5 Reasons to Smile in 2011

Page 10
Editor’s Note

There’s an old proverb attributed to the Chinese: “May you live in interesting times.” It is often debated whether this is a curse or a reflection on how complicated life can get.

Well, we do indeed live in interesting times, but this doesn’t have to be a challenge. On page 10 I outline some reasons to be positive about the upcoming year, and the NAADAC staff outline some of the things they’re looking forward to in 2011. I hope that all of you had the opportunity to participate in some of the wonderful National Alcohol & Drug Recovery Month events that happened across the country in September. NAADAC sponsored over 40 events this year and we hope to keep the momentum going for next year. If you had an event, please send me photos, video, radio spots, etc. so that SAMHSA can use the materials in next year’s Recovery Month edition of NAADAC News to continue to promote Recovery Month.

I hope your holidays are filled with joy and wish you all the best in an interesting 2011.

Donovan Kuehn
NAADAC News Editor
dkuehn@naadac.org
Our profession is at a crossroads. Slashed budgets, the challenges of a reforming health system and an ever increasing need for our services as people turn to drugs and alcohol to cope with their problems.

NAADAC, as the association for addiction-focused professionals, works hard to connect our members with the information and resources that can help. The National Education and Research Foundation (NERF) is a valuable means for reaching addiction professionals who care about standards of care and how best to improve their services.

NERF activities under its contracts have made the difference in developing a sound business future for NAADAC. As we prepare for 2011, we have planned our initiatives for the coming year.

**Supporting the Workforce:** A conference focused on issues facing the addiction-focused workforce is planned for the fall of 2011 with constructive support for frontline professionals. Recognizing that not everyone has the budget to travel — all the career development issues and resources will also be made available online.

**Educational Resources:** Scholarship money from the NERF helped pay for 47 scholarships to the 2010 National Conference on Addiction Disorders, providing needed learning opportunities and education credits to members from 38 states. The NERF plans on building on this success in 2011.

**Financial Support:** Money will be allocated to pay for association membership for members who face financial hardships to allow them to remain a part of the professional network that can help them find another job.

I ask that you donate to provide the resources to help our profession grow and thank you in advance for any support you are able to give.

You may make a tax deductible donation over the phone by calling 800.548.0497, give electronically on our website at www.naadac.org/give or you can send a check or money order to the NERF at 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314.

As the profession evolves, there are many benchmarks we are looking forward to in the upcoming year.

The development of a national curriculum and standards for the addiction profession under the auspices of the new National Addiction Studies Accreditation Commission (NASAC) will gather national stakeholders of clinicians, academics, program directors, representatives of the Addiction Technology Transfer Centers and the Substance Abuse and Mental Health Services Administration (SAMHSA) to formulate a national addiction studies standardized curriculum for certificate through doctoral degree programs. Once developed, this curriculum would then be joined with a national scope of practice designed by NAADAC. The national scope of practice would provide guidelines for ethical practice and delivery of addiction services, workforce functions and treatment.

These initiatives, helped in part by the NERF, will also add to developing the next generation of researchers, professors, supervisors and clinicians for the addiction profession, and will provide states with legislative resources and workforce standards.

We are now at a time where education will direct the content of certification and testing. Ultimately, the new standard of practice in the addiction profession will be a master’s degree for clinical services and third party reimbursement. NASAC will become the national accreditation body for addiction studies degree programs in colleges and universities that are accredited by the Higher Learning Commission.

NAADAC is working with the National Health Service Corps (NHSC) to expand the definition of qualified professionals who can receive up to $170,000 loan repayments under the NHSC Loan Repayment Program. (Full details on this program are available on the NAADAC website at www.naadac.org.)

This transition will require some adjustments as we re dedicate ourselves to the core principles of the profession. Some will also incur costs as they have to continue their education, and NAADAC and the NERF will be there to help support these efforts.

The success of our past year has been due in part to the generosity of NAADAC’s members. Pages 16–17 of this issue recognize the contributors to NAADAC.

We thank you for your service to our profession, and welcome your partnership in planning for the future of NAADAC. May your upcoming holidays be filled with joy and gratitude for all of your blessings.

*Build upon a heritage and leave a legacy,*

*Don P. Osborn serves as the President of NAADAC, the Association for Addiction Professionals. To contact him directly, please e-mail dposborn@hotmail.com.*

**What is the NAADAC Education and Research Foundation**

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

In 2009, there were 107 donors who gave a total of $2770 to the NAADAC Education and Research Foundation. The average donation to the NERF was $25.85.

You may make a tax deductible donation over the phone by calling 800.548.0497, give electronically on our website at www.naadac.org/give or you can send a check or money order to the NERF at 1001 N. Fairfax Street, Suite 201, Alexandria VA 22314.
Advocacy: NAADAC’s Role in Promoting the Profession
You are an Essential Component

Christopher Campbell, Director of Government Relations

Introduction

At its core, advocacy consists of carrying a personalized message supporting a specific cause or policy change to the people who make or implement those policies. Within NAADAC, the Association for Addiction Professionals, advocacy begins with individual members who share the desire to shape a public policy agenda that meets the demands of the professional workforce and assists other addiction counselors, social workers, nurses, psychologists and other addiction treatment, prevention, intervention and recovery support professionals.

NAADAC is a member driven organization that represents the interests of addiction professionals and those they serve. The Government Relations division of NAADAC helps facilitate communication between NAADAC members and all facets of the federal government regarding behavioral health issues and legislative objectives. Members serve as advocates and educators and policy partners, helping decision-makers understand who we are, what we know and what we do. The Government Relations Department works hard to ensure that NAADAC’s voice is recognized — not because it is loudest, but because it is well informed.

The NAADAC staff is well trained and qualified to meet with legislative members at the local, state and national level. It also works arduously to develop partnerships and coalitions to promote the issues currently affecting addiction professionals. By highlighting addiction issues, the Government Relations department strives to make these concerns a top priority to policymakers. All of these education efforts revolve around NAADAC’s vision, which states, “NAADAC is the premier global organization of addiction-focused professionals who enhance the health and recovery of individuals, families and communities.”

NAADAC is in constant communication with members of Congress, federal agencies and other prevention and treatment organizations, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Alcohol and Alcoholism (NIAAA), the National Institute of Drug Abuse (NIDA) and the Office of National Drug Control Policy (ONDCP). Through these efforts, the association helps your voice to be heard effectively on Capitol Hill.

NAADAC’s Public Policy Goals

Each year NAADAC reevaluates its focus and legislative goals. NAADAC’s Public Policy vision highlights several of the major challenges and issues NAADAC is addressing with lawmakers and how we believe these challenges can be best met based on previous successes and failures.

NAADAC’s first mission is to continue educating policymakers and the general public about the need for the valuable work of the addiction professional, challenges facing the clients we serve and the importance of prevention and treatment. NAADAC works to dispel the myths and discrimination surrounding the disease of addiction by promoting the following facts:

- Alcohol, tobacco, and other drug disorders are America’s number one public health problem; they require a serious, consistent and continuous public health response.
- Prevention and treatment are effective.
- Substance use disorders are a treatable brain disorder.
- Patients must receive high quality alcohol and drug services and the public must be protected.
- Addiction counselors must adhere to strict standards of training, certification and ethics.
- Every American should have healthcare coverage, which includes access to alcohol and drug services.

In addition, NAADAC members and staff regularly meet with policymakers to educate them on the state of the profession and gain support for various legislative initiatives. Currently, there are a multitude of addictions or addictions-related issues that are active in Congress. Each issue is in varying stages of the legislative process, but requires the same amount of constant attention and support. The following are some of the priority policy issues that NAADAC is moving forward for our members:

- Ensuring that both health care reform and insurance parity for substance use disorders are fairly and effectively implemented, and
- Growing and developing the addiction professional workforce in the 21st century, and
- Increasing federal and state funding levels for addiction treatment.

These issues are extremely important to NAADAC and consume a great deal of time from our dedicated team based in Alexandria, Va. The central mission of your Government Relations department is to promote these issues and get your voice heard on Capitol Hill.

In addition to direct communication with government officials, the NAADAC Government Relations staff is here to assist you in becoming an advocate. You, the stakeholder, are an essential component in shaping America and affecting public policy for all addiction professionals. The following information provides step-by-step guidelines on how to become involved in improving the addiction profession by contacting legislators, overseeing how federal dollars are spent and securing the future of the addiction workforce.

The Importance of Effective Advocacy

A central component of advocacy is to educate your public officials for or against a specific cause important to you. Through this method, you are able to provide information to your legislators on how the issue will impact the people they are elected to serve. In turn, they will use the information to determine their position on a current issue of importance. Advo-
cacy is a vital part of our legislative system and represents the best way citizens, short of voting, can impact legislation. This is one of the true pillars that the “American Dream” was built upon. Done correctly, it is one of the most powerful tools used to facilitate change. With 8,000 members across the nation, you are not alone.

While advocacy may seem intimidating, as an informed member of NAADAC you have the knowledge and experience to educate your representatives about addictions issues.

Advocacy does not require a full-time commitment to be effective. Whether you choose to express your opinion as a constituent by sending an email, faxing a message, making a phone call or meeting with your representative in person, each action will help make your vision a reality. Any amount or combination of these methods contributes to getting your voice heard and takes us one step closer to achieving our goals as addiction professionals.

Your time invested in advocacy can be shortened if you utilize the resources available to you as a member of NAADAC. The Government Relations Department is able to assist you with the legwork of advocacy. As a part of your membership services, we can arrange appointments, research your issue, and locate your representatives. Our office and staff are open to you and can easily be reached by calling 800.548.0497 Monday to Friday from 9 a.m. to 5 p.m. (EST). The Government Relations Department is available to promptly provide you with the contact information for your federal representatives, supply you with current updates concerning legislation important to you, as well as NAADAC’s official position on the issue. We have an extensive list of documents we can fax, mail or email to you, including position papers, the current year’s policy agenda and vision statements. Some of these documents are available online on NAADAC’s website at www.naadac.org.

One simple way for members to participate is to sign up for our electronic Legislative Action Network (eLAN) to receive email updates on legislative policy information directly from NAADAC. You can learn more about eLAN by visiting NAADAC’s website, www.naadac.org/advocacy, or calling our office at 800.548.0497. This information will help you stay updated on new policy developments that impact the addiction profession.

Adapted from: How to Advocate: A Call to Action, Copyright 2010 NAADAC, the Association for Addiction Professionals.

Christopher C. Campbell, MA, serves as the Director of Government Relations for NAADAC, the Association of Addiction Professionals. Campbell has over ten years’ experience advocating before the Congress and the Executive Branch on a variety of public policy issues affecting children, adolescents, seniors and people with disabilities. Contact him at ccampbell@naadac.org or 800.548.0497 extension 129.
Students can Learn and Earn in New Internship Program

City Vision College, a NAADAC Approved Education Provider, has entered into a major partnership with the U.S. Central Territory of the Salvation Army to provide interns for their urban corps in the Midwest.

The program will initially involve local corps in the cities of Flint, Mich., St. Louis, Mo. and Kansas City, Mo. But, if all goes well, it will expand to other urban centers in Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wisconsin. These one year, full-time internships include:

- Paid tuition to study with City Vision College
- Housing and meals
- $500 monthly stipend
- Students may also be eligible to receive a $5,500 Pell grant
- Meaningful urban ministry experience
- An opportunity to complete a Bachelors degree in Missions, Nonprofit Management or Addiction Studies
- Or transfer the 30 credits earned to other colleges and universities.

If you know anyone who might be interested, contact our Director of Admissions, Rev. Theresa McLoyd at 816.960.2008 or tmcloyd@cityvision.edu. Full details of the program can be found at www.cityvision.edu/cms/cv/urban-ministry-internship.

Message From the Affiliate President

There have been talks about doing away with alcohol and drug counselors and only other licensed professionals can counsel people struggling with the disease of addiction! Although I just made that up, I can remember when that was a reality in our profession and the struggle from committed and dedicated people helped change that from being reality. Unfortunately, it can still be a reality in the future and it is a cause we need to continue to fight.

The reality now is to gain recognition and credibility from other licensed professionals, program directors and agencies, and legislators of the specialized knowledge, training and experience it takes to work with the personal miracles of recovery. That is why we need to unify by agreeing to the two tiered licensure proposal being drafted by TAADAC and the Addiction Licensure Board to be presented to Representative Casada, who has agreed to listen and submit the bill to the state legislature in early 2011. The bill will help us by creating a LADAC I and LADAC II designation which will help us professionally with other licensed professionals in Tennessee and designate education, experience and training in the profession of addiction in Tennessee. This has the potential to be viewed in a more favorable light with managed care. It is similar to certification from NAADAC which designates a NCAC Level I and II and most states are already using the two tiered system in their states.

TAADAC and other key people are only agreeable if there is a grandfathering in of all current LADAC I to the Level II credential. This bill will not exclude any other licensed professionals, such as LCSW, LPC, PHD, or others designated from treating addicted individuals. It is our licensure and we are only trying to become accurate to what education, experience, and training it represents. TAADAC will share the draft wording of the bill once it is introduced to the legislature. TAADAC is interested in your feedback and answering questions or concerns about this bill proposal.

TAADAC is encouraging you to support the efforts of...
this bill to becoming reality in Tennessee. It will take you getting behind this bill, signing petitions and talking to your legislators. This is one of the most significant pieces of legislation for addiction professionals in Tennessee in quite some time. There is considerable opposition from those unlicensed individuals and businesses against this bill. I hope you recognize the importance of your efforts to get this passed.

There is also discussion within the board to change the name of TAADAC. Presently we are the Tennessee Association of Alcohol and Drug Abuse COUNSELORS. This can have an exclusive connotation because there are those who are not counselors who may want to be a part of our organization but do not believe they are welcome. We want to reach out to everyone who works with addiction and addicted individuals and the name change would be more accepting. NAADAC is now The Association for Addiction Professionals and looking to change their name as well. Each region will have discussion about this to be brought back up at a future board meeting. As we say, more will be revealed!

Local Behavioral Counselor Recognized

A behavioral health counselor with Rockingham Memorial Hospital has been given two state awards for her work in treating and preventing substance abuse. Jennifer Johnson, LPC, with RMH Behavioral Health, has received the Walter Kloetzli Award and the Visionary Leadership Award for her work in the treatment and prevention field through leadership and example.

Johnson received the award for advocating for high-quality treatment in her roles with VAADAC and NAADAC. “Recognition from your peers is such an overwhelming thing, so it’s difficult to describe how much these awards mean to me,” says Johnson. “Our profession provides such essential services to people suffering from addictions, and we have the honor of seeing how prevalent and wonderful recovery is. I wish everyone could see what we get to see, which is people getting well every day.”

Johnson serves as coordinator for the outpatient LIFE (Living in Freedom Every Day) Recovery Program at RMH Behavioral Health. LIFE Recovery offers individualized, structured programs for people dealing with substance abuse and dependency issues. The program began in 1997.

“Jennifer is an outstanding clinician and a manager who leads by example,” said Andre Gitchell, MSW, LCSW, director, RMH Behavioral Health. “She is passionate about the field of addiction management and is constantly looking for ways to introduce best practices.”

Johnson earned a bachelor’s degree in psychology from James Madison University and a master’s degree in counseling from the University of Virginia. She is a licensed professional counselor and has worked at RMH for 12 years.
The holidays can be a tough time for people in recovery from addiction to drugs and alcohol.

Gil Kerlikowske, Director of National Drug Control Policy (ONDCP) voiced his support for the millions of Americans who are in recovery, noting that while holiday reunions bring the joys of companionship they can also create stress and tension for some people in recovery.

Holiday-related stress, combined with increased access to alcohol and other substances, can make the period from Thanksgiving through New Year’s a “Bermuda Triangle” for people struggling to maintain their sobriety. As a result, ONDCP is asking the families, friends and employers of those in recovery to offer them support and encouragement during the holidays, and throughout the year.

“Our good wishes for others this holiday season should include the millions of Americans who are in recovery from addiction and living substance-free, healthy lives,” said ONDCP Director Gil Kerlikowske. “We can aid their journey to successful recovery by offering our support, encouragement and understanding that the holidays can be a difficult time. And if you’re hosting a holiday party or a family dinner with someone in recovery, please support them in their efforts by making non-alcoholic beverages available.”

In 2009, an estimated 23.5 million people age 12 and older were in need of treatment for an illicit drug or alcohol use problem. Of the millions of Americans who are in recovery, experts believe a substantial number are susceptible to relapse during the holiday period.

Director Kerlikowske offered the following resources for those seeking information on recovery or help for those who may need assistance with drug addiction or alcoholism:

- ONDCP has teamed with epicurious.com to share recipes for non-alcoholic holiday drinks. Visit the site for some recipes for your holiday party or celebration.
- To locate drug and alcohol abuse treatment programs in your area, visit the Substance Abuse and Mental Health Services (SAMHSA) treatment locator.
- SAMHSA also offers a 24-hour toll-free treatment and referral helpline: 1.800.662.4357.
- For parenting tips on how to prevent drug use before it starts visit TheAntiDrug.com.

The Obama Administration is committed to restoring balance to U.S. drug control efforts by coordinating an unprecedented government-wide public health approach to reduce drug use and its consequences. This effort includes increasing funding for treatment programs by $137 million, placing a heavier emphasis on early intervention programs in healthcare settings, aligning criminal justice policies and public health systems to divert non-violent drug offenders into treatment instead of jail, funding scientific research on drug use, expanding access to substance abuse treatment and recovery support services.

The Office of National Drug Control Policy seeks to foster healthy individuals and safe communities by effectively leading the Nation’s effort to reduce drug use and its consequences. For more information, visit www.WhiteHouseDrugPolicy.gov.
You need it, we have it!
Malpractice Insurance
for Addiction Counselors

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
Five Reasons to Smile in 2011
Not All the News is Bad

Donovan Kuehn, NAADAC News Editor

While bad news tends to dominate the news reports and broadcasts, let’s take a moment and look forward to some of the positive things coming in 2011.

1 **LEGISLATION:** In one of the most amazing turnarounds in history, we saw the passage of the addiction and mental health parity legislation in 2008. In 2010, the Obama Administration circulated guidelines for the implementation of the policy and 2011 will bring the transition to an addiction profession that is treated as an equal in the health care continuum.

2 **ECONOMIC INDICATORS:** Business and government advertised nearly 3.4 million jobs at the end of October, up about 12 percent from the previous month according to the Department of Labor. This is the highest total since August 2008, just before the financial crisis intensified. “The job market may be getting ready to shift into second gear,” said Jonas Prising, President of the staffing company Manpower, Inc., to CNBC. On page 12, you can check out some of the current job listings recently posted on the NAADAC website.

3 **INNOVATION:** While we know that budgets will remain tight in the near future, there is a positive side to the belt tightening: creativity. Due to the restrictions people face, there will be an upswing in creativity and flexibility in successful programs.

4 **FREE RESOURCES:** NAADAC has 22 continuing education credits available to NAADAC members at www.naadac.org/education. The SAMHSA clearinghouse disseminates information about alcohol abuse and other drug related subjects to professionals. Most of the resources are free and can be found at www.store.samhsa.gov/home or call toll free 800.729.6686 (Spanish 877.787.8432).

5 **A SIMPLE WALK CAN IMPROVE YOUR HEALTH:** According to the Mayo clinic, even a modest amount of walking can improve your health. Don’t have time to hit the gym after a group session? You can lower your blood pressure, improve your mood, lower your cholesterol and lose weight simply by walking around the block.
What the NAADAC Staff are Looking Forward to in 2011

Cynthia Moreno Tuohy
Executive Director

Off the top of my head, here’s what I’m looking forward to:

• NAADAC working on Health Care Reform and what it means to addiction professionals.
• NAADAC’s webinar series — starting in December of 2010 and going through 2011.
• Our new webinars and more compendiums with CEs.
• The Workforce Conference focusing on the changes in health care, which will be coming up in November.
• The National Conference on Addiction Disorders in San Diego, September 17–21, 2011.
• Student membership initiatives.

Misti A. Storie, MS
Education and Training Consultant

I’m looking forward to several things:

• Innovations online course
• Newly revised U.S. Department of Transportation Substance Abuse Professional Qualification and Requalification Manuals
• Screening, brief intervention and referral to treatment (SBIRT) collaboration
• Clinical Supervision Independent Study Course
• Co-Occurring Disorders online course launch

Donna Croy
Director of Member Relations

I’m looking forward to:

• A new Veterans membership category.
• Student status was reduced to three credit hours.
• A new Organizational membership dues structure and benefits.

Diana Kamp
Director of Affiliate Development

• The student committee is working on ideas to increase benefits to student members including workshops/trainings that relate directly to student members, to increase the presence of NAADAC and affiliates at colleges and universities including workshops, classroom trainings and mentoring. The Student Committee also plans to bring special sessions and events to the NCAD 11 conference in San Diego specially designed for the student member.
• Organizational membership benefits will include the ability to publicize the organization at a national level. New benefits will also assist members with insurance, discounts for national memberships and advertising.
• Members will continue to see the value of their dual membership between NAADAC and the state organization with trainings throughout 2011 in many regions including Maine, Florida and California as well as the Northwest and North Central regions.

Christopher Campbell
Director of Government Relations

• New Members of Congress
• The 112th Congress will convene in January 2011 and with it will come at least 16 new Senators and at least 93 new members of the House of Representatives. These new “faces” also bring new opportunities for the addiction treatment profession. Take a moment to familiarize yourself with these new members of the 112th Congress (visit NAADAC’s E-Advocacy Center at www.naadac.org for more information). One or more of them could be the next “champion” for addiction treatment!
Now Hiring!
Selections From the NAADAC Online Career Center

For full listings, please visit www.naadac.org/jobs

COUNSELOR I – Alaska
This developmental position functions within the Department of Behavioral Health to provide adolescent substance abuse treatment in residential and remote wilderness settings while maintaining the safety of all students within the treatment program.

BASELINE QUALIFICATION REQUIREMENTS
High school diploma or equivalent. Two years full-time substance abuse work experience. A Bachelor of Arts or Science may be substituted for one of the two years of experience if accepted by the Alaska Certification Board. Training: A minimum of 240 approved contact-training hours addressing knowledge and skills list in the counselor competency (OR) a combination of trainings and educational credits addressing the counselor competency requirement which can be evaluated for approval by the commission. Two years full-time work experience with increasingly specialized experience in chemical dependency treatment. 100 hours of supervised practicum. Current Chemical Dependency Counselor I certification by the State of Alaska or in a state, which has reciprocity with Alaska. This certification requires specialized training and experience in chemical dependency. Additional qualifications beyond the baseline qualification requirements: Must be 21 years of age. Valid State of Alaska Driver’s License or can be obtained within six months of hire.

posted 12/1/2010

CHEMICAL DEPENDENCY SERVICES DIRECTOR – North Dakota
Prairie St. John’s is currently recruiting for a visionary leader to grow and strengthen the inpatient, outpatient, and residential chemical dependency programs at our facility. The leader is directly responsible for the adherence to fiscal, quality, regulatory and safety standards and oversees chemical dependency evaluations, individual counseling, family and group therapy provided by staff addiction counselors.

Founded in 1997, Prairie St. John’s is a fully-licensed, 91-bed facility offering services for children, adolescents and adults to address mental health issues, chemical dependency or addiction and co-occurring disorders. Prairie offers a full-service psychiatric and addiction Continuum of Care. This Continuum of Care includes inpatient hospitalization, partial hospitalization, residential treatment, intensive outpatient services and clinic services.

Qualified candidates must have a Bachelors degree in addiction studies or a related field, licensure in the state of North Dakota as an Addictive Counselor. Candidates may be considered if licensure in the state of ND is in progress.

posted 11/18/2010

ADDICTION COUNSELOR – North Dakota
Prairie St. John’s, a fully-licensed, 91-bed facility offering services for children, adolescents and adults to address mental health issues, chemical dependency or addiction and co-occurring disorders, currently has an opening for an Addiction Counselor. Addiction Counselors are responsible for assessing, planning, implementing, evaluating, and supervising the chemical dependency treatment for inpatients, residential treatment patients, partial hospitalization program clients, and outpatients. Services are provided to adults and adolescents. Counselors conduct individual, family and multi-family group therapy, as well as community and in-house chemical dependency related education presentations. Addiction Counselors do not work weekends and holidays and are not required to take call.

Qualified candidates must have a Bachelors degree in addiction studies or a related field and licensure in the state of North Dakota as an Addiction Counselor. Candidates may be considered if licensure in the state of ND is in progress.

posted 11/18/2010

MENTAL HEALTH PROFESSIONALS
Join VA's mental health care team and support America’s heroes. The Department of Veterans Affairs (VA) has one of the most diverse, challenging and rewarding missions in the United States Government. We strive to meet the needs of the Nation’s veterans and their families today and in the future. Not only is VA the largest, most technologically advanced integrated health care system in the Nation, but we also provide many other services to Veterans through the Benefits Administration and National Cemeteries.

When you join VA, you become part of a leading mental health care team, driven to help today’s Veterans readjust to life after combat. As part of our interdisciplinary care team, you’ll treat patients struggling with a range of mental disorders, including PTSD, traumatic brain injuries, mood disorders and sexual trauma. Plus, you’ll work in an environment where innovation is encouraged and scientific evidence directs our practice.

VA is now hiring psychiatrists, psychologists, social workers, psychiatric nurses and health care professionals of all disciplines. Apply today and be a part of VA’s Mental Health Enhancement Initiative.

Department of Veterans Affairs Is an Equal Opportunity Employer.

posted 11/16/2010

CLINICAL DIRECTOR – Kansas
The Salvation Army of Kansas City, Kansas, has an immediate opening for a Clinical Supervisor in the Harbor Light Treatment Program. This position is responsible for clinical services in compliance with The Salvation Army Harbor Light Village policies and procedures, C.A.R.F. standards and the State of Kansas licensing and regulatory requirements.

Requirements for this position include:
• Master’s degree in human services field with the appropriate state license
• Posses and maintain Kansas state counselor certifications
• Posses Certified Clinical Supervisor credentialing or equivalent
• Minimum of five years work experience in addictions recovery or related field
• Minimum of five years of clinical supervisory experience
• Personnel, program and financial management is preferred
• Ability to lead and motivate employees and clients
• Ability to have positive affect through communications with a diverse population
• and maintain professionalism with clients through leadership and example.

posted 11/16/10

LECTURER – Texas

Lecturer position (three year, renewable): University of North Texas, Department of Rehabilitation, Social Work and Addictions.

Master’s degree in counseling, psychology or related discipline; LPC or LCDC; and clinical experience working with substance abuse clients.

Candidates will have a 4/4 teaching load in addictions and micro counseling, departmental service, and mentoring of undergraduate students seeking LCDC/NAADAC licensure.

A doctorate, university teaching and clinical experience with substance abusers are preferred.

UNT is an AA/ADA/EOE.

posted 11/11/2010

Seabrook House – CLINICAL OPPORTUNITIES Available at All Levels

Due to expansion, Seabrook House, an internationally recognized private and exclusive inpatient drug and alcohol addiction treatment center located in rural southern New Jersey, has many exciting employment opportunities available.

Director of Nursing

The position reports directly to executive staff and oversees budget, management and operations of the department as well as supervising, training, orienting and mentoring of the nursing staff. Exceptional interpersonal, organizational and supervisory skills are essential. Knowledge of and experience in chemical addition and recovery are important attributes. Familiarity and experience in compliance with credentials, regulations, and standards is a must. BSRN with three years experience in the addictions field and two years of supervision are required.

Nurse Practitioners (full and part time)

This position works closely with patients and their families, with a “hands on” approach using the 12-Step principles of recovery. Responsibilities include, but are not limited to: Working with physician completing patient history and physicals, rounds, maintaining electronic medical records, and providing medical care to patients. Requirements include MSN with ANCC or AANP certification, prescriptive authority and current New Jersey license; minimum of one year of management experience; minimum of two years of addictions/mental health experience as a clinician in an organization providing service to populations seeking drug and alcohol rehabilitation.

Primary Clinical Therapist

Responsibilities include performing assessments, diagnostic evaluations, individual counseling, lectures, crisis intervention, group counseling and other evidence-based therapies to assist and provide support to patients during early stages of recovery while in primary residential treatment. Candidates must have a clinical license such as: LCADC, LPC, LCSW, and possess at least two years of experience as a clinician in an organization providing services to populations seeking drug and alcohol rehabilitation. Masters degree strongly preferred (MSW, MFT in a related field). Candidates having a working knowledge of electronic medical record documentation a plus. Experience in 12-Step Programs preferred.

Registered Nurse (full, part time and pool)

Day and night shifts, which will include weekends. Two years of employment in a RN capacity is required; addiction experience preferred.

Staff Physician(s)

Responsibilities include patient medical history and physicals, rounds, lectures and assisting patients and their families in the healing of the body, mind, and spirit modeling the 12 Steps of Recovery in accordance with organizational, Federal, State, CARF and ASAM standards. Must be licensed to practice in New Jersey and be ASAM certified and possess current CDS license with suboxone waiver.

posted 11/2/2010

MASTERS LEVEL THERAPIST (LISW, LMHC, MFT) – Sioux City, IA

Jackson Recovery Centers, the leading provider of addiction services in Siouxland, has opportunities for dedicated professionals to assist in improving the physical, emotional and spiritual lives of our patients. We want you to join our growing team Sioux City!

The candidate will serve as a primary therapist for a variety of addicted and psychiatrically affected patients in an outpatient setting. This includes:

• Working with Process Addictions such as spending, Internet and sex addiction.
• Therapist will be responsible for assessment, treatment planning, group and individual therapy and discharge planning.
• Guide clients in the development of skills and strategies for dealing with their problems.
• Counsel clients and patients, individually and in group sessions, to assist in overcoming dependencies, adjusting to life, and making changes.
• Therapist must act as the client’s advocate in order to coordinate required services or to resolve emergency problems in crisis situations.
• Develop and implement treatment plans based on clinical experience and knowledge.
• Collaborate with a multidisciplinary team of practitioners.
• Therapist must evaluate client’s physical or mental condition based on review of client information.

Requirements

• Master’s degree in Human Services field, advanced certification and professional licensure in Iowa.
• 3–5 years (minimum) experience in behavioral health or human services, with 1–2 years of experience working with addiction.
• Passion for human service and an interest in working in the field of substance abuse treatment.

posted 10/29/2010

For full listings, please visit www.naadac.org/jobs.
World AIDS Day 2010
Progress, but a Long Way to Go

Katherine Sebelius, Secretary of the Department of Health and Human Services (HHS)

Every year, World AIDS Day represents a special moment. It is a day to remember those we have lost to the HIV pandemic and to honor those who fight against the virus.

It is a day to celebrate the gains we have made in responding to HIV around the world. But it is also a day to look ahead with hope and purpose at the next steps we can take in our fight against HIV/AIDS.

Since the last World AIDS Day, we have marked a number of significant milestones, from important advances in scientific research and a historic increase in testing across the United States, to the passage of a landmark health care bill and the launch of our first ever comprehensive national HIV/AIDS strategy.

A lot can happen in a year. But we need to keep that momentum going.

Science must keep moving forward, prevention must reach even further and be even more effective, and people living with HIV/AIDS must continue to get the treatment and care they need.

In the last year, with President Obama’s leadership and the dedicated work of countless scientists, policymakers, community leaders, and people living with HIV/AIDS, we have taken some important steps forward. We lifted the entry ban on HIV-positive travelers so there are no longer any barriers for people living with HIV who wish to visit the U.S. Now, families can be together. The President signed a law ending the longstanding ban on most Federal funding for needle exchange programs — giving us more opportunities to stop the spread of HIV among injecting drug users.

The Department of Health and Human Services (HHS) reallocated $25 million to extend care to people on state waiting lists for medication to treat HIV infection. And in the last year, HHS has used new media to build a cutting-edge response to the HIV epidemic, targeting HIV prevention, testing, and treatment messages to the people who need them most. We are reaching out through channels like AIDS.gov to meet people where they are, to educate Americans about HIV and to reduce stigma and discrimination.

Our scientists had a good year as well. In July, U.S. government scientists and policymakers joined our colleagues from around the world in Vienna for the International AIDS Conference, where they heard exciting news about successful trials of microbicides that may one day protect vulnerable individuals—particularly women—from HIV infections.

In that same month, NIH-led scientists have found antibodies that prevent most HIV strains from infecting human cells. There is growing optimism that we are getting closer to finding a way to stop HIV before it gains a foothold in the human body.

Implementation makes all the difference, and we have to get it right.

At the end of November, NIH announced the results of a large, international study which found that HIV-negative men who have sex with men, and transgender women who have sex with men, who took a daily HIV treatment drug were significantly less likely to become infected with HIV than people who took a placebo.

The implications of this research for preventing HIV transmission in at-risk populations are truly exciting.

And one common thread that runs through all of these accomplishments is the power of investment and collaboration.

It is evident in the new health care bill we passed in March, the Affordable Care Act, which provides better and more comprehensive care to people living with HIV/AIDS and which is perhaps the most important piece of HIV/AIDS legislation since Ryan White.

And it is why, when we began working to develop the national strategy, we started by reaching out to doctors and people living with HIV/AIDS across the county — researchers, health workers, activists, community leaders and academics as well. Over and over again, we have seen that we make our greatest strides when we work together, guided by the most up-to-date science, sharing an understanding of the challenges we face, and building the platform to take them on.

But there’s a difference between knowing where you need to go and actually getting there. Implementation makes all the difference, and we have to get it right.

So HHS — which has a lead role in implementing the new Strategy — is working closely with our colleagues at the Departments of Housing and Urban Development, Labor, Justice, Veterans Affairs and the Social Security Administration.

Next week, all of these Departments and agencies will submit Operational Plans to the President detailing how we will implement the Strategy in 2011 and 2012.

We’ve already committed $30 million from the Affordable Care Act’s new Prevention and Public Health Fund to support new and existing HIV prevention efforts. And we will continue working under the new law to provide better and more comprehensive care to people who are living with HIV/AIDS — by expanding Medicaid and creating a new health care marketplace in 2014 where affordable coverage will be available and plans will be forbidden from denying people coverage based on a medical condition.

In addition, benefits under the AIDS Drug Assistance Program will be considered as contributions toward Medicare Part D’s true out-of-pocket spending limit, a huge relief for low-income individuals living with HIV/AIDS.

But having insurance doesn’t help if you can’t get a doctor. So the new law also makes a major investment in our health
care workforce, with a specific focus on getting more doctors and nurses in underserved communities and making sure they have the cultural competency to communicate with their patients.

We’re doing all of this with the support and guidance of health care providers, community organizations, patients and advocates who bring the experience and perspective that is absolutely essential for this work to take root and thrive.

You can see this coordination across the Department and with local partners in our “HHS 12 City Project,” an innovative effort to support comprehensive planning and cross-agency response in 12 communities hit hardest by HIV and AIDS.

At this program’s very core is the idea highlighted in the new National Strategy — that by concentrating resources where the epidemic is most severe, we can make a significant impact.

Together with these local grantees, representing 44 percent of the HIV epidemic in this country, we will be able to support coordinated planning, mapping federal resources in each jurisdiction and assessing how HIV resources and services are distributed.

This is an exciting opportunity to take the best science, medicine, and behavioral information we have and use it to make a real difference for people living with, or at risk for, HIV and AIDS.

The lessons we learn from these 12 cities will be disseminated across the U.S. to keep improving and refining our response to HIV/AIDS. And it’s just one of many innovative steps we are taking today that will pay off in the long-term.

It has been 23 years since the first World AIDS Day. And this year, we have many reasons to be optimistic. But none of it would be possible without all of you here today, and countless people around the globe who have made this fight their cause.

When he introduced the strategy, President Obama said that its success will require everyone’s commitment and everyone’s participation.

Today, we have a roadmap. Now, we must go forward together.
Thank You, Donors
Helping Move the Profession Forward
Donovan Kuehn, NAADAC News Editor

NAADAC’s initiatives have been generously supported by NAADAC’s members. We wanted to publicly thank all of the people who donated to NAADAC’s programs — without you we couldn’t help improve the lives of our members and the community at large.

To make a donation, please visit www.naadac.org/give

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 2009, there were 58 donors who gave a total of $19,284 to the NAADAC Building Fund. The average donation to the Building Fund was $332.

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NAADAC Political Action Committee (PAC)
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

In 2009, there were 222 donors who gave a total of $18,277 to the NAADAC PAC. The average donation to the NAADAC PAC in 2009 was $82.

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PAC, cont. on page 17
The NAADAC Education and Research Foundation (NERF) is a registered 501(c), non-profit organization focused on the promotion of education and research for the addiction-focused profession. Donations to the NERF are tax deductible.

In 2009, there were 107 donors who gave a total of $2,770 to the NAADAC Education and Research Foundation. The average donation to the NERF was $25.85.

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Boarding School Apology Initiative
White Bison the Nation to Focus on Healing

Don Coyhis, President of White Bison

Much has happened to Native American people over the last 500 years. Our loss has been great and the pain that remains for us as the result of these happenings is even greater.

In 2009, White Bison made a 7,000-mile journey across the United States, visiting 24 boarding school sites and recording the stories of the Elders who attended these schools. The stories were unbelievable. We now know that what was done to the children in these boarding schools is directly tied to the social issues we are currently experiencing in our communities. We call this Intergenerational Trauma. The Elders told us we would not be free from this trauma unless we could forgive the unforgivable. The name of the 7,000-mile journey was the Journey of Forgiveness. We were told that our last test will be forgiveness. We were also given a Four Directions teaching: Recognize, Acknowledge, Forgive and Change. We need to recognize what the trauma is, acknowledge that it happened, then forgive and change.

Did you know that President Obama signed into law an Apology to Native Peoples of the United States on December 19, 2009? This Apology was attached to the Department of Defense Appropriations Act of 2010 as Section 8113 of the Act (H.R. 3326) and it has not seen the light of day since December, 2009. It has been buried in this Act and was never properly presented to Native Americans and to the American People.

This Apology was crafted, championed and fought for by Senator Sam Brownback (R-Kan.) and Congressman Dan Boren (D-Okla.) starting in the mid-2000’s.

The governments of both Canada and Australia separately made a formal and public apology to their Native or Aboriginal peoples in 2008. We also know that recently, on October 1, 2010, the U.S. Government apologized to the country of Guatemala for wrongs done to the Guatemalan people by the U.S. between 1946 and 1948.

What about Native Americans? We feel very strongly that it is now our time to receive a formal, public and visible apology for the many hurts done to Native people in our historic past.

It says in Point # 3 of the official Apology issued in December, 2009 the following:

“The United States, acting through Congress, (3) recognizes that there have been years of official depredations, ill-conceived policies, and the breaking of covenants by the Federal Government regarding Indian tribes.”

The boarding schools and the entire Boarding School Era is one of those “ill-conceived policies” that has left us with both historic and intergenerational trauma that is still with us as Indian people today. Receiving the apology will help us grieve for what was lost so that we may finally heal and prosper as American Indians, Alaska Natives and Native Hawaiian people. Therefore, we have laid out a strategy:

1. We flood the offices of our Representatives and Congress asking for their support.
2. We ask our Tribal Councils and other national organizations to pass resolutions of support for the apology and send these resolutions to the White House or to White Bison. We will get them where they need to go.
3. We send mass e-mails to the White House asking for the apology to happen.
4. We sign the apology petition available on the White Bison website (we have over 6,000 signatures of support so far).
5. We ask our friends from the Four Directions to support this effort.

If it is meant to be, it is up to us, the grassroots, to make our voices heard at last. We need to take a stand so our children and grandchildren won’t need to experience what most of us have suffered as a result of the boarding schools. We are asking for your help in getting out this message.

You can help have this apology presented publicly to Native people by writing to your Senators and Representatives. We have created a form letter that you may send online by e-mail to members of Congress. We have also produced a sheet of instructions about how you may do this right from your computer, right now. We have also copied the entire text of H.R. 3326, Section 8113, which is the Apology, for you to read.

Please download all three documents and send the form letter to your Senators and Congress person so that we may finally receive the justice of this apology. Go to www.whitebison.org to get these resources and to sign the petition.

When you send the form letter to your Senator or Congress person would you do the following?

Send an e-mail to info@whitebison.org with your name, address and phone number. In the subject line place these words: Letter Sent.

This will help us keep track of the number of letters urging the Apology to become public.

The time for healing is now. Please join us and help recognize the trauma, acknowledge that it happened, then forgive and change.

Don Coyhis is the President of White Bison, Inc., an American Indian non-profit, charitable organization based in Colorado Springs, Colo. White Bison offers sobriety, recovery, addictions prevention and wellness/Wellbriety learning resources to the Native American community nationwide. Many non-Native people also use White Bison’s healing resource products, attend its learning circles and volunteer their services.
“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

**Membership**

- **Check** to participate and remit 50% of your state’s dues with this application or call 800.548.0497 to join by phone.

**Payment Information**

- **Check** (payable to NAADAC) in the amount(s) of $________ enclosed.
- **Visa**, **MC**, **Discover**

**TOTAL AMOUNT ENCLOSED**

**Address**

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- **State/Province**
- **ZIP/Postal Code**
- **Country**

**Account Number**

**Exp. Date**

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**State**

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**NOTE:** If your membership dues have been allocated to the magazine and this amount is non-deductible. NAADAC estimates that 85% of dues payment is non-deductible as a business expense because of NAADAC’s lobbying activities on behalf of members. Dual membership required in NAADAC and state affiliate. You will receive services upon receipt of application and payment; please allow 6–8 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.

NN12/10
January 7, 2011
Submission Deadline: Call for Presentations: National Conference on Addiction Disorders 2011
Proposals are now being accepted for the 2nd Annual National Conference on Addiction Disorders to be held on September 17–21 at the Town & Country Hotel in San Diego, Calif. More details at www.naadac.org.

January 15, 2011
Application Deadline for the National Certification Commission Spring Testing Dates Across the nation for credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exams, visit www.ptcny.com/clients/NCC.

January 29, 2011
Romancing the Brain to Healthy Relationships
Training hosted by the Addiction Professionals Association for California (APAC)
El Cajon, CA
For more information, please contact angela@naadac.org, call 1.800.548.0497 or visit www.naadac.org.

February 18, 2011
Deadline for Nominations for NAADAC Regional Vice Presidents and Organizational Member Representative
Alexandria, Virginia
For more information, please contact Donovan Kuehn at dkuehn@naadac.org or visit www.naadac.org.

February 24–26, 2011
Conflict Resolution and Healthy Relationships
Training hosted by the New Mexico Recovery Professionals Alliance
Albuquerque, NM
For more information, please contact angela@naadac.org, call 1.800.548.0497 or visit www.naadac.org.

March 6 through March 13, 2011
Exam dates for the Spring NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic exams Across the nation
For credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exams, visit www.ptcny.com/clients/NCC.

March 9 – 11, 2011
Inaugural Experiential Holistic Conference
Miami Beach, Florida
For more details, please contact Diana Kamp at dkamp@naadac.org.

March 11 – 12, 2011
The Delaware Association for Alcohol and Drug Abuse Counselors (DAADAC) Annual Conference
Christina Hilton Hotel
Newark, Delaware
More details at www.naadac.org/de

April 1 – 30, 2011
NAADAC Election Period
Nationwide
For full details on NAADAC elections, please visit www.naadac.org.

April 8, 2011
Family Systems
Hosted by the Maine Association of Alcoholism and Drug Abuse Counselors
Bangor, ME
For more information, please contact angela@naadac.org, call 1.800.548.0497 or visit www.naadac.org.

April 15, 2011
Application Deadline for the National Certification Commission Summer Testing Dates Across the nation
For credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exams, visit www.ptcny.com/clients/NCC.

April 21–22, 2011
Healthcare Reform Summit
Hosted by the Kansas Association for Addiction Professionals
Topeka, KS
For more information, please contact Christy Anderson, NDACA President at 701.597.3419 or christykanderson@yahoo.com or John Weiglenda at hrad@ndspernet.com

September 17-21, 2010
National Conference on Addiction Disorders
San Diego, California
Earn up to 30 continuing education credits and hear from national speakers.

For a complete interactive calendar, visit www.naadac.org > Education > Calendar of Events
Have an event we should know about? Contact 800.548.0497, ext. 125 or e-mail dkuehn@naadac.org.