This issue of NAADAC News brings sharp focus to a major issue addiction professionals must deal with every day: ethics. Regarding any field in which trained professionals are caring for individuals, it truly can not be overstated that the validity of the field depends on each and every addiction professional taking their ethical obligations seriously.

Beyond the focus on such a timelessly important concern, this issue of NAADAC News also has some exciting articles pertaining to more current events. The first-ever Public Attitudes Toward Addiction Survey from Hazelden, the national nonprofit organization that helps people reclaim their lives from drug addiction, will be discussed as well as a new online resource from SAMHSA for discussing ideas about the issues and opportunities surrounding the future shape of America’s health system. Additionally, NAADAC’s focus on the upcoming Recovery Month and Addiction Professional’s Day can be found within.

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President’s Message

Be the Change That you Wish to see in the World

Patricia M. Greer, BA, LCDC, AAC, NAADAC President

As a dog lover, I always wondered about the phrase “dog days of summer.” In childhood, I believed that it was the time of year when dogs were especially happy, as I was, on vacation from school. The real story is that this period was named a very long time ago by the civilization in the Mediterranean region as the period 20 days before and 20 days after the conjunction of Sirius (the Dog Star) with the sun. Sultry and hot, this time of stagnation in July and August often brought a host of social and environmental problems. Fortunately, in 2009, there is a lot more positive than negative going on. Air conditioning and high speed communications help to move us forward, so summer doesn’t stop us from getting together and celebrating our continuing successes, and revisiting our more vulnerable efforts. Educational events are scheduled around the country and the NAADAC Annual Conference, Sowing the Seeds of Recovery, will be taking place in Salt Lake City, August 18–22.

Our members will take the opportunity to continue the work begun last year and measure how well the plans and goals of last year were completed. Some relationships have changed, but in many ways, we are better off this year than in previous years. One worrisome element facing our nation is the economy. It continues to plague spending in the states, affecting anyone trying to juggle a state mandated budget. The design process for national health care is underway, and NAADAC members are contributing ideas as a group and individually for consideration by our lawmakers. Our membership numbers are challenged by the economy, but our professional and well-organized group continues to be an effective advocate for the profession in national, state and local settings. When we scan the nation for effective advocacy and training for the addictions professionals, NAADAC is always at the top of the list.

The forces of rising unemployment, economic insecurity and slashed budgets are creating the “perfect storm” for a rise in national problems with alcohol and drug abuse. Combined with the national defense efforts around the globe, our citizens are worried about their individual and national futures. Watching the news, trying to understand Economics 101 and the meanings behind the headlines is more difficult than it has been in years. As a result of perceived governmental inactivity on the prevention front, many professionals are concerned that a spike in abuse of substances and its corollary problems is occurring right now, and won’t be documented for months. Consumption pattern indicators, the increase in numbers of substance abuse related arrests and the reporting of injuries and deaths due to abuse have been documented as usual, but aren’t making the headlines. Where is our national plan to support communities with health care strategies for individuals and families facing substance abuse issues?

The addictions professional workforce needs more training, community oriented funding for prevention and support for resources to stay open. Unfortunately, budget cuts are causing programs to shutter their doors due to a lack of a political voice. A good reminder for our policymakers is the old saying “nothing changes, if nothing changes.”

This demonstrates the importance of professionals attending continuing education events, and for all of us to join together to advocate for increases, not decreases, in health care efforts. If we are unable to open the door to recovery for our clients and their families, what choices are left for them?

If we all picked up the challenge of Mahatma Ghandi, “Be the change that you wish to see in the world,” we could find affordable community-based solutions. We could keep centers and their staffs fully operational and poised to assist when trouble arrives. Or, we can succumb to the heat of the times and do nothing in our “dog days.”

We all know that doing nothing is not an option. Choosing to act in a positive and professional way will lift us out of the “worry phase.” Take up the challenge, and write to your representatives, meet with your fellow professionals to put together an action plan for our communities. We can all advocate for prevention, treatment and intervention dollars. We can all remind our local houses of worship of our services. We can speak at Rotary, Chamber of Commerce, the Soroptimists, Lions and Elks’ clubs to tell the story of hope in recovery. We can keep the message in the forefront that “Treatment Works” and that money spent to help now, saves a lot of dollars in the future.

Please investigate getting involved in Recovery Month (visit www.naadac.org or www.recoverymonth.gov) — it is almost upon us. Take care, and thank you for sharing your time and love to advance our profession.

Patricia M. Greer serves as the President of NAADAC, the Association for Addiction Professionals. To contact her directly, please e-mail pmgreer@sbcglobal.net.
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SamhSA Provides a New Online Resource for Ideas and Discussion about Health System Reform

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a new place on its website www.samhsa.gov/healthreform for posting and exchanging ideas about the issues and opportunities surrounding the future shape of America’s health system — especially on how reform may affect mental health, substance abuse prevention and treatment services.

The goal of the website is to provide background information to policy makers and opinion leaders on the important perspective of the health reform discussion. States, local governments, providers, consumers, the recovery community and family members can work together on this website to examine opportunities where health system reform might enhance prevention, treatment, and recovery services to people in need.

The online resource is part of an ongoing effort by SAMHSA to encourage active participation in the national conversation about the future course of the nation’s health care system.

Beginning in December 2008 the agency has convened a series of meetings involving constituent groups, people in recovery, consumers, health care providers, advocates, health service providers, health service administrators and SAMHSA staff to generate ideas about advancing health through system reform and preparing SAMHSA for its role in a reformed system. The ideas developed through these discussions are currently posted on the website as well as background information on the key role mental health and substance abuse-related issues play in the overall health care system.

SAMHSA is seeking additional ideas and comments from others on how the health care system can be reformed to better provide essential services in their communities. The www.samhsa.gov/healthreform site provides guidance on how to formally submit these comments and ideas to the agency. The site will be continually updated with these newly submitted ideas and information as part of the agency’s ongoing effort to foster national discussion about health system reform in the mental health and substance abuse prevention and treatment communities.

SAMHSA is a public health agency within the U.S. Department of Health and Human Services. The agency is responsible for improving the accountability, capacity and effectiveness of the nation’s substance abuse prevention, addictions treatment and mental health services delivery systems. For more information contact 240.276.2130 or visit www.samhsa.gov.
September to Focus on Addiction

September is National Alcohol and Drug Addiction Recovery Month and September 20th is Addiction Professionals Day

Leah Withers, NAADAC News Guest Editor

As Summer rolls on and Fall approaches, NAADAC is excitedly anticipating September. Not only is it the National Alcohol and Drug Addiction Recovery Month, but Sept. 20th is also Addiction Professionals Day. Both events promise to raise awareness of addiction issues as well as reward those working tirelessly in the treatment profession.

The Recovery Month observance has had a great impact in thousands of communities across the nation, spreading the message that treatment and recovery are effective and possible. This year, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), the Department of Health and Human Services (DHHS) and the National Alcohol and Drug Addiction Recovery Month staff are celebrating the event’s 20th anniversary. Under the theme: “Together We Learn, Together We Heal,” treatment professionals and facilities will celebrate 20 years of tremendous achievements.

“Increasingly communities are realizing that addiction treatment services help communities decrease costs in other healthcare areas, as well as reduce the criminal justice and other social costs to states, tribes, counties, cities, towns and municipalities,” notes SAMHSA Acting Administrator Eric Broderick, DDS, MPH. “We need to continue to fight the discrimination that exists toward those who have an addiction or are in long-term recovery and make sure that the more than 23 million who still need treatment can find it and can afford to get it,” he added.

Addictions Professionals’ Day was first hosted by NAADAC on June 11, 1992. Originally called National Alcoholism and Drug Abuse Counselors Day, it was established to commemorate the hard work that addiction services professionals do on a daily basis. In 2005, NAADAC’s Executive Committee made Sept. 20th the permanent date for the yearly celebration of Addiction Professionals Day.

NAADAC has an open house very year in celebration of Addiction Professionals day. This year it is set for Sept. 17 from 5–8 PM at our offices in Alexandria, Vir. All are invited to come visit the home of the nation’s largest professional association for those focused on addictions. More details can be found at www.naadac.org or contact NAADAC at naadac@naadac.org or 800.548.0497.

These events help to eliminate the discrimination associated with addictions that might persist in our communities. They also help to bring people in recovery to a place where they are comfortable to acknowledge their achievement of sobriety and the support from family and friends. Do not miss the opportunity to be part of the 2009 Recovery Month’ 20th anniversary and to join the nearly one-million people who are part of this nation’s Recovery Month observance.

To aid addiction treatment facilities in celebrating, Recovery Month is pleased to announce the release of the 2009 Recovery Month toolkit designed to help plan and publicize activities during September and throughout the year. The toolkit includes three sections:

- **Targeted Outreach** section offers details about substance use disorders, tailored for specific audiences.
- **Resources** section can help you prepare for your Recovery Month events, as well as consider potential partnerships with other organizations to share resources and broaden the reach of your activities.
- The 2009 toolkit can be ordered by calling 1.800.662.HELP and is available online. For more information, visit: www.recoverymonth.gov or call the Consumer Affairs Office at CSAT: 240.276.2750.

To help you promote Recovery Month, 2009 commemorative posters, small and large flyers that outline the 2009 Recovery Month campaign and testimonials discussing 2008 Recovery Month successes, are available. To order posters and flyers, call 800.662.HELP or send an email to shin@samhsa.hhs.gov. Flyers are available for download on the Recovery Month Web site: www.recoverymonth.gov.

Additionally, Recovery Month has released its final report highlighting the 2008 Recovery Month observance. This report details the results of the 2008 Recovery Month campaign and the influence it has had on raising community awareness about substance use disorders as a disease, and about treatment and recovery. Please visit www.recoverymonth.gov to download the report.

Finally, Recovery Month is interested in posting your news, press releases, studies, reports, calls for releases, and other information on their site. If you have materials related to substance use disorders, treatment and recovery, please send them to recoverymonth@samhsa.hhs.gov.
Blending Solutions: Integrating Motivational Interviewing with Pharmacotherapy

The Blending Solutions: Integrating Motivational Interviewing with Pharmacotherapy online course is a part of the NAADAC Life-Long Learning Series.

The goal of this online course is to educate addiction and other helping professionals of the specific skills necessary for integrating Motivational Interviewing and pharmacotherapy with the Stages of Change model by utilizing live trainer instruction, video clips of counseling interactions and patient testimonials.

Upon successful completion of the course, participants will earn three (3) online continuing education credits and a printable certificate of completion.

Regular Price: $25 | Member Discounted Price: Free
For more information, visit www.naadac.org Education>Blending Solutions or call 800.548.0497.

Medication Management for Addiction Professionals

The Medication Management for Addiction Professionals online course is a part of the NAADAC Life-Long Learning Series.

This online course is specifically designed for addiction professionals and provides valuable information about alcohol dependence, possible tools for professionals addressing alcohol dependence and strategies for counseling patients. Studies on pharmacological interventions, case studies, model treatment plans, a patient update report form and addiction and alcohol dependency resources are also provided.

By watching and completing the online course, participants can earn six (6) continuing education credits and a printable certificate of completion.

Regular Price: Free | Member Discounted Price: Free
For complete course details, visit www.naadac.org/counseling withmedication or www.naadac.org Education>Knowledge Center or call 800.548.0497.

These are not the only options for training. The NAADAC Knowledge Center has online courses for addiction professionals. These online courses are free to NAADAC members and accessible for a minimal cost to non-NAADAC members. For more information, visit www.naadac.org and click on “Education” and then “Knowledge Center.”

Coming Up!

Conflict Resolution in Recovery Training Session
October 1–3, 2009 | May 14–15, 2010
Alexandria, VA at the NAADAC National Office

Developed in partnership by NAADAC and the Danya Institute, this is a therapeutic resource that is skilled-based and focused on the brain; how it works in conflict and how to affect the quality of recovery in relationships.

Participants can earn six, 12 or 18 hours of CEUs and 18-hour participants are eligible for a certificate program.

Substance Abuse Professional Qualification & Re-Qualification Training
March 25-26, 2010 | October 21-22, 2010
Alexandria, VA at the NAADAC National Office

Since 2001, NAADAC has certified Substance Abuse Professionals (SAPs), all of whom must renew every three years, as outlined by U.S. Department of Transportation (DOT) regulations. This session will explain new regulations, address common questions faced by professionals and lead participants through the assessment and screening process. This course includes an examination and posting of your name on NAADAC’s qualified SAP online listing.

The National Conference for Addictive Disorders
Founded and produced by Vendome Group, LLC and NAADAC, the Association for Addiction Professionals
September 8-12, 2010
Arlington, VA

Join NAADAC in the nation’s capital for this inaugural event. The National Conference for Addictive Disorders will include presenters from around the nation and from the Substance Abuse and Mental Health Services Administration (SAMHSA) / Center for Substance Abuse Treatment (CSAT); the National Institute on Drug Abuse (NIDA); the White House Office of National Drug Control Policy (ONDCP) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This conference will also include a special advocacy track and meetings with Legislators.
The Basics of Addiction Counseling: Desk Reference and Study Guide

Module III: Ethical and Professional Issues in Addiction Counseling

The Basics of Addiction Counseling: Desk Reference and Study Guide has aided many addiction professionals in attaining their state and national credentials with its thorough and easy to understand descriptions of counseling concepts. The Guide can also be used as a quick reference tool for clinicians to use throughout their careers and has been made available to colleges and universities as a text for introductory and advanced addiction related course work.

The Basics of Addiction Counseling: Desk Reference and Study Guide, Tenth Edition has been revised, updated and expanded into a three-book set which now includes the following titles:

**Module I: Pharmacology of Psychoactive Substance Use, Abuse and Dependence**

**Module II: Addiction Counseling Theories, Practices and Skills**

**Module III: Ethical and Professional Issues in Addiction Counseling**

The division of over 400 pages of addiction information into three separate manuals helps break out the key concepts facing addiction and other helping professionals.

**Module III: Ethical and Professional Issues in Addiction Counseling** is based on NAADAC, the Association for Addiction Professionals’ Code of Ethics and is designed as a teaching tool to assist addiction professionals in maintaining ethical professional practice. This manual contains a detailed discussion of the nine principles of the NAADAC Code of Ethics, as well as models for ethical decision making. In addition, examples of unethical conduct, possible applications of the NAADAC Code of Ethics and reflection questions are included in each chapter to further enhance the proper application of ethics in the addiction profession.

Purchasers also have the option of enhancing their learning by ordering the **Basics of Addiction Counseling Independent Study Course** that supplements each module. Each course includes the manual and an independent study exam that can be completed and returned to NAADAC for continuing education credits, as well as useful practice that closely resembles NAADAC certification exams. Again, purchasers may order only the courses that meet their needs or the entire collection.

To order The Basics of Addiction Counseling: Desk Reference and Study Guide Module III: Ethical and Professional Issues in Addiction Counseling, please visit www.naadac.org and go to the bookstore, e-mail naadac@naadac.org or call 800.548.0497.

**Excerpt:**

Each day members of the addiction profession are confronted with situations of ethical and moral importance. Perhaps the parents of an adolescent client request to know the details of a therapeutic session or perhaps the policies of a treatment service provider are discriminatory towards minorities. In situations such as these, the addiction profession relies on its members to act ethically and in the best interest of the client and for the profession. However, determining what is definitively ethical is difficult even for the most seasoned addiction professionals. An established code of ethics is necessary to assist practitioners making these decisions.

A **code of ethics** serves many purposes. Most importantly, it provides protection for the public by giving addiction professionals rules of conduct, as well as a means of accountability for their actions with clients and colleagues. It serves as a catalyst for improving treatment practices and provides stability within the profession by helping to control internal disagreement. It also allows the profession to regulate itself without the direct intervention of government. Finally, a code of ethics serves as a standard of practice in the event of a malpractice suit or licensing board complaint.1

Professional ethics are a little difficult to explain because even though they mean well, ethical people sometimes cross obvious ethical boundaries. To simplify, I have outlined six of the basic principles of ethics concerning the counseling sphere.

Informed consent

A person who is receiving services from me has a right to know what he or she is getting into. They have a right to know what they should or should not expect in treatment. They have a right to know what their rights are. They have a right to know (and in some cases decide) who will be looking at their file or their case. They have a right to know what recourse is available if treatment is not what they were told it would be. They have a right to know how much it will cost for treatment and that there is a strong expectation of payment for services. They have a right to know what will happen if they don’t comply with treatment.

All of these items, and more, fall under the umbrella of informed consent. The client has a right to know what his rights and responsibilities are in treatment. This fits into the principle that every client is entitled to a certain freedom of action or choice. This is called client autonomy.

Competence and established theory

The first item under competence is called “scope of practice” and it involves that the counselor be able to diagnose a substance use disorder, be able to counsel a person with a substance use disorder and be able to counsel the family of the identified client (i.e. the one with the substance use disorder).

The second issue on the topic of counselor competency is called “scope of competence.” While scope of practice is more of a legal issue, scope of competence is more of an ethical issue. While scope of practice prescribes what we can do, scope of competence is what our training and experience allow us to do.

A competent alcohol and drug abuse counselor is one who stays within his/her scope of practice and who knows their limits in terms of experience and training. That same counselor should always be looking for new skills and training. Finally, that counselor is engaged in some sort of supervisory relationship to receive feedback and guidance.

Confidentiality

Confidentiality as it pertains to alcohol and drug abuse client records basically states that, if you receive federal support in any form (grants, insurance) all information and records about an alcohol and drug abuse client’s treatment is 100% confidential.

The problem is that we live in a complex world so the rules of confidentiality have eight exceptions where an addiction professional can release information:

- A signed release of information form by the client.
- A court order signed by a judge. (A subpoena only gets you to court and will never suffice to allow you to release confidential information.)
- A medical emergency on the program site.
- A Qualified Service Organization Agreement (QSOA). This is a form that can be signed between the treatment program and someone providing ancillary services such as drug testing or accounting services to the agency. A QSOA cannot be signed with law enforcement or other treatment agencies.
- A crime committed on program premises.
- Child or elder abuse.
• Performance of research, audit or evaluation by a valid auditing or evaluation firm.
• Communication among staff of the same program or organization, if such communication is necessary to provide services.

Boundaries
When we talk about boundaries with clients, we often think in terms of a romantic or fiduciary relationship. While these are certainly areas to be concerned about, they are not the most common issues. Those include:
• You relate personally to just about everything the client says.
• A client hugs you after a session and you find yourself wanting more.
• You find yourself grocery shopping at a place and time you might anticipate seeing a particular client.
• A client gives you something of value and you don’t know what to do.
• You find yourself attracted physically and emotionally to a client you are serving.
• You look forward to the day when your client will be out of treatment so you can have a social relationship.
• The client tries to comfort you in a session.
• You feel unable to tell the client what you think during a session.
• You dread the time when your client completes treatment and you will no longer see him or her.

Whether or not any of these examples qualifies as a breach of the counselor/client boundary depends on the particular incident. What is important is to be wary of the potential danger these situations pose. Know yourself, take care of yourself and do what you tell your clients to do in that regard.

One way to guard against compromising your ethics is to always be involved in a supervisory relationship. In addition, talk to other counselors and bounce the issues off of them. Also, draw a line in your mind and in your own ethical code before the situation happens. Think about the possibilities and decide beforehand how you will act. Finally, as appropriate, make sure that you let the client in on what’s going on while being careful to use your discretion.

Supervision
As we mull over the whole realm of ethics we have to address the ethical concerns that pertain to that all important relationship between the supervisor and the intern.

The issues thus far have been presented in the context of the counselor/client relationship but all pertain to the supervisor/supervisee relationship. Supervisors and those being supervised have an obligation to follow all of these ethical guidelines in their dealings with each other.

A supervisee has the right to know what they are getting into, what will be expected of them and what will not. Furthermore, a supervisor has the responsibility to not push the supervisee to work beyond their level of practice or competence. While there is not a confidentiality agreement as exists between client and counselor, respecting a coworker’s privacy and right to discretion is vital to a healthy supervisor/supervisee relationship. Finally, it is of critical importance for each supervisor and subordinate to take time to define their relationship in a way that is truly ethical, has well established and functional boundaries between the supervisor and the intern and enables each person to do their job properly.

Diverse values
To summarize, we have covered the topics of informed consent, competency and established theory, confidentiality, boundaries and supervision. I’d like to wrap up by discussing the issue of diverse values as they pertain to the clinical relationship.

There’s one thing each one of us brings to the counseling session, and that is ourselves. We bring our experiences, our personality, our bias, our strong points and our not so strong points. One of the biggest items we bring to the session is our world view.

I challenge you to ask, “What is my world view and how does it impact the work I do with clients?” For example, if you believe that substance use disorders fall under the disease model of addiction, that will influence how you approach the client in different ways than if you believe that substance use disorders are caused by a person’s internal emotional conflict. The list of examples could go on but the point is that counter transference can become an issue when we allow our particular world view to influence how we treat a client.

Now, with that said, I’m NOT saying that our world view is a bad thing and that we should avoid it at all costs. What I am saying is, use your values, experiences, and thoughts about the world but also be respectful and understanding of what the client needs. Clearly ethics are a complex topic. There are many issues and facets that the responsible addictions professional must be conscious of when working. Maintaining and adhering to a high ethical standard is hard work but is critical to the work we do as addiction professionals.

Kevin Quint is the Executive Director for Join Together Northern Nevada (JTNN). JTNN was formed in 1995 and is committed to increasing the capacity and availability of substance abuse prevention and treatment services in Washoe County. He can be contacted at 775.324.7557, kquint@jtnn.org or www.jtnn.org.
You Decide: Where is the Line?
An Ethics Case Study
Anne S. Hatcher, EdD, CAC III, NCAC II, NAADAC Ethics Committee Chair

Marci is a new counselor for the We Can Do It Agency. Her supervisor, Fred, has recently become aware that many of the agency’s counselors are survivors of childhood abuse. Fred decided that an in-house therapy group would assist counselors and in the long run, improve their counseling skills. He appointed Belinda, who has been at the agency for a year, to lead the group. Staff counselors and staff are required to attend the group and to self-disclose their life experiences. Notes from the group are reviewed by Fred who has been known to bring up information from the group when conducting employee monthly reviews. The only alternative to participating in the therapy group is to offer proof that the employee is in counseling with someone else known to Fred. Fred asked that the counselor provide assessments of the work completed with the outside counselor every two months.

J.T. is a graduate student doing his internship at the agency. He was assigned as co-facilitator of the group because his handwriting is easy to read. A practicum student from an undergraduate program is required to participate in the therapy group. J.T. did not tell his professor about the therapy group until a recent occurrence. The only alternative to participating in the therapy group is to offer proof that the employee is in counseling with someone else known to Fred. Fred asked that the counselor provide assessments of the work completed with the outside counselor every two months.

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When a case study such as this is presented to students in the undergraduate ethics course, the reaction is usually, “You have a good imagination; no addictions counselor would do anything this stupid.” The reality is that situations similar to what is described did occur. In agencies where these situations arose, some counselors submitted their resignations; others stayed at the agency and refused to participate in the in-house therapy sessions while others participated due to fear of losing employment. No matter the choice made, the work environment was compromised due to dual relationships, confidentiality issues, conflict of interest and loss of trust among staff.

Applicable NAADAC Ethical Principles
(The full Code of Ethics is listed on page 12.)

Numbers 2 and 6 – I will do everything possible to safeguard privacy and confidentiality.

Number 7 – A relationship begins with a power differential; I will not exploit relationships in social or business settings. I will not engage in professional relationships or commitments that might be jeopardized by a dual relationship.

Number 8 – I will refrain from using methods that could be considered coercive.

NAADAC’s Code of Ethics principles are worded in terms to client care. The same principles apply to professionals in the place of employment, when working within the community and in supervision relationships. Mental Health Statutes in a number of states include a list of prohibited activities. Confidentiality, dual relationships and coercive actions by a supervisor are addressed in such statutes. Therefore ethical and legal standards are both applicable. The following discussion provides various ways of describing the issues and the concerns found in this case study:

Concern about dual relationship issues might not be considered in the relationship between supervisor and counselor. Dual relationships are discussed by Pope and Vasquez (1998) who state that a dual relationship is easier to define than it is to identify in practice. Such relationships might be concurrent or sequential. Some counselors seem to think that developing an ongoing relationship with a former client or a current employee does not meet the definition of a dual relationship. A counselor might establish clear boundaries with clients based on the need to maintain confidentiality and to avoid conflicts of interest. However, those same boundaries between counselors working together and between supervisor and supervisee might not be considered. Friendships between supervisor and supervisee or between counselors working at the same level within the agency might appear to enhance the workplace environment. As long as everything is working well, no problem is identified.
with such friendships. However, once a disagreement arises, the problems inherent in crossing boundaries might result in staff leaving the agency and compromising the ability of the agency to focus on the needs of the clients it serves.

Demanding that a staff counselor become a “client” in a therapy group facilitated by a fellow employee or supervisor can be discussed from the standpoint of abuse of power, dual relationship and breach of confidentiality. Those of us working with clients in difficult situations are aware of the need to have time when life problems are not the primary focus of our lives. Carrying personal issues into the workplace in the form of counselor therapy sessions where personal information is shared with co-workers and/or a supervisor disrupts the line between work and personal time. It also increases the chance that inappropriate self-disclosure with clients might occur unintentionally or that confidential information from the “therapy” group might bleed into counseling sessions with clients.

Another issue is that of countertransference which can be defined as the counselor’s projection of feelings resulting from previous experiences onto a client. Cozolino (2004) describes countertransference as interference with objectivity and adherence to the treatment contract when the counselor’s learning histories, coping strategies and defenses disrupt the counseling process. Ethically, counselors are mandated to explore countertransference in supervision and to gain assistance in exploring personal issues that might disrupt working with a client. If the countertransference is a result of the counselor’s own needs not being met; the counselor tends to expect a client to fulfill these needs and counselor objectivity is lost. The scenario described above could lead to several situations in which the countertransference might appropriately belong to the supervisor more than to the staff counselors.

The issues that clients bring to counseling sessions are frequently similar to the issues the counselor has or is experiencing. It is sometimes a challenge to differentiate between the client’s issues and the counselor’s awareness of personal issues. Discussion of a client and differentiating between personal and client issues is an appropriate topic of discussion in supervision sessions. However, if the supervisor is aware of the counselor’s personal issues as a result of the in-house therapy sessions, objectivity necessary to assist the counselor in focusing on client issues can become distorted. In such a situation, there might be a tendency to view the counselor’s personal issues as a problem and to ignore a client’s needs. Some supervisors avoid discussing the issues that might affect a counselor due to concern that supervision sessions might become therapy sessions for the supervisee. In the scenario cited, the supervisor did not have this concern and actually appeared to overstep the boundaries between counselor and client agenda.

What are the appropriate boundaries to be set by counselors in the workplace? How much information about interests and activities outside the workplace can and should be shared with co-workers and supervisors? How much do supervisors need to know about the personal history and struggles of those they supervise? These are issues that addiction professionals face as they develop friendships and learn more about co-workers. In recovery programs, information is shared readily and such sharing aids in the recovery process. Sharing the same information in the workplace can blur boundaries and create challenges in maintaining a professional atmosphere essential to providing services to clients who are struggling to improve their lives.

Yet another issue found in the case study is that students from two different colleges are present. These students have been involved in the in-house counseling group; one as co-facilitator and the other as a “client.” Both the agency supervisor and the professors for each student are responsible for quality education of the students and for application of high ethical standards in the workplace. Once the professors learn of the breach of ethical principles involving their students, one option is to remove the students from the agency. Another option is to use the situation as a learning experience while also making the agency supervisor aware of the in-house therapy group is an inappropriate activity for students. Once that is done, the professors must decide whether or not to file a grievance against the supervisor.

As addiction professionals, establishing clear boundaries with clients, co-workers and supervisors is an essential professional attribute. As addiction professionals, establishing clear boundaries with clients, co-workers and supervisors is an essential professional attribute. In most ethical dilemmas, there are not clear guidelines with right and wrong answers. Reviewing case studies challenges the addiction counselor to consider situations that might arise and to consider options while applying the law and the NAADAC Code of Ethics.

Anne Hatcher is Chair of the NAADAC Ethics Committee. She can be reached at hatchera@mscd.edu.

REFERENCES:
I understand the effect of impairment on professional performance and I shall never misrepresent my credentials or experience. The terms of both personal and professional commitments, to safeguard fidelity to be worthy of trust, and I shall work to the best of my ability to act with the highest degree of responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees. I shall do everything possible to safeguard the privacy and confidentiality of client information, except where the client has given specific, written, informed and limited consent or when the client poses a risk to himself or others. I shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client of any areas likely to affect the client’s confidentiality. I understand and support all that will assist clients to a better quality of life, greater freedom and true independence. I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary. I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription. I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee. I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness and cost of those services to allow each individual to make an informed decision of their care. I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities. I shall inform the client and obtain the client’s participation including the recording of the interview, the use of interview material for training purposes and/or observation of an interview by another person. I understand that effectiveness in my profession is largely based on the ability to be worthy of trust and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently and to speak the truth as it is known to me. I shall never misrepresent my credentials or experience. I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry. I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth. I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others. I understand the effect of impairment on professional performance and shall be willing to make appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect. I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication. I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience. I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation and dispute. I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me. I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession. I shall, to the best of my ability, actively engage in the legislative processes, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse. I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect or exploitation of any person or leaves another at risk of bodily harm.

I understand that each decision and action has ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions/actions have the potential to produce harm of a physical, psychological, financial, legal or spiritual nature before implementing them. I shall refrain from using any methods that could be considered coercive such as threats, negative labeling and attempts to provoke shame or humiliation. I shall make no requests of clients that are not necessary as part of the agreed treatment plan. I shall terminate a counseling or consulting relationship when it is agreed treatment plan.

I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable. I shall not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship. Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships. I shall not under any circumstances engage in sexual behavior with current or former clients. I shall not accept substantial gifts from clients, other treatment organizations or the providers of materials or services used in my practice. I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession. I shall, to the best of my ability, actively engage in the legislative processes, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse. I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect or exploitation of any person or leaves another at risk of bodily harm.

I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues and employees can be safe from the threat of physical, emotional or intellectual harm. I respect the right of others to hold spiritual opinions, beliefs and values different from my own. I shall strive for understanding and the establishment of common ground rather than for the ascendancy of one opinion over another. I shall maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients. I shall scrupulously avoid practicing in any area outside of my competence.

Updated August 18, 2008
Online Counseling
A Brief Introduction to an Ever-Growing Way of Working
Norm Quantz, MA Counseling

Distance therapy is an expanding concept, a way of providing a service that has traditionally been confined to an office. With the internet changing our lives, can it be utilized by the professional to match the service provided by conventional methods? Here, we outline how online counseling can be delivered and the benefits and issues that may arise from this.

Methods of Delivery
Humans share information by speaking and listening, reading or viewing; all these methods are deliverable via technology.

Email and instant messaging can be used to exchange textual information.

Web cams and video-links allow audio-visual communications. This can be one- or two-way, depending on the equipment available to each party and group sessions can also be conducted in this manner. Some of the systems are:
- **Peer to Peer Conferencing Systems** – audio-visual information from computer to computer by sharing IP addresses
- **Tele-Health Systems** – video link between client and therapist in selected locations
- **Dedicated Web Conferencing Systems** – therapist has user rights to a secure program on a dedicated server

Which technology a therapist uses depends on factors such as cost, security, flexibility required and the level of service to be offered. Technology such as the tele-health-system is less prone to security risks but involves greater costs and less geographic flexibility than other methods.

The value of non-audio cues also needs to be considered as these would inevitably be lost by some methods of distance communication.

The therapist must ensure that their system works. A procedure needs to be in place that will be followed if there is a breakdown in technology during a session, e.g. continuing by telephone.

Ensuring Confidentiality
The client must be given assurance that distance therapy is being conducted with as much respect and confidentiality as in-person consultations. Clients using online therapy can actually have greater control as they can choose where sessions take place. Internet communications can be at risk from hackers but taking adequate security precautions reduces this danger.

Does It Make Sound Business Sense to Provide Distance Therapy?
Yes! Although there are costs involved with set-up, maintenance and dispensing of online therapy, substantial savings can be made in areas such as travel expenses, premises and staffing costs. Therapists can work from home and more easily collaborate with other professionals to expand their service.

There are very few clients who would be limited by not having access to the internet and a computer so it is quite reasonable to expect an increase in clients for therapists who offer this method. Some clients are conscious of being seen when entering a therapist’s office and even those who aren’t will value the flexibility this concept affords especially in terms of time-saving and travel reduction. Careful selection helps to identify the few clients who fear technology and whose progress would be hindered by this method.

Insurance and Regulatory Considerations
This is in the early stages of development so therapists are advised to clarify with their professional or regulatory body the rules governing the provision of online therapy in their region as these can vary between areas. Clients from one region may be connecting with therapists from another so clients need to be aware that therapists are directed by rules that apply to their region of practice.

Therapists are advised to check that their indemnity insurance covers online dealings; many new policies have evolved to include this.

Emergency Protocol
A therapist’s ethical responsibilities towards a client remain unchanged regardless of how the consultation takes place. It is important to take relevant information at intake as you would for an in-person consultation, including a full history which can be used to assess risks that may be posed by medical conditions or drugs being taken. Having an alternative emergency contact is crucial for both distance and in-person therapy, especially in cases where a client may be suicidal, at risk from others, or develop a medical crisis.

With children, sessions would be conducted with parents or guardians nearby as with in-person therapy.

In conclusion, the benefits of providing counseling online are manifold. The world is changing and it is exciting to be able to adapt with it and tailor the way you deliver your services so that more people can access your expertise.

Norm Quantz has been counseling since 1982 and has both an in-person and online therapy practice using the virtual conferencing platform Face to Face Global which is available to professionals by joining the Business and Education Hub for Health Professionals at www.imagefacetoface.com. He also provides seminars for professionals. Contact: normquantz@imagefacetoface.com
“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

**FEE COMPUTATION**

**Membership** (see below for your state’s fee)

**Donation to the NAADAC Education and Research Foundation**
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-focused profession. Donations to the NERF are tax deductible.

**Donation to the NAADAC Political Action Committee (PAC)**
The NAADAC PAC is the only national Political Action Committee dedicated exclusively to advancing addiction treatment, prevention and research. Choose your level of commitment and receive a pin and mention in the NAADAC News.

- President’s Club $300
- NAADAC Advocate $50
- Champion $200
- $_______ Other
- Leadership Circle $100

**Donation to the NAADAC Endowment**
The NAADAC Endowment is focused on special initiatives supporting addiction professionals including education, scholarships and supporting the NAADAC Building Fund. Donations to the NAADAC Endowment are tax-deductible through the NAADAC Education and Research Foundation (NERF), a registered 501(c)3 non-profit organization.

- $200
- $100
- $50
- $25
- $_______ 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**

### 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, if applicable.
- **M.S.**  **Mr.**  **Dr.**  **Name**
- **HOME 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

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**NOTE:** 50% of your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 8% of dues payment is not deductible as a business expense because of NAADAC 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.

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**JOIN ONLINE AT WWW.NAADAC.ORG**
Nearly three out of four Americans (71 percent) agree that health insurance should cover the cost of addiction treatment — yet most consumers have no idea if their own health insurance would pay for substance abuse treatment, according to the first-ever Public Attitudes Toward Addiction Survey from Hazelden, the national nonprofit organization that helps people reclaim their lives from drug addiction.

With the passage of the U.S. Mental Health Parity Law last October and the Obama administration now designing its agenda on healthcare issues, it is striking that most Americans (77 percent) agree that addiction treatment should be part of healthcare reform. Hazelden’s new survey also found that: most Americans (78 percent) understand that drug addiction is a chronic disease rather than a personal failing; and more than half (56 percent) say their company doesn’t have an Employee Assistance Program to help employees deal with problems involving alcohol or other drugs.

Addiction Still Widespread in American Families

Among the most dramatic of Hazelden’s survey findings was the prevalence of addiction within American families:

- Nearly one-third of Americans responding reported past abuse of alcohol or drugs in their immediate family — and of those households with an immediate family member who had an addiction problem, nearly half (44 percent) reported more than one family member with a drug problem.
- A third of the families which reported a drug problem in their immediate family say that a majority of their family members have problems with drugs. With one in six of the respondents dealing with substance abuse in their family, every member of the family has a problem with drugs or alcohol.
- When you expand the questions to include both immediate and extended family, virtually half of Americans surveyed reported three or more family members have experienced a problem with drugs during their lives.

Drug “War” Not Working, Support for Prevention/Treatment

The Hazelden survey also indicated that Americans will want changes in how their government and businesses handles addiction and treatment:

- Seventy-nine percent feel the War on Drugs has not been successful.
- Eighty-three percent agree that much more should be done to prevent addiction.
- A majority (83 percent) believe that first-time drug offenders should get chemical dependency treatment rather than prison time.
- Most respondents (77 percent) agree that many addicts who complete treatment go on to lead useful lives.

Stigma of Addiction Still an Obstacle to Healing

Hazelden’s survey revealed that stigma still remains toward people who are addicted to alcohol and other drugs. Although 78 percent of Americans recognize that addiction is a chronic disease rather than a moral failing, the words used by those surveyed when asked to describe people who have problems with drugs or alcohol included: “sinner,” “irresponsible,” “selfish,” “stupid,” “uncaring,” “loser,” “undisciplined,” “pitiful,” “pathetic,” “weak,” “criminal,” “derelict,” “washed up” and “crazy.” The single highest negative consequence reported of having a family member with a drug problem was “embarrassment/social stigma.”

“What Hazelden’s new survey brought home to me is that Americans understand addiction is a disease, yet much more work must be done to explain how effective treatment can be for addicts and to bring an end to the stigma that prevents addicts from pursuing treatment,” said William Cope Moyers, executive director of Hazelden’s Center for Public Advocacy. “We also learned that 58 percent would like more of this discussion about addiction to be done in public.” Accordingly, Moyers says the Attitudes Toward Addiction Survey has become the catalyst for a public advocacy campaign that Hazelden has launched across the country.

“Addiction professionals know that changing public perceptions is key to our success,” said Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, Executive Director of NAADAC. “While Hazelden’s research shows us the challenges we face, we have an opportunity to show the public how recovery can help strengthen families and communities, and that national health reform initiatives should ensure that insurance covers addiction treatment.”

More About the Addiction Survey

This addiction attitude survey, conducted by telephone for Hazelden, polled a nationally representative sample of 1,000 adults. The margin of error is plus or minus three percent. Hazelden is a national nonprofit organization founded in 1949. It has helped tens of thousands of people reclaim their lives from the disease of addiction and has facilities in Minnesota, Oregon, Illinois and New York.
Malpractice insurance for Addiction Counselors

You need it, we have it!

PREMIUM RATES FOR $1,000,000/$3,000,000 OF COVERAGE START AS LOW AS $90

If you are paying more, Then you are paying too much!

HAVE QUESTIONS? NEED ADDITIONAL INFORMATION?

Email our Mental Health Department Supervisor at mentalhealth@americanprofessional.com or visit our website at www.americanprofessional.com Of course if you prefer to speak with someone you can always call us toll free at 1-800-421-6694

American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701 www.americanprofessional.com
NAADAC Speakers Bureau
The NAADAC Speakers Bureau replaces the NAADAC Trainers Academy, Which was Launched in 2004
Leah Withers, NAADAC News Guest Editor

Applications are now being accepted for those who would like to participate in a Speakers Bureau, formed as a benefit to members of NAADAC, the Association for Addiction Professionals. The intent of the forum is to showcase the skills and expertise of NAADAC members and other skilled professionals.

There are numerous benefits of participating in the NAADAC Speakers Bureau. Participants have the opportunity to grow in the profession as well as market their training expertise nationally and internationally. The agency or program sponsoring participants will receive increased visibility as the community gains awareness of the contributions participants are making to the well-being of their profession. Finally, speakers will be featured on the NAADAC Web site, www.naadac.org, as participants in the Speakers Bureau.

The Speakers Bureau is open to all NAADAC members. Non-NAADAC members can apply for $150 for a 12-month listing. Speakers can list up to three areas of expertise. The areas listed should be relevant to current practice in the addiction services profession. These topics include, but are not limited to: Special Populations, Clinical Issues, Clinical Supervision, Co-Occurring Disorders, New Theories/Approaches and Pharmacology. Please visit the NAADAC Web site for a comprehensive list of training topics or see the application form for a full listing of subject areas.

For information in how you can get involved, e-mail naadac@naadac.org for a Microsoft word version of the application or you can download a PDF version of the application from the NAADAC Web site. E-mailed or hard copy applications should be returned to naadac@naadac.org, faxed to 800.377.1136 or mailed to:

NAADAC Speakers Bureau
1001 N. Fairfax St., Suite 201
Alexandria, VA 22314

There is no deadline to apply; applications will be accepted on a rolling basis and will be reviewed within 2–4 weeks. Incomplete applications will not be processed.

NAADAC will assess experienced speakers and may provide Speakers Bureau members with NAADAC Approval, as a sign of a vetted Speaker who has evidenced his or her specialized skills in a specific area or areas of expertise. The Approval Process cost $50 and takes 4–6 weeks to complete. NAADAC Approval is optional.
NAADAC Building Fund
The NAADAC Building Fund is focused on retiring the debt from purchasing the NAADAC office space in the summer of 2007. Donations to the endowment are tax deductible through the NAADAC Education and Research Foundation (NERF), a registered 501 (c) 3, non-profit organization.
In 2008, there were 38 donors who gave a total of $32,002 to the NAADAC Building Fund. The average donation to the Building Fund was $842.15.

President’s Club ($500+)
Cynthia Moreno Tuohy
Bryan C. Miller, Jr. & Martha H. Miller Foundation
Association of Alcoholism and Drug Abuse Counselors Of Oregon
New Hampshire Association of Alcoholism & Drug Abuse Counselors
Gerard J. Schmidt
Jack W. Clarkson
Alabama Alcoholism and Drug Counselor Certification Board
Hanley Center
Society of Addiction Counselors of Colorado

Executive Club ($200+)
Addiction Professionals of North Carolina
Connecticut Association for Addiction Professionals
West Virginia Alcoholism and Drug Abuse Counselors
Donovan Kuehn

Director’s Club ($100+)
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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
• Want to end discrimination in health insurance plans against addiction treatment

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www.naadac.org
UPCOMING EVENTS

August 18 – 22, 2009
NAADAC Sowing the Seeds of Recovery Conference
Earn over 30 education credits. August 18 pre-conference.
Grand America & Little America Hotels
Salt Lake City, Utah
For more information on the conference, please visit www.naadac.org

August 31, 2009
Application Deadline For October Adolescent Specialist Endorsement Examination
The Adolescent Specialist Endorsement (ASE) is intended to standardize competencies and to recognize nationally a high level of effective clinical practice in treating adolescent Substance Use Disorders (SUDs).
For details on fees or to download an application form, please visit www.ptcny.com/clients/NCC

September 1 – 30, 2009
Recovery Month
Events Nationwide
For more information, please visit www.naadac.org or www.recoverymonth.gov

September 12 – 19, 2009
NAADAC National Certification Commission NCAC I, NCAC II and MAC Examination Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission.
For details on fees or to download an application form, please visit www.ptcny.com/clients/NCC

September 17, 2009
NAADAC Open House
Held in honor of 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.

September 20, 2009
Addiction Professionals Day
Events Nationwide – celebrate the people who help treat addiction and save lives in their communities.
For more information, please visit www.naadac.org

September 30 – October 2, 2009
Keeping It Real Conference
Street-Level Intervention Strategies for Addiction, HIV/AIDS and Hepatitis
Baltimore, Maryland
For more information, please visit www.ceattc.org or e-mail tparris@danyainstitute.org

October 1 – 3, 2009
Conflict Resolution in Recovery
This is a therapeutic training that is skilled-based and focused on the brain; how the brain works in conflict and strategies to affect the quality of recovery in relationships.
One-day continuing education and two- or three-day certificate tracks are available.
For more information, please visit www.naadac.org or call 800.548.0497.

October 15, 2009
Application Deadline for NAADAC National Certification Commission NCAC I, NCAC II and MAC Winter Examination Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission.
For details on fees or to download an application form, please visit www.ptcny.com/clients/NCC

October 15, 2009
Adolescent Specialist Endorsement Examination
The Adolescent Specialist Endorsement (ASE) is intended to standardize competencies and to recognize nationally a high level of effective clinical practice in treating adolescent Substance Use Disorders (SUDs).
For details on fees or to download an application form, please visit www.ptcny.com/clients/NCC

December 5 – 12, 2009
NAADAC National Certification Commission NCAC I, NCAC II and MAC Examination Period
The Professional Testing Company administers testing for the NAADAC National Certification Commission.
For details on fees or to download an application form, please visit www.ptcny.com/clients/NCC

September 8 – 10, 2010
National Conference on Addictive Disorders
Sponsored by NAADAC.
Visit the nation’s capital, earn over 30 education credits and network with addiction professionals from around the nation. Optional advocacy track provides training and outreach with the nation’s legislators.
Washington, D.C.
For more information on the conference, please visit www.naadac.org