performance in a “Drama Series Multi-Episode Storyline” category for Brothers and Sisters; Ben Vereen won in the “Performance in a Drama Series Episode” category for Grey’s Anatomy; and Jennie Garth and Andrea Bowen won in the “Performance in a TV Movie or Miniseries” category for Girl Positive.

“With over 440 entries, this year’s PRISM Awards is a significant statement from the entertainment industry as we reach audiences to provide accurate information about health and social issues. Not only is our industry working to put forth accurate messages through creative stories, but we are also providing powerful messengers through the actors’ characterizations. Entertainment companies are taking their corporate citizenship very seriously as we work to address tough health and social issues that affect the public,” said EIC President & CEO Brian Dyak.

“Today, accurate media portrayals of recovery among those suffering from addiction and mental illness offer realistic hope to people with these illnesses as well as to their friends and loved ones. By spreading the truth about recovery and the benefits it holds for all members of our society, the entertainment industry has been a very effective force for positive change,” said Terry Cline, PhD, SAMSHA Administrator.

A highlight of the evening was the presentation of the prestigious Larry Stewart Leadership & Inspiration Award to Dr. Drew Pinsky by EIC President & CEO Brian Dyak and Board Director Michele Lee. The award, which is presented for leadership and inspiration by example, reflects Dr. Drew’s long history in addressing issues of drug and alcohol addiction in various radio and television programs.

The Larry Stewart Award was presented to Dr. Drew Pinsky for leadership and inspiration to his industry peers and colleagues by example with respect to substance abuse and mental health issues. In January of this year, he and VH1 teamed up for the first reality series on television to depict the process of overcoming addiction. Celebrity Rehab with Dr. Drew and Celebrity Rehab Reunion pulled back the veil of secrecy on what goes on in rehab. Both shows were huge ratings successes. He also hosts two nationally syndicated radio shows — Loveline, where he has been taking calls from listeners since 1982, and Dr. Drew Live, which began airing on KGLI earlier this year.

An additional highlight of the ceremony was a tribute to EIC’s 25th anniversary of service to the entertainment industry and the public.

About the Entertainment Industries Council: EIC, a non-profit organization, was founded in 1983 by leaders of the entertainment industry to bring the power of the industry to bear on health and social issues. EIC addresses health issues such as drug, alcohol, and tobacco use and addiction; firearm safety and injury prevention; sun safety and skin cancer prevention; human trafficking; terrorism and homeland security; mental health and mental illness, including bipolar disorder, depression and suicide; diabetes; seat belt use and traffic safety; and HIV/AIDS prevention. For more information, please visit www.eiconline.org.
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Selections from the NAADAC Online Career Classifieds

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Mission Statement: The primary mission of Southwest Counseling Service is to provide mental health and substance abuse services to a variety of populations in Sweetwater County. Southwest Counseling Service also provides information about Mental Health and Substance Abuse to increase public awareness.

Vision Statement: Southwest Counseling Service is dedicated to generating community wellness in a joint effort with other human service providers to make sure quality service is accessible to all residents. 1) Southwest Counseling Service will provide a range of professional mental health and substance abuse treatment services in Sweetwater County. Accordingly, priority is given to residents of Sweetwater County. 2) Financial constraints and changing needs may impact specific programs or identified populations. Southwest Counseling Service Board of Directors will attempt to adjust the priority for services as needed. Conversely, as mental health and substance abuse needs emerge, Southwest Counseling Service will attempt to respond appropriately to perceived changes. 3) Inherent to the Southwest Counseling Service mission is an obligation to maximize service by efficiently coordinating with other agencies when possible. 4) Southwest Counseling Service will strive to inform and educate the community regarding mental health and substance abuse issues and problems.

Core Values: Southwest Counseling Service core values are: 1) To value people as our greatest asset. 2) To provide community and regionally based services in response to mental health and substance abuse needs. 3) To provide proactive and innovative services. 4) To maintain ethical and financial accountability. 5) To continually educate to reduce stigma’s in mental health and substance abuse. 6) To collaborate relationships with agencies and individual at the state, region, and local levels.

ILLINOIS
Manager, Dentist Health and Wellness
American Dental Association • Chicago, IL

A focused mind coupled with strong teamwork can reap amazing results. Just ask anyone at the American Dental Association. The commitment of our people has made us one of only nine organizations to earn a rating of “Remarkable” in the American Society of Association Executive’s (ASAE)/Center for Association Leadership study, “Measures of Success.” It’s a rating we’re very proud of, and one we know will only improve with you on our team. Because it’s efforts like yours that make us great.

This position’s main responsibilities include, but are not limited to, providing technical expertise to the Council in carrying out its Bylaws responsibilities related to the health and wellness of dentists; monitoring news, current research and developing issues related to professional health and wellness issues; providing staff support to the Dentist Well-Being Advisory Committee (DWAC) and the Ergonomics and Disabilities Support Advisory Committee (EDSAC).

This position requires a Master’s degree in health-related field with some training in epidemiology and/or community needs assessment and a minimum of eight years experience with increasing levels of responsibility, to include clinical experience (health/wellness issues) with affected health care professionals, supervision, and program design and management; familiarity with professional regulatory issues and knowledge of specialized treatment and monitoring resources; excellent verbal/written communication, public speaking, people and multi-tasking skills; ability to make independent judgments and to access reliable information in content areas; ability to develop a working knowledge of new content areas as the need arises and to work effectively with dental association/society staff, volunteers and external agencies; clear understanding of confidentiality laws and sensitivity in problem-solving; travel and occasional weekend work and attendance at social/business functions outside normal business hours required.

We offer an excellent location, competitive salary and benefit plan. Please send resume and salary requirements to: The American Dental Association, 211 E. Chicago Ave., Dept. PR#6125, Chicago, IL 60611. Email: jobs@ada.org. www.ada.org/goto/jobs. EOE

www.naadac.org

NEWS FOR PROFESSIONALS
### 2008–2009 UPCOMING EVENTS

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<th>Event Date</th>
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| June 2008–June 2009 | **NAADAC Life-Long Learning Series**  
Various Locations Throughout the United States and available Online.  
For full details on all educational series, please visit www.naadac.org/learn or contact NAADAC at naadac@naadac.org or 800.548.0497. | |
| August 27, 2008  | **Pre-Conference Session: NAADAC Annual Conference**  
Earn up to 6 continuing education credits at the pre-conference session: Integrating Motivational Styles, Strategies and Skills with Pharmacotherapy.  
Overland Park, KS (Greater Kansas City)  
More details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497. | |
| August 28–31, 2008 | **NAADAC Annual Conference held in association with the Kansas Association of Addiction Professionals (KAAP) and NALGAP, The Association for Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies**  
Earn up to 33 continuing education credits at the conference sessions.  
Overland Park, KS (Greater Kansas City)  
More details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497. | |
| September 1–30, 2008 | **Recovery Month**  
| September 6–13, 2008 | **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. | |
| September 19, 2008 | **NAADAC Open House**  
Visit the home of the nation’s largest professional association for those focused on addictions.  
11 am to 2 pm  
More details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497. | |
| September 20, 2008 | **Addiction Professionals Day**  
Join with others throughout the nation in recognizing the important role of addiction focused professionals.  
More details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497. | |
| December 6–13, 2008 | **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. | |
| March 8–10, 2009 | **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.  
More details at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497. | |