Addiction Profession: Changing Direction
Spring Into Action!

“Summer afternoon - Summer afternoon... the two most beautiful words in the English language.”
- author Henry James (1843 – 1916)

There’s no denying it. Schools are shutting down for the summer. The heat index rises and the sun makes its undeniable presence felt. Before you think about off for the summer, please take some time to read this issue, including the articles written by Ferd Haverly and Brent Stachler. As the national parity legislation moves from concept to reality, Havely and Stachler discuss how the profession is evolving in its states, and what it could look like around the nation.

Save a little time to think about the end of summer. Salt Lake City will host NAADAC’s conference from August 18 to 22. September will also be a busy month with people around the nation celebrating Recovery Month, NAADAC’s Open House and Addiction Professionals’ Day. I hope your summer is safe, sunny and satisfying. Enjoy the issue!

Donovan Kuehn
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Conflict is a part of our daily lives. While people often fear or avoid conflict, it can be a dynamic force for positive change and creativity. When mismanaged, it can destroy organizations and relationships as well as disrupt the treatment goals for clients who have substance use disorders. How can this powerful force be harnessed to help our clients and achieve the best outcomes in treatment?

Serving as Program Director for Volunteers of America for Western Washington, I had the opportunity to work with homeless populations and clients who were dealing with the co-occurrence of poverty and substance abuse issues. Other clients, ranging from prenatal care to the elderly, came through our treatment center doors. They were dealing with a litany of challenges, from domestic violence to anger management, in addition to their substance use and abuse disorders. The one commonality that all of our clients faced was the need to re-think how they faced the challenges in their lives and re-train their brains in how to deal with conflict.

There are several key elements that need to be embraced when breaking out of previous, unhealthy relationships and patterns. Successful goals include:

1. Providing treatment and training materials for professionals (counselors, social workers, therapists, psychologists, outreach and faith-based and others) that are easy to use and integrate into existing community residential, intensive outpatient and outpatient substance abuse treatment facilities. These tools can also be useful for school-based counseling, faith counseling and other helping professional and faith-based groups.

2. Reducing relapse and sustaining the recovery of adult and adolescent substance users, abusers and dependent persons by improving their conflict resolution knowledge, attitudes and skills.

3. Using research-based and empirically-tested, psycho-educational curricula to initiate positive change in diverse people who suffer from a substance use disorder.

4. Providing a productive, cost-effective model for improving clients’ conflict resolution capacities. This is accomplished by adapting concepts from other disciplines/environments, making use of today’s technology and enhancing relapse-prevention options.

In early recovery (or in the early stages of relapse and re-entry into recovery), the nature of the brain is toxic; this means that a counselor must attempt to effectively translate healthy conflict resolution and communication skills to clients. A person will not be able to fulfill his or her genuine needs without effective communication.

In my 20 years of therapeutic interventions, I have encountered a number of strategies that can help guide clients through the use and understanding of a conflict mode instrument and relate these modes to their family of origin. Often forgotten is that there are individuals who are tackling numerous issues and unique sets of circumstances. A one-size-fits-all solution just won’t work.

It is also critical to demonstrate a model of daily interactions in conflict situations, focusing on a new behavior, to help participants build a higher impulse control through practice. Going through this process, participants will discover that the wounds they carry from past relationships and experiences currently affecting their lives, contribute to how they respond to conflict. These core issues need to be addressed and put into the proper context before the individual can make progress in how they deal with conflict.

This course has been in development, change and renewal for the past 20 years. Renewal came from experience with thousands of course participants, new research findings about the brain, our own work and engaging in this style of life in our own lives and families.

Much tribute and credit goes to my colleague, Charles “Chuck” DeVore, who first taught me anger management and conflict resolution and allowed me to reflect his concepts as we developed this material. He was the person who helped me see how vital this work is in the recovery of any person, not just the clients who suffered from alcohol abuse, drug abuse, and trauma. Chuck and I were working together—he as an advisor and co-creator of content and material—before he unexpectedly left this planet.

I miss him as we work now to complete these guides, to fulfill the dream of helping others live life in less conflict, with more joy and love. While I miss Chuck, his collaboration was key to my understanding the conflict resolution process, and his lessons can help everyone nurture their skills and talents in conflict resolution. I hope you will be able to join us at the Conflict Resolution session at the NAADAC conference, or visit the NAADAC Web site (www.naadac.org) to check out the tools and resources available to frontline professionals.

Cynthia Moreno Tuohy serves as the Executive Director of NAADAC, the Association for Addiction Professionals and will be presenting a seminar on Conflict Resolution at the NAADAC Annual Conference in Salt Lake City, Utah, August 18–22, 2009. A full conference schedule is available at www.naadac.org or turn to page 6 for more details.
New Resource for Addiction Professionals
NAADAC Releases Revised Learning Tool
Donovan Kuehn, NAADAC News Editor

The Basics of Addiction Counseling: Desk Reference and Study Guide Module I: Pharmacology of Psychoactive Substance Use, Abuse and Dependence
It is a fact that members of the addiction profession are constantly learning as clinical practices and knowledge are constantly changing. NAADAC has developed a new resource that can help clinicians, whether they are just starting in the profession, or looking to brush up on their knowledge.

The Basics of Addiction Counseling: Desk Reference and Study Guide, Tenth Edition has been revised, updated and expanded it 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. 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.

Module I: Pharmacology of Psychoactive Substance Use, Abuse and Dependence has been updated to reflect the most current issues and research, particularly in the area of pharmacotherapy (see excerpt on page 5).

The manual covers key areas of pharmacology:
• Depressants that impact on the central nervous system (including alcohol, barbiturates and benzodiazepines)
• Stimulants that impact on the central nervous system (including amphetamine, cocaine, caffeine and nicotine)
• Narcotics
• Heroin and other Opium Derivatives
• Hallucinogens
• Cannabis
• Solvents/Inhalants
• Anabolic Steroids
• Psychotropics

Ordering Information
To order the The Basics of Addiction Counseling: Desk Reference and Study Guide Module I: Pharmacology of Psychoactive Substance Use, Abuse and Dependence, please visit www.naadac.org and go to the bookstore, e-mail naadac@naadac.org or call 800.548.0497.

Regular Price: $150
Member Discounted Price: $100

Earn Education Credits
Purchasers also have the option of enhancing their learning by ordering the Basics of Addiction Counseling Independent Study Examination that supplements each module. Learners can earn between 12 and 16 NAADAC continuing education credits by passing an independent study exam that can be completed and returned to NAADAC. The exam also helps prepare learners by focusing on key concentration areas found on certification exams. Purchasers may order the entire collection or only the courses that meet their needs.
Before pharmacology can be explored, it is important for addiction counselors and other helping professionals to understand the direct connection between psychoactive substance use, brain functioning and addiction. Addiction is a brain disease mostly characterized by an individual’s inability to control his or her thoughts of and intake of psychoactive substances. It develops after psychoactive substances are repetitively consumed and the brain readjusts to their constant presence. The threshold for the amount of psychoactive substances that an individual can consume before becoming dependent, however, is unclear. This threshold is determined by the individual’s brain chemistry, genetics and environment. Understanding the course of addiction and the effects of psychoactive substances on the human body will allow addiction counselors and other helping professionals to more effectively treat their clients.

This module is not intended to make addiction counselors or other helping professionals experts in pharmacology, but it will provide facts that will assist in the assessment, treatment and referral of clients. For the purpose of this module, all psychoactive substances are grouped into eight classes: central nervous system depressants, central nervous system stimulants, narcotics, hallucinogens, cannabis, solvents/inhalants, anabolic steroids, and psychotropics. Each category provides basic pharmacological information essential to diagnosis and treatment. The purpose of this module is to provide information to help addiction counselors and other helping professionals become familiar with:

■ the clinical signs, symptoms, and behaviors that may be indicative of psychoactive substance use, abuse, or dependence;

■ the classifications and names of psychoactive substances that are being self-administered, along with their major clinical effects; and

■ the functions of the central nervous system and how psychoactive substances affect it.

It is also helpful to remember that over-the-counter (OTC) medications can also trigger a recovering alcohol dependent into relapse. There are currently over 300,000 pharmaceuticals available in the United States that do not require a doctor’s prescription, and many contain psychoactive substances that persons in recovery should avoid. Addiction counselors and other helping professionals need to be aware of the high-risk groups as follows:

■ allergy treatment products and cough/cold remedies containing caffeine and phenylpropanolamine derivatives

■ antitussives containing phenylpropanolamine, dextromethorphan and alcohol

■ decongestants containing antihistamines

■ sedatives and sleep aids containing phenylpropanolamine

■ appetite suppressants/diet control medications containing caffeine and phenylpropanolamine derivatives

NAADAC is joining with a number of partners in hosting the 2009 Sowing the Seeds of Recovery conference in Salt Lake City, Utah. These partners include the Utah Division of Substance Abuse and Mental Health, the Association of Utah Substance Abuse Professionals (AUSAP), the Mountain West Addiction Technology Transfer Center, U.S. Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) and NALGAP, The Association for Lesbian, Gay, Bi-Sexual, Transgender Addiction Professionals and Their Allies.

The conference will be held from August 18–22, 2009, and will include workshops addressing prevention, safe and drug-free schools, criminal justice, addiction history, co-occurring disorders, current research and outcomes, ethics, special populations, workplace/management issues, clinical techniques, alternative therapies, faith-based approaches, smoking cessation and professional development.

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An Invitation from Gloria Baberg
As President of NAADAC’s Utah affiliate, the Association of Utah Substance Abuse Professionals (AUSAP), it brings me great pleasure to welcome you to our beautiful state for the Sowing the Seeds of Recovery Conference, August 18–22, 2009.

Professionals in Utah are looking forward to meeting our national counterparts; and our local partners, the Utah State Division of Substance Abuse and Mental Health and the Mountain West Addiction Technology Transfer Center are excited to share the latest research and clinical best practices.

But I’m sure you’re also wondering what it is that Utah has to offer. Well, here’s some basics facts about Utah:

- The name Utah comes from the Native American Ute tribe and means people of the mountains.
- Name for Residents is “Utahans” or “Utahns.”
- The area of the state is 84,904 square miles, making Utah the 13th biggest state in the U.S.
- Utah’s 2008 population was 2,736,424, according to the U.S. census estimate, making Utah the 34th most populous state in the U.S.
- Our highest point is Kings Peak which is 13,528 feet, above sea level.
- Utah borders Arizona, Colorado, Idaho, Nevada, New Mexico and Wyoming.
- Our state nickname is the Beehive State and you’ll see images of beehives on all state road markers.
- Utah mountain peaks, on average, are the tallest in the country. The average elevation of the tallest peaks in each of Utah’s counties is 11,222 ft.—higher than the same average in any other state.
- Utah has 11,000 miles of fishing streams and 147,000 acres of lakes and reservoirs.
- Utah is the home of popular mountain recreational destinations such as the Flaming Gorge National Recreation Area, Timpanogos Cave National Monument, Bear Lake and Jordanelle, Strawberry, Pineview, East Canyon, and Rockport reservoirs. The mountains are popular camping, rock-climbing, skiing, snowboarding and hiking destinations.

Aside from the state’s natural beauty, there is a vibrant cultural component with Park City, about 45 minutes away from Salt Lake City, hosting the annual Sundance Film Festival, established by Paul Newman.

It is hard to capture all that Utah offers on the printed page, but I want you to know that we are looking forward to seeing you in August!
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**Conference Registration Fees**

**SEEKING SAFETY SYMPOSIUM**
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- 8:30am – 3:30pm: $75

**CONFLICT RESOLUTION IN RECOVERY**
(Tuesday, August 18)
- 1 – 5pm: Registration required

**WELCOME DINNER**
(Tuesday, August 18)
- 5:30 – 7:30pm: Registration required

**REGULAR RATES**
(register after June 17, 2009)
- Member: $400
- Non-Member: $500
- Student/Associate/Military Member: $200
- Student/Military Non-Member: $325
- U.S. Air Force ADAPT Participants: $325

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

**TOTAL AMOUNT ENCLOSED**

- **YES,** I want to join NAADAC now! Please consult www.naadac.org for membership fees or call 800.548.0497 to enroll.
- Please send me additional information about membership.

**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.

**Want to See More?**
Tours available from Lewis Tours at www.lewistours.com or 800.831.0749, or contact the Utah Travel Council at www.utah.com.

Photos courtesy the Salt Lake Convention & Visitors Bureau.
New York Faces a Choice on Integrating Professionals
Ferd Haverly, MS, CASAC

I am currently working to help start an alumni group at the outpatient clinic where I have worked for the past nine years. The first gathering was last week and it was great hearing stories of reunited families, restored careers and unexpected joys. I feel privileged and humbled to have been part of this very personal process of healing and growth. It is experiences like this that make me more convinced than ever that this is a profession worth fighting to protect and advance.

I believe our profession is at a critical crossroads. The events of the next few years will determine whether or not we survive as a field distinct and separate from more traditional mental health services.

There are currently two issues under discussion in New York which could have a significant impact on the future of our profession. One of these is the accelerated push to integrate mental health and addiction services. The other, and perhaps of more immediate concern, is the pending sunset of exemptions found within SED (State Education Department) Law Article 154, commonly known as the “Social Worker Law,” with exemptions currently scheduled to end on July 1, 2010. This is an extremely important, but very complex issue.

The New York Alcoholism and Substance Abuse Providers (ASAP) have mounted a campaign urging the Legislature to permanently extend the exemptions, “In order to retain the integrity and quality of service being provided by professionals in chemical dependence treatment, prevention and recovery programs.”

ASAP states that, “The sunset of these exemptions will render any unlicensed, non-CASAC professionals currently working within OASAS (the New York Office of Alcoholism and Substance Abuse Services) licensed, operated and funded facilities as illegally providing services defined by law as requiring a license, and will make it virtually impossible for those people to retain their current positions as clinicians, program administrators, and counselors. This exemption will affect many professionals who have dedicated years of service to chemical dependency treatment, prevention and recovery. The sunset will also dramatically affect supervisory practices; as non-licensed professionals are not permitted to provide “clinical social work” supervision or supervision to licensed professionals. (This would also affect CASACs who currently supervise licensed employees.)”

Ashley Johnson, Program Specialist for ASAP, stated in a recent email, “It is our understanding that if these exemptions sunset, a vast portion of the workforce in the prevention, treatment & recovery field will be seen as illegally providing social work services without a license.”

Scary stuff. What is really going on here and how should the Association for Addiction Professionals of New York (AAPNY) respond to this issue?

At the OASAS meetings I have attended where this situation was discussed, there appeared to be consensus that CASACs and CASAC-Ts would not be impacted by the exemption sunset.

A recent provider survey suggests that about 25 percent of the addiction treatment workforce are Non Qualified Health Professionals (NQHPs). OASAS staff have told me they believe this is about 2,000 individuals. These appear to be the “unlicensed, non-CASAC professionals” that ASAP refers to.

Over the past year, AAPNY has been working to advance the idea that NQHPs providing addiction counseling services should be brought under OASAS’s umbrella as “Enrolled Addiction Counselor Associates” (EACAs). This new category would be the first rung of a much needed career ladder. Individuals would be expected to move to the next level, CASAC-T, within a limited period of time and would be required to have a minimum level of training (re: ethics and confidentiality) before being granted enrolled status.

AAPNY supports this proposal in order to:
• Contribute to increased accountability and documentation of the number and nature of New York’s addiction treatment workforce;
• Enhance consumer protection for clients and their families;
• Increase the number of people preparing to become CASACs;
• Offer an incentive for knowledge and skill development and instill a commitment to life-long learning as an addiction professional through training and career coaching;
• Establish a vehicle to identify, communicate and support NQHPs involved in the delivery of treatment and recovery services.

OASAS recently has shown more interest in, and support for, the EACA proposal and AAPNY leaders have been meeting with OASAS staff and others to hammer out details. One of the main reasons for this increased interest is the pending sunset of exemptions to the “Social Worker Law.” The current thinking is that by establishing this enrollment system NQHPs would come more clearly
under the auspices of OASAS and be allowed to continue to work in clinics.

It seems that this EACA proposal could go a long way in addressing ASAP’s concern regarding the impact of the law on our workforce. However, if the exemptions are permanently extended, my fear is that the issue of unqualified individuals being allowed to provide counseling services will again be put on the back burner.

AAPNY’s board will examine this issue further and we will be contacting ASAP to ask that our organizations come together to develop a united approach to this very important matter. AAPNY’s New York City chapter is planning to invite a speaker on this issue to its next meeting on July 8, 2009.

The fact is, the problems our field faces in New York are playing out across the nation. New York, in many ways, is a leader in trying to address these issues. AAPNY’s work to address these issues is only possible because of your support and involvement. Thank you for your important work and for being a member of AAPNY/NAADAC.

**Ferd Haverly MS, CASAC, serves as the President of the Association for Addiction Professionals of New York.**

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**Indiana Establishes Licensure for Addiction Professionals**

* Brent A. Stachler, LMFT, MAC, ICAC II, NCGC I

After years of effort to obtain licensure for addiction counselors in Indiana, Governor Mitch Daniels signed licensure legislation in May 2009. The law will go into effect July 1, 2009. The legislation, which was authored by Senators Connie Lawson and Vi Simpson, was successfully passed with help from Stephen McCaffrey, President and CEO of Mental Health America of Indiana.

The Indiana Association for Addiction Professionals (IAAP) leadership has been involved in the legislative process from its onset, consistently maintaining our position on licensure adopted by the IAAP Board of Governors on June 18, 2005. This position was reflected within the legislation, which defines the specific scope of practice for the Master level (Licensed Clinical Addiction Counselor) and the Bachelor level (Licensed Addiction Counselor). Among the defined levels, independent practice of addiction counseling is limited to LCACs, although some exemptions exist. The exemptions were added despite our concern of diluting the net impact of licensure. Exemptions include, but are not limited to, those employed by a substance abuse facility certified by the Division of Mental Health and Addiction as an addiction services regular agency or a community mental health center.

The breakdown of the two-tiers is as follows:

1. To obtain the LAC, the applicant must have a minimum of a Bachelor’s degree in addiction counseling or in a related area, consisting of 40 semester hours of specific coursework from an eligible postsecondary educational facility. This level also requires at least one supervised practicum in an addiction counseling setting and at least two years of addiction counseling experience with clinical supervision.

2. To obtain the LCAC, the applicant must have a minimum of a Master’s degree in addiction counseling, addiction therapy, or a related area, consisting of 27 semester hours of specific graduate coursework. This level also requires one supervised clinical practicum in an addiction counseling setting and least two years of clinical addiction counseling experience with clinical supervision.

Both the LCAC and LAC require a written examination, which has not yet been established by the licensing board. As with new licensing laws, grandparenting occurs for those currently practicing. The legislation provides a grandparenting period for licensure until July 1, 2011.

Grandparenting those without a Bachelor’s degree in a Human Services related field was a concern expressed throughout the licensure discussions. This legislation allows those holding a valid level II or higher certification from a credentialing agency approved by the division of mental health and addiction and having a minimum of ten (10) years of experience in addiction counseling to be granted the Bachelor-level license (LAC).

The grandparenting discussion also included making those who have a Bachelor’s degree in a human services or behavioral science discipline, who hold a valid CADAC IV and have 20 years of addiction counseling experience, able to apply for the Master-level (LCAC). Although IAAP expressed concern with this exemption, the legislators adopted this into the bill’s language. For this reason, we advocated on behalf of our Bachelor-level addiction counselors holding a valid ICAC II and having 20 years of experience, as we viewed this as an inequality. The legislation was amended to include those having a level of certification from NAADAC that the licensing board determines is similar to the CADAC IV. Additionally, the language specifies the licensing board may exempt these addiction counselors from the Master-level requirements.

Overall, this is strong legislation for addiction counselor licensure. Licensure is designed to protect consumers by defining the scope of practice of addiction counselors as well as identify the required formal education to become an addiction counselor.

*Brent A. Stachler, LMFT, MAC, ICAC II, NCGC I, serves as President of the Indiana Association for Addiction Professionals (IAAP).*

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Kerlikowske Sworn in as ONDCP Director
Former Police Chief Promises Collaboration

Donovan Kuehn, NAADAC News Editor

The White House Office of National Drug Control Policy (ONDCP) has a new Director. Former Seattle Police Chief Gil Kerlikowske was confirmed as Director of the Office of National Drug Control Policy by the U.S. Senate on May 7, 2009.

Director Kerlikowske spoke of the opportunity before him, “I am humbled by the opportunity to serve the Nation in this capacity, and will work tirelessly to reduce the flow of drugs in our communities and the harms caused by the treatable disease of addiction.”

He added, “I look forward to working with you to partner with the thousands of educators, law enforcement professionals, health care providers, community leaders, parents and young people to reduce the public health and safety consequences of substance abuse.”

Vice President Joseph Biden, a supporter of addiction treatment when he served as Senator for Delaware, released a statement commemorating Kerlikowske’s confirmation: “I am very pleased by the Senate’s overwhelming support for Gil Kerlikowske today. Chief Kerlikowske is the right man for the job. With over 36 years of law enforcement experience at all levels, he has long been on the frontlines in the battle against drugs. And, while the challenge before him is great, the President and I believe that he will lead our nation’s efforts against illegal drugs with unshakable resolve.”

Posted Friday, May 08, 2009
The White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988. The principal purpose of ONDCP is to establish policies, priorities and objectives for the Nation’s drug control program.

For more information, please visit www.whitehousedrugpolicy.gov.

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“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

– Margaret Mead

April 2002, I received a call from the regional President of Association Executives asking if I would be interested in joining the Board of Directors. As a lifelong “behind the scenes” girl, it was a terrifying few moments. My immediate thoughts: how did she get my number? How am I going to get out of this one? Serve on a board? That’s not possible, it’s too much time, my work and family keeps me busy and I’m not qualified to serve on a board. Although, once I learned that my employer recommended me for the position, the only response I could muster was “Yes, I’d be honored!”

Today, NAADAC is asking you to consider board service. NAADAC and our affiliated states need you! NAADAC succeeds because of dedicated professionals who volunteer their time, their energy and their knowledge to help the addiction profession and the communities they serve. Whether serving as an officer, committee member, national certification commissioner or working part time on special projects, your expertise is in demand and We Want You!

As a Board Member or Committee Member:
• Your voice does count.
• Decisions made are vital to the profession.
• Lack of experience or education does not play a factor.
• What matters: You and your colleagues will help to enhance the profession.

There are a number of ways to get involved:
• National Certification Commissioners
  – Serve three year terms helping develop and refine the policies and certifications of the National Certification Commission (NCC).
  – Selection process begins in the fall of 2009
• Members of NAADAC national committees (see sidebar)
  – Mentoring
  – Political Action
  – Bylaws
  – Clinical Affairs/Research
• Affiliate Board Members
  – Serve as the President, Vice President, Secretary, Treasurer, Members at Large or in another position on your state or chapter’s board of directors.
• Affiliate Committee Members
  – Please check with your state president to see what positions are open.
  – Some common state committees are Membership, Conference, Bylaws, Public Policy or another topic area.

What’s in it for You?
• Sharing your energy, knowledge and enthusiasm.
• Networking with your colleagues.
• You will be stretched to the limit and love it.
• Building a stronger profession and making a difference.

Get involved today.

For more ideas or details on how to get involved, please contact Diana Kamp at dkamp@naadac.org or 800.548.0497 x102.
Committees, from page 11

Adolescent Specialty Committee
This committee shall inform the NAADAC organization and NAADAC Certification Commission constituents regarding the special issues of adolescents, prevention, intervention, treatment and recovery support including the professional development issues specific to this population.

International Committee
This committee shall work with the NAADAC organization staff and leadership in other countries and territories in addiction related issues through: technical assistance, training, program development, affiliate development, certification development, governmental or regulatory assistance to develop addiction specific services in these listed above areas.

Membership Retention Committee
This committee shall be charged with the development of programs for membership growth throughout the Association and shall review applications for chartering or affiliating organizational members and make recommendations thereon to the Board of Directors.

Political Action Committee
This committee is intended to educate and support members of Congress who either have a proven record of commitment on our issues or are in a position to effect positive change.

Student Committee
This committee shall increase addiction focused student awareness of NAADAC and professional development opportunities while in college.

National Addiction Studies and Standards Collaborative Committee
This committee shall develop and promote a national standardized addiction education curriculum from one year Addiction Certificate through PhD addiction degreed programs.
served for over a decade, one of the most productive committees in the Senate. Enzi was also a sponsor of the Paul Wellstone Mental Health Parity and Addiction Equity Act, which requires equal health insurance for mental illness and addiction. He is currently at the heart of the health care reform debate.

Edward Kennedy has represented Massachusetts in the Senate for 46 years. Kennedy is currently the Chair of the Health, Education, Labor, and Pensions (HELP) Committee. Kennedy—along with his son Patrick, a U.S. Representative—was also a champion of the parity bill, which requires equal benefits for addiction treatment in most plans. Always committed to helping families in need, Sen. Kennedy recently announced $54 million for expanded unemployment insurance in Massachusetts. Sen. Kennedy is one of the leading figures in the health care reform debate. One of his chief staffers, Connie Garner, gave a presentation on parity and health care reform during Advocacy in Action 2009.

The Advocacy in Action Conference only happens once a year, so advocates need to be year-round advocates. NAADAC’s advocacy website (www.naadac.org/advocacy) provides numerous resources about the organization’s advocacy priorities, including presentations from this year’s conference. With health care reform a top priority, there is no more important time for advocates to raise their voices for change.

The Emerging Leader of the Year Award was presented to Kids Against Alcohol and Drugs (KADA) for its commitment to promote healthy behaviors for adolescents. These children and teens dance their way through facts about the dangers of drug and alcohol abuse and share personal stories about their parents’ drug use and how this has affected their lives. KADA, with help from its sponsor ARK of Little Cottonwood, performs in local Utah schools. KADA anticipates performing in schools at least 20 times per year, not to mention other community events they take part in (including NAADAC’s upcoming Annual Conference in Salt Lake City). KADA is made up of 30 members between the ages of 6 and 17, all of whom feel strongly about advocating for a future free from drug and alcohol abuse. KADA also provides teachers with educational information, CDs and web pages to help them as they teach prevention strategies to students.

The Advocacy in Action Conference only happens once a year, but addiction professionals need to be year-round advocates. NAADAC’s advocacy website (www.naadac.org/advocacy) provides numerous resources about the organization’s advocacy priorities, including presentations from this year’s conference. With health care reform a top priority, there is no more important time for advocates to raise their voices for change.

From the Desk of Michael Enzi
Senator, Wyoming

I am sorry it was not possible for me to join NAADAC and the NAATP for your Advocacy in Action Conference. I would have enjoyed being with you for what must have been a very enjoyable event.

It means a great deal to me to be recognized by you and receive the Legislator of the Year Award for my work on mental health parity. Although I greatly appreciate the recognition, I know that I couldn’t have done it without your active support. There is a long list of those who made it possible to pass the mental health parity law and I am very pleased and proud to have been part of such a great team that was able to produce such an important result.

I am very aware of how hard all of you in the NAADAC and the NAATP worked to help shepherd this landmark legislation through the Congress. Without your heartfelt commitment to change, the Mental Health Parity bill might not have made it through the process. Thanks to you, we have been able to produce a watershed moment for millions of Americans all across the country with family members or friends who are coping with the effects of mental illnesses.

Just as it took a team effort to pass this important bill, a team effort will be needed to implement it. The mental health advocacy community, health care providers, employers, and insurance communities will now be working together to bring fairness and relief to all those who need our help.

Although we have taken an important first step, there is still much more that needs to be done. We must continue to educate Americans about the importance of mental health and the vital role screenings and treatments play in dealing with these health issues. Working together with leaders on the local, state and national level, we must continue to do everything we can to remove the stigma that is all too often attached to the pursuit of care for mental health problems.

With the passage of Mental Health Parity we have made a statement about the importance of making quality, affordable health care services available to everyone. To continue that effort, we must work together to pass a bipartisan, comprehensive health care reform bill this year that will focus more directly on health care instead of sick care. As Congress continues to work on reforming our health care systems, I will make certain that mental health continues to be a part of the discussion.

The mental health parity bill was years, if not decades, in the making and it reflects countless hours of hard work, toil, negotiation and compromise. Progress is all too often a slow and deliberate process, but thanks to your hard work and dedication, we were able to achieve our goal. I accept your award and I will share it with you for the success you made possible today and in anticipation of the work we must continue to do tomorrow to place mental health care on an equal footing with the care we should provide for all health issues.

Michael Enzi

379A Senate Russell Office Building
Washington, DC 20510
Toll free: 888.250.1879
Fax: 202.228.0359
Two Iowa State University (ISU) researchers have given communities worldwide good reason to implement substance abuse prevention programs. They are economically beneficial, with a nearly ten dollar return for every dollar invested in prevention.

Richard Spoth, director of the Partnerships in Prevention Science Institute (PPSI) at Iowa State, and Max Guyll, ISU assistant professor of Psychology, presented that message last month to substance abuse experts representing approximately 100 countries at a conference in Vienna, Austria, co-sponsored by the United Nations Office on Drugs and Crime and the World Health Organization.

“The primary objective of the conference was to present the state of the art on translating evidence-based prevention and treatment into practice—to suggest effective strategies for demand reduction (in substance abuse),” Spoth said.

“We showed how prevention can be particularly economically beneficial,” he said. “The presentation began by reviewing the evidence on the cost effectiveness and the return on the investment—or cost benefits—of prevention programs. I also did a second presentation on the scientific advances and positive outcomes of family-focused prevention, illustrated by our own research.”

Applying national, local data in cost analysis

The ISU researchers applied their own and national data to calculate both the cost effectiveness and cost benefit for two of PPSI’s intervention programs—Iowa Strengthening Families Program (ISFP), which works on the family level to prevent substance abuse; and the Life Skills Training Program (LST), which was designed for school-based implementation. Spoth defines cost effectiveness as the cost to achieve a particular outcome—such as the prevention of an alcohol use disorder—while the cost benefit assesses whether savings generated by prevention are greater than costs spent on prevention.

The longitudinal Project Family study recruited 667 families through 33 Iowa school districts. The researchers calculated that the ISFP intervention cost $12,459 per disorder prevented, but resulted in a $119,633 benefit to communities per alcohol disorder prevented—a $9.60 return on each dollar invested. The Capable

Families and Youth trial recruited 679 families through 36 Iowa school districts. Researchers found that life skills training intervention cost $4,921 per methamphetamine use case prevented, but produced a $130,013 employer benefit per methamphetamine user prevented—a $9.98 return on each dollar invested.

“Effective and efficient prevention promises to save possibly billions of dollars per year, provided we can learn how to effectively implement it on a larger scale,” Spoth told the conference.

Iowa State was the only American university that had a presenter invited to speak on the topic of prevention. Spoth, who received a commendation from the director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) last year for his prevention work, was also the only expert asked to present twice at the conference.

“I spoke with people there who were very interested in doing family-focused prevention programming, which is evidence-based, in their countries,” Spoth said. “Some of them are developing these vast infrastructures, devoting extensive resources. I received a number of requests where they wanted me to get involved in some way with a group that was working on a large scale implementation of prevention programming in their country.”

Spoth reports that his conference appearance generated requests from Chile, India, Indonesia, Senegal and a number of other countries for consulting assistance as they implement intervention programs—possibly modeled after the ones he’s successfully implemented through PPSI.

The complete ISU reports “Prevention’s Cost Effectiveness—Illustrative Economic Benefits of General Population Interventions,” and “Prevention of Substance-related Problems: Effectiveness of Family-focused Prevention” are available online at www.ppsi.iastate.edu/press/vienna.htm.
NAADAC to Host Discussion on National Credentialing Standards
National Boards to Meet This Summer

Donovan Kuehn, NAADAC Director of Operations and Outreach

NAADAC, the Association for Addiction Professionals, is inviting two representatives from each nationally established and recognized addictions disorders certifying board to attend discussions on national credentialing standards, testing processes and other issues relevant to the addiction treatment industry.

The meeting will be held in conjunction with the “Sowing the Seeds of Recovery” annual conference and will take place at the Grand America Hotel in Salt Lake City, Utah, on August 18, 2009.

The purpose of the meeting will be to foster relations between the various certifying entities in hopes of working together to best serve the addictions disorders profession in today’s changing environment.

A full discussion incorporating all of the national stakeholders is seen as a first step in setting an agenda for addiction professionals and how the profession will move forward in a changing economic and political climate. As President Obama’s health reform proposals move forward, there is a need for unity among addiction focused professionals.

The discussions will focus on the changes needed in the addiction profession, as laid out by the Substance Abuse and Mental Health Services Administration (SAMHSA) in their recent report Ensuring U.S. Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders: A Framework for Discussion. A key finding of the report focused on the development of a national “centralized credentialing and privileging system across all payers, and a National system for clinician licensing and the licensing and regulation of care delivery systems.” The report focused on the benefit of consistent standards that “will make it easier for professionals to enter and stay in the field, and for the system at large to achieve a higher level of quality.”

If you are affiliated with a certifying board and are interested in attending the meeting, or seeking more information, please contact Shirley Mikell by July 13, 2009, at shirley@naadac.org or 800.548.0497. For more information on health reform, please visit www.samhsa.gov/Healthreform.

NAADAC Welcomes Two New Organizational Members

Donna Croy, NAADAC Director of Member Relations

The California Association of Addiction Recovery Resources (CAARR) is a non-profit membership organization which serves as the principle voice for social model recovery programs throughout California. Comprised of individuals and programs which are among California’s most highly respected practical researchers and refiners of social model recovery, CAARR’s singular purpose is to provide a positive impact on the suffering alcoholic and addict population and to assist families as well as the community in general. Their mission is to encourage the development, expansion, and continuing quality of social model programs in California through advocacy, education, training and positive role modeling.

For More Information
Visit www.caarr.org or contact Susan B. Blacksher, MSW, CAS II, Executive Director, P.O. Box 214127, Sacramento, CA 95821; phone: 916.338.9460; fax: 916.338.9468 or e-mail: susan@caarr.org

The University of Oregon Substance Abuse Prevention Program (SAPP) is designed to provide education and to increase awareness in the areas of alcohol and other drug prevention, intervention, treatment and recovery.

The University of Oregon SAPP Area of Concentration Certificate can be earned upon completion of 24 credits in the substance abuse curriculum offered by SAPP. Earning the Area of Concentration shows future employers that you have taken a concentrated core of substance abuse curriculum.

A collaborative effort between the Substance Abuse Prevention Program, the College of Education and the department of Continuing Education provides students and professionals with opportunities to meet their academic and career goals. Fields of study or licensure programs are developed to afford a unique learning environment for professional growth and development.

Individuals interested in working with substance abuse and related issues will discover a “cutting edge” philosophy focusing on evidence-based practice.

SAPP’s newest educational track is for the Certified Prevention Specialist (CPS). A professional with this certification is recognized as having the best education in leading strategies and programs to reduce alcohol, tobacco and other drug use thereby encouraging a healthier individual and community. To successfully apply a prevention program takes the combined efforts of a Certified Prevention Specialist coordinating with families, schools, and diverse community programs.

For More Information
Visit http://sapp.uoregon.edu or contact Tom Favreau, Director, 180 Esslinger Hall, Eugene, OR 97403-5272; phone: 541.346.3397; fax: 541.346.3595 or e-mail: favreau@sapp.uoregon.edu
“Why?” That is the usual response I hear when I tell people of my plans to pursue an MSSW (Master of Science in Social Work) next year at the University of Texas. My response to the question is actually quite simple though — “Social Work is what I want to do.” I know many addiction professionals — whatever their background — feel the same way.

This was not always my way of thinking though. It started when I became a volunteer on the pediatrics ward of a Northern Virginia hospital. As a volunteer, I spent most of my time holding babies that, for a variety of reasons, did not have parents present to hold them. Often this was because of the parent’s inability to take off work. However, it was not these parents that put me in contact with social workers.

There were times that I had to take a child to the play room the back way because they weren’t allowed near elevators for fear of kidnapping. Sometimes I had to sit at a nurse’s station with a baby because the child couldn’t be left in his or her room alone, not even with the parents. There were times where I held a crying baby who could not be soothed due to the withdrawal symptoms from the drugs it had become addicted to in its mother’s womb. It is through these children that I have come in contact with social workers, and it is these children that have made me realize how important social work is. When no one else was there to care for them, it was comforting to know that there was someone looking out, someone with the child’s best interest at heart. It was the compassion I saw in these social workers that ultimately led me to decide I wanted to become a social worker myself.

Although my focus has always been with children, I imagine this is the same way all helping professionals feel about their specialties, addiction professionals included. It is the goodness we see in people that makes us want to help them, even if their goodness is not always apparent on the outside. I do not think this kind of work is for the faint of heart. However, I believe anyone who wants to make a difference, whether it is with children, or people living with addiction, or one of the many other special populations in need of help, should consider how continuing education can enable them to help others more effectively.

With the economy in its current downturn, many people are looking for new opportunities. Returning to school seems a smart choice, particularly when the job market can appear bearish. Whether going to school for drug and alcohol counseling, marriage counseling, family therapy or another avenue, there are many things to take into consideration before committing yourself to graduate education. I know I certainly did not wake up one morning and decide, “Hey, I’m going to go to graduate school.”

First, it is very important that you understand what you are getting yourself into. Ask, what is this degree actually going to do for me? Is this where I see myself in ten years? These are important questions because graduate school is a significant financial and time commitment. The work that counselors do is extremely challenging — the turnover rate for addiction professionals approaches 50 percent at some facilities.

Finding a program that fits with your interests is of equal importance. What line of study do you want to pursue with your degree? For example, the University of Texas has two different tracks in their social work program: a clinical, and a community and administrative leadership track. When searching for programs, make sure there is an area that fits with your interests and goals. Look at programs with professors that have the same interests as you. Look for schools that have field work opportunities that interest you. For me, deciding on the University of Texas was easy. It is research focused, which allows me to balance my interests in research and applied work. Also, there are multiple professors that I am interested in working with. Finally, I will be placed in field work throughout my two years, which will give me the opportunity to work at a variety of agencies.

For those who are financially unsure about going back to school, program flexibility is especially important to take into consideration. In many programs there is the option of spending two years, two and a half, or even three to three and a half years to finish your degree. This allows students to work while taking classes, which may be especially helpful for those who cannot afford to take two (or more) full years off from work. Also, be sure to inquire at the financial aid office about scholarship, grant and loan opportunities that you might qualify for.

Making a decision about graduate school is rarely easy. However, once you have made a decision, I suggest you go for it whole heartedly. With so many people struggling because of the economic crisis, the need for counselors is sure to increase. It is times like these that remind us why we came into these professions in the first place — to help those who are unable to help themselves.

Mara Gray graduated from George Mason University in May with a BS in psychology and will be attending the University of Texas next fall for social work. She serves as the government relations intern at NAADAC.

Questions to Ask Yourself

- What is this degree actually going to do for me?
- Is it imperative that you work in a profession where you are able to help people?
- Do you work well with people and thrive in a busy, fast paced environment?
- Where do your interests lie?
- Is this where I see myself in ten years?
President Obama scrupulously uses the word “comprehensive” when discussing health care reform. There is that no simple fix will solve our nation’s health care problems: reducing the number of uninsured, increasing prevention efforts, introducing new mechanisms to provide affordable insurance and taking other steps to make America’s health care system more equitable and cost-effective.

One area of health care that has received relatively meager publicity is the health care workforce. An overall shortage of providers (especially primary care professionals), inadequate cultural and linguistic diversity and financing problems have created a workforce crisis throughout the system. It’s difficult to imagine reforming other areas of health care without addressing the workforce upon which the entire system relies.

The addiction services profession faces particularly severe challenges. Salaries are low—counselors earn about $30,000 per year on average, enough for families to qualify for food stamps in many states. Turnover is high—about 70 percent of treatment staff have been with their employer less than five years. The demographics of the profession are increasingly out of line with addiction service consumers—addiction professionals are far more likely to be female and white than their patients, the average age of professionals is rising rapidly, and there is a scarcity of providers able to serve non-English speakers. SAMHSA summarizes the situation well in its health care reform policy paper: “It must become a National priority to increase the mental and substance use disorders workforce and provide appropriate compensation and professional support for these key members of the U.S. health system.”

The addiction workforce is affected differently by the two health care reform bills that have been released so far. A critically important opportunity exists in the House bill, which adds marriage and family therapists (MFTs) and mental health counselors to the list of Medicare providers. Mental health counselors are defined by a three-part standard: they must hold at least a master’s degree, have at least two years of supervised practice, and be licensed or certified as a mental health counselor by their state. Since addiction professionals hold distinct credentials, they would not fall under this definition. But they should be included! All the benefits of including MFTs and mental health counselors in Medicare apply to addiction professionals as well—cost reduction, greater consumer choice and the reduction of provider shortages. It’s a commonsense amendment that we urge the House to adopt.

The Senate Health, Education, Labor & Pensions Committee’s health reform bill creates a number of programs with the potential to benefit addiction professionals, including graduate school loan repayments, grants to educate child and adolescent health care providers, and funds for mental health paraprofessional training. The greatest challenge is that the bill uses inconsistent terminology (sometimes “behavioral health professionals,” sometimes only “mental health”) that threatens to exclude addiction professionals. To eliminate this confusion, legislators must include “substance use disorder professional” explicitly in each section of the bill meant to cover our profession.

If these workforce issues are important to you, there’s no better time to get involved in advocacy. We encourage you to visit www.naadac.org/advocacy for additional information and resources to reach out to your members of Congress.

Both bills recognize that health care reform cannot succeed without including workforce development. Although these bills are less than comprehensive—neither creates incentives to draw new people into the profession, for example, leaving a recruitment gap—they demonstrate Congress’s commitment to include workforce in reform. Now we need to show our commitment and take our concerns to our members of Congress.

Daniel Guarnera is Director of Government Relations for NAADAC, the National Association of Addiction Treatment Providers (NAATP). For more information on the Health Reform process, please visit www.healthreform.gov.

What Can I Do to Make Myself Heard on Health Reform?

1 VISIT www.naadac.org and click on Advocacy or contact Daniel Guarnera (800.548.0497 ext 129 or dguarnera@naadac.org) to find out the facts about Health Reform.

2 CONTACT your legislator and let them know that health reform that includes addiction professionals is a priority.

3 WRITE a letter to your local paper, write a note on your blog or Facebook page and ask your friends, family and co-workers to get involved in this important issue.
“For more than 30 years, NAADAC has been the leading advocate for addiction services professionals. Our association’s purpose is to help develop the skills and enhance the well being of professional alcoholism and drug abuse counselors.”

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

NAADAC NEW MEMBER APPLICATION

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

☐ MS.  ☐ MR.  ☐ DR.  ☐ NAME

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

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

☐ YES, sign me up for the e-LAN.

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

PAYMENT INFORMATION

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

☐ MS.  ☐ MR.  ☐ DR.  ☐ NAME

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

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

☐ YES, sign me up for the e-LAN.

TOTAL AMOUNT ENCLOSED

ACCOUNT NUMBER EXP. DATE

SIGNATURE

NAADAC 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 ☐ $_______ Other

Champion $200 ☐ 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

The NAADAC Education and Research Foundation (NERF) is a registered 501(c)3 non-profit organization. Donations to the NERF are tax deductible.

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

ACCOUNT NUMBER EXP. DATE

SIGNATURE

NAADAC

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You need it, we have it!

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Of course if you prefer to speak with someone you can always call us toll free at 1-800-421-6694

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95 Broadway, Amityville, NY 11701
www.americanprofessional.com

HAVE QUESTIONS? NEED ADDITIONAL INFORMATION?
July 15, 2009  
**Application Deadline for NAADAC National Certification Commission NCAC I, NCAC II and MAC Fall 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.

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 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 7 – 11, 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.