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# NAADAC NEWS



The Association for Addiction Professionals • We help people recover their lives.

Vol. 20, No. 2, June/July 2010

A vibrant, stylized illustration of a phoenix, a mythical bird that is reborn from its own ashes. The bird is depicted with a long, flowing neck and tail, and its feathers are rendered in a spectrum of colors including yellow, orange, red, blue, and green. The background is a dark, gradient red.

**A time for  
renewal**

See feature article on page 4

**REGISTER NOW!**  
September 8-11, 2010  
National Conference on  
Addiction Disorders  
[www.ncad10.com](http://www.ncad10.com)



## Editor's Note

When I applied to NAADAC's summer internship program several months ago, I did not know the difference between having an NCAC and having a MAC. I did not know how complicated becoming a substance abuse counselor can be at merely the state level. I did not know the average salary for a social worker and I did not know the burnout rate. When I applied, I wasn't sure I wanted to be a social worker, or a CSAC. Now I am.

Last semester, at NYU, I took a class in the School of Social Work called "Substance Abuse." Because of the extensive amounts of research and reading I did for the class, I realized I wanted to spend my summer somewhere in the addiction profession. By analyzing NAADAC's member surveys, editing articles and reading numerous addiction-related magazines, I have learned so much in only a month. Everyone in the office has been incredibly welcoming, warm and helpful, and I am very grateful that they accepted my application.

My mother told me recently about an article she read describing my generation, Gen Y. Apparently, we tend to search for meaning in what we do; we're less interested in salary and more interested in charity. I can't speak for an entire generation, but I see this trait in my friends, and I see it in myself. I've discovered that my main priority for the future, rather than traveling or becoming wealthy, is having an amazing job that I love. So far, I've been very blessed.

Veronica Leventhal  
NAADAC Intern and Guest Editor

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(updated 5/28/10)

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## Service is Key to Success

### Even One Hour as a Volunteer Makes a Difference

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

The recently-held NAADAC elections have been a reminder that service work in the profession is often a missed opportunity for our professionals. I want to see three or four people run for each position, all passionately putting their concerns and experience forward. Serving as an officer can start at the local level. Service work as an addictions professional may be as simple as putting together a continuing education training hour for a group who requests your expertise, or as complex as serving on a committee or to having a state convention attended by hundreds.

What is compelling about service work is the fact that our profession needs all of us to work to advance our collective goals. One hour a month of volunteer service by every member of NAADAC would result in 120,000 hours of contributions across the nation. That number of hours, focused on the intention of education or community service, could inspire another person to volunteer, and next year the total could double! I say that because a volunteer inspired me to volunteer in this organization over 20 years ago. By simply helping staff send out invitations to other chemical dependency treatment professionals in my area, my city has had continuous meetings with networking, employment and educational opportunities for the last 30 years. I have cherished friendships and a reliable referral network. Each of us in NAADAC, or our state affiliate, has the same opportunities.

You may have to drive to connect with fellow professionals, but now there is the capacity to continue education and network online. Another volunteer opportunity for you to consider: your local library would benefit if, for one hour per month, you gave a lecture. Or, if you would review your local library's collection of information on addiction, and donate or find a free government publication that would



improve the collection. My local librarian advised me that the books on recovery are often borrowed and never returned because they are so valuable to the borrower. That creates a lack of information for the next person, but for us, an opportunity to serve. AA big books and publications on co-dependency, family issues and substances of abuse are all needed at the library. One book could change a life, one hour as a volunteer makes a difference.

If you are waiting for another invitation to learn how to serve, wait no more! At this year's annual conference in Washington, D.C., (September 8 – 11, 2010, go to [www.naadac.org](http://www.naadac.org)) our members and allied professional friends will be networking and promoting many means to enhance our professional development. Creating CEUs, advocating in Washington, providing service on a state board or national committee, writing research studies and scholarly publications, or simply volunteering to give out-of-town guests information about the conference and related events are all examples of how we can help ourselves. I certainly hope that you will personally experience what a great event will be taking place. It is the first step by NAADAC to support a truly national conference on the addictions services professions, and a way to discuss our national progress in addressing the

many types of addictions challenging America's future. We hear of each other's work, give national awards for meritorious service, take the opportunity to refresh our perspectives and recharge our visions and mission regarding our part in eradicating addiction in America.

Our messages of hope and progress will fuel all of those in attendance, as well as the ones who couldn't make it by bringing the meetings to them in the *NAADAC News*, the *Addiction*

*Service work as an addictions professional may be as simple as putting together a continuing education training hour for a group who requests your expertise, or as complex as serving on a committee or to having a state convention attended by hundreds.*

*Professional* magazine and the website. I hope that you will consider joining this event and adding your own unique vision to that of your fellow professionals. Take the opportunity to encourage our mission to include all those who serve in the addictions profession and compel them to focus on recovery for all who want it and joy to all those who make it back from addiction. Thank you for your work, and your love for the clients that you serve so well.

*Patricia M. Greer serves as the President of NAADAC, the Association for Addiction Professionals. To contact her directly, please e-mail [pmgreer@sbglobal.net](mailto:pmgreer@sbglobal.net).*

## Communicating the Vision

### NAADAC Leadership Moves Forward on Shaping the Association's Strategy

*Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP, NAADAC Executive Director*



The NAADAC Executive Committee met in March to discuss NAADAC and its role in supporting its members and the profession. The Committee took a basic look at our association and its fundamentals: who we are, what we do and how we do it.

What emerged from their discussions was a determination to focus on four major areas, “four pillars” of outreach in order to strengthen and improve our association.

The Four Pillars: essential roles and reasons for NAADAC to exist. These pillars are:

- Professional Development
- Public Engagement
- Professional Services
- Communicate the Mission

Our discussions allowed us to define and describe the unique services that NAADAC offers and focus on delivering them to the best of our ability.

#### Professional Development

- Education and training stand at the center of our efforts to insure that both current professionals and those that are new to the field are always prepared to adopt the newest evidence based practices in their work.
- Mentorship is essential to the continued growth of our workforce

- Professional standards are foundational in our development of a professional career path for addiction professionals. No other organization can represent what the needs are for standards of professional practice better than NAADAC can.
- Like all professions, The Association for Addictions Professionals has defined a code of ethics for the field. We will continue to protect the profession and the public by holding our members to this high set of professional standards.
- Our commitment to continue to grow the profession will be bolstered by an increased outreach to students and new professionals
- In furthering the above activities the Association will work toward improving salary and benefits for our members and for the profession at large.

*Our voice will  
be recognized —  
not because it is  
loudest, but because  
it is well informed.*

#### Public Engagement

Our Association has to be the voice of the profession. There is no one else who can authoritatively speak for us. Our responsibility to be advocates and educators and policy partners requires that we be effective communicators about who we are, what we know and what we do. We have to ensure that our voice is recognized — not because it is loudest, but because it is well informed. This is a role that can only be

accomplished if all members actively support the Association through affiliates, committees, networking and advocacy. NAADAC is the “go to” source for information about the addiction profession.

Public Engagement will engage both internal and external components:

#### *Internal*

- Members getting involved in the association through affiliates, committees, leadership and/or the speakers bureau
- Networking

#### *External*

- Advocacy
- Educating the public
- Relationships with government and agencies

#### Professional Services

In addition to being both the foundation and the voice of the profession the Association needs to provide quality services to its affiliates and its members. Professionals' satisfaction with the national association is generally tied to their experience with the local affiliate. Resources for state affiliates will be increasingly important as we work to grow our professional association. NAADAC products have to be top notch and NAADAC services have to be marked by a level of consumer attention that is unmatched. Our ability to offer technical assistance and professional expertise to others who share our interests and our mission will have to match the growing recognition that addiction shares space with mental health, primary health care, employment and housing. We need to be prepared to effectively offer our services to those who need the services of our members.

The specific areas addressed by Professional Services:

- NAADAC products
- Alliances and strategic partnerships



# NAADAC FOUR PILLARS

- Resources for state affiliates
- The NAADAC education provider program
- Technical assistance and sharing expertise with other professions (including mental health, marriage and family therapists, social workers or other groups seeking assistance)
- Providing resources through the NAADAC Education and Research Foundation
- The NAADAC speakers bureau

*Our job is “to lead, unify and empower addiction focused professionals to achieve excellence.”*

## Communicate the Mission of the Organization

In some ways this is a restatement of some components of the other three pillars; but, it deserves its own place. NAADAC's Mission Statement, adopted in 1998, says that our job is “to lead, unify and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.”

*Effective financial and administrative management are essential to*

*NAADAC's foundation.*

In order to do that effectively we need to communicate this mission broadly: to members, to partners and to other stakeholders. We need to communicate with one voice. And we need to base that broader set of messages on exceptionally good communication between and among NAADAC's members, leaders and staff.

The four pillars plan is a change in direction for our association; but, it is a change that NAADAC's leadership believes will increase our effectiveness and help to grow the Association. By focusing on the core principles of NAADAC and ensuring that we focus on those attributes, we will best serve our members and the profession as a whole.

With all that we intend to do, new efforts and continuing efforts, we recognize that effective financial and administrative management are essential to NAADAC's foundation. We

view your dues as an investment in your association as well as your profession. As stewards of these resources, we are committed to using this money prudently on initiatives that benefit our members, our association and the profession as a whole.

Please share your thoughts with us. Is there more that we could be doing to serve our association and our profession? Feel free to contact me to discuss this or any other issue.

*Cynthia Moreno Tuohy is the Executive Director of NAADAC, the Association of Addiction Professionals. She can be contacted at [cmoreno@naadac.org](mailto:cmoreno@naadac.org) or 800.548.0497 ext 119.*

**Save the Date**  
**September 8–11, 2010**



*Washington, D.C.*

**For more information, visit**  
**[www.naadac.org](http://www.naadac.org)**

## Around the Nation

### Updates From the States and Abroad

*Donovan Kuehn with contributions from Vickie Brokke, William David "Doc" Gerner and Diana Kamp*

#### ARIZONA

##### DBH Program at ASU

The Doctor of Behavioral Health (DBH) program in the Arizona State University School of Letters and Sciences is now accepting applications for the fall 2010 semester. Please visit [www.dbh.asu.edu](http://www.dbh.asu.edu) for additional information.

#### DELAWARE (submitted by Diana Kamp)

##### DAADAC 25th Anniversary Conference

Despite a blizzard, the Delaware Association of Alcohol and Drug Abuse Counselors (DAADAC) held its 25th Anniversary Conference, the *Silver Lining with Resistant Clients*, in February in Newark, Del. Through the inclement weather, the DAADAC faithful attended this two-day event featuring keynote presenter Dr. Nicholas A. Roes who spoke on Solutions for the Treatment Resistant Addicted Client. Additional presenters included Richard Jontry, Sachin Karnik, Mary Jo Mather, Stephanie Dexter, Deborah Haskins, Barbara Ridges and Ann Marie Casey. At this year's conference, attendees mourned the tragic death of two well-known addiction professionals who were killed in an alcohol-related accident when an SUV struck their vehicle while they were driving from one worksite to the other the day before the conference. The event was held in memory of Christopher Sturfels and Michael Kriner. DAADAC and NAADAC extend our thoughts and prayers to the families of Christopher and Michael.

#### FLORIDA (submitted by William David "Doc" Gerner)

##### Mexico Treatment Facility Opens

NAADAC organizational member Hacienda Sereno announced the opening of an American-owned and operated private primary treatment facility for alcohol and drug abuse in Abasolo, Mexico, about 150 miles south of Brownsville, Texas.

The program is designed for a mature professional who may require a higher degree of anonymity and confidentiality, catering to both an American and international clientele. Hacienda Sereno employs addiction treatment professionals who reside on-site to facilitate unparalleled treatment for patients. The shortest treatment program at the facility is 21 days, but professionals determine treatment longevity based on individual requirements as to achieve ultimate success in recovery.

Contact at [DocG@haciendasereno.com](mailto:DocG@haciendasereno.com) or 888.612.6776 for more information on this program.

##### IAAP 6th Annual Spring Conference

The Indiana Association for Addiction Professionals (IAAP) held their 6th Annual Spring Conference in April. Dr. Jason Powers lectured on *Addictive Potential and Pain Management* on the first day of the conference. On the second day, Molly Brosseau, LMFT, LCSW, ICAC II, and Stewart Turner-Ball, MS, LMFT, LCSW, MAC, ICAC II, co-presented on Counseling Recovering Couples. Attendees enjoyed the "real and practical applications" presented. If you are in the Mid-Central Region, be sure to save the dates for IAAP's Annual Fall Conference, October 15 – 16, 2010 at Indiana Wesleyan University in Indianapolis. More details will be posted soon at [www.iaapin.org](http://www.iaapin.org).

#### KANSAS (submitted by Vickie Brokke)

##### New KAAP Executive Director

The Board of Directors of Kansas Association of Addiction Professionals (KAAP) has selected a new executive director to lead the largest professional addiction and prevention membership organization in the State of Kansas.

Sarah Hansen, formerly executive director of Corner House, Inc., a mid-sized substance abuse treatment center in Emporia, starts her new position in June 2010. She will work with volunteer leadership and members of KAAP as the profession prepares for the implementation of the Addiction Counselor Licensure Act.

"Sarah is uniquely qualified to assume the lead staff position for KAAP as she has been an active KAAP member since 2007. She has served on the KAAP Board of Directors, the Professional Program Administrators committee and chair of the Public Policy committee," said Tom Lohff, president of the board of directors and long-time KAAP member. "Sarah has the leadership skills and vision to help us continue in our goal of providing outstanding service to our membership and promoting excellence in the care of our members' clients by providing education and certification in the addiction and prevention profession."

Sarah Hansen began her work in the field of human services in 2000. Since then she has worked as an addictions counselor, a mental health therapist and a policy maker for the State of Kansas single state authority on substance abuse and the Department of Mental Health. Sarah earned her Bachelors Degree in Psychology and Masters Degree in Mental Health Counseling from Emporia State University. She has earned such noteworthy credentials as Licensed Professional Counselor (LPC), Nationally Credentialed Counselor (NCC) and Addiction and Prevention Services (AAPS) Credentialing.

“To be selected as executive director is an honor,” said Hansen. “The association has a rich history with dedicated members and volunteer leaders. We are in exciting and challenging times; budget cuts, healthcare reform, addiction counselor licensure and parity will impact our membership, how prevention and treatment services are delivered and the environment around us. I am eager to listen to and work with the association membership to shape our future.”

After five years of serving as KAAP’s executive director, Claudia Larkin stepped down from the position to allow more time to focus on her business, Free Bird Business Solutions.

Hansen can be reached at 785.235.2400 or sarah@ksaap.org. For more information on the Kansas Association of Addiction Professionals, please visit [www.ksaap.org](http://www.ksaap.org).

#### MONTANA (submitted by Diana Kamp)

### MAADAC Annual Conference

The Montana Association of Alcohol and Drug Abuse Counselors (MAADAC) held their Annual Conference in Helena, Mont., in April. The two-day conference, *Building Skills for Addiction Professionals*, had more than 75 attendees. The opening plenary session included a panel discussion with Joan Cassidy, Chemical Dependency Bureau Chief, and Anna Whiting Sorrell, Director of the Montana Department of Public Health and Human Services. MAADAC was pleased to introduce Dr. Carlo DiClemente, who presented on Motivational Interviewing, to Montana for the first time. Additional speakers included Peter Formaz, Northwest Regional Vice President, presenting on Post Traumatic Stress Disorder (PTSD) and Cynthia Moreno Tuohy, NAADAC Executive Director, speaking to the group on PTSD, Women and Conflict in Recovery. During the event, awards were presented to Julie Messerly, *Phil Tambornino Counselor of the Year* award; Joan Cassidy, *Lifetime Achievement* award; Dan Krause, the *Clinical Supervisor of the Year* award; the Montana Meth Project, *Prevention Program of the Year* award; the Rimrock Foundation, *New Choices Residential Adolescent Program, Adolescent Program of the Year* award; Jerry Schlepp, *Program Director of the Year* award; Mike Pablo, award for *Innovative Medication Assisted Treatment* for the Confederated Salish & Kootenai Tribe and Boyd Andrews Community Services and Elkhorn Treatment Center for the *Outstanding Treatment Program* award.

#### NATIONAL

### Holder Participates in Expert Panel

NAADAC National Certification Chair James Holder, MA, MAC, LPC, LPCS and NAADAC President-Elect Don Osborne, MS, MA, MAC, took part in the Expert Panel on Accreditation and Competencies in Addiction Studies Higher Education Programs convened by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA called the meeting in recognition of the fact that the addiction services profession is facing a workforce crisis. SAMHSA and other leaders in the field have determined that the accreditation of addiction studies programs is one way to strengthen and support the professional identity of those who work in the field. The International Coalition for Addiction Studies Education (INCASE) is a professional association for college and university professors who specialize in addiction education and research. INCASE has developed a set of accreditation standards based on SAMHSA’s Technical Assistance Publication (TAP) *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes for Professional Practice* that have been used to accredit ten higher education programs, with many others in the process.

Meeting participants reviewed the INCASE standards and focused on how to support the diffusion and the implementation of an educational standard along with the diffusion of TAP 21 Core Competencies into higher education programs.

For more information about the INCASE educational standards, visit [www.incase-edu.net/INCASEprogramapproval.aspx](http://www.incase-edu.net/INCASEprogramapproval.aspx).

#### NEVADA (submitted by Diana Kamp)

### Southwest Regional Conference Announced

NAADAC, in partnership with the Southwest Regional Affiliates, is pleased to present *Powerful Solutions for Challenging Times*, a regional conference in Las Vegas, Nev., from November 10 – 12, 2010. NAADAC is honored to have Dr. H. Westley Clark, Director of Substance Abuse and Mental Health Services Administration (SAMHSA) as the keynote speaker. Topics for this conference include *Ethics, Drinking to Forget can Make Remembering Harder, Post Traumatic Stress Disorder (PTSD), Clinical Supervision, Addiction Case Management and Women, Trauma and Recovery*. While vacationing in beautiful Las Vegas, attendees can earn up to 14 continuing education credits. The Southwest Regional Conference is supported by NAADAC affiliates in Nevada, California, Utah, Colorado, New Mexico, Hawaii and Arizona. For more information, check the NAADAC web site at [www.naadac.org](http://www.naadac.org).

#### NORTH CAROLINA (submitted by Diana Kamp)

### APNC Spring Conference

The 2010 Addiction Professionals of North Carolina (APNC) held its Spring Conference in April in Asheville, N.C. Conference sessions and tracks included motivational interviewing; spiritual formation in addiction recovery, a panel on opioid dependence; grant-writing tips for the prevention professionals; an update for DWI service facilities and an ASAM update. NAADAC’s executive director Cynthia Moreno Tuohy also presented an update on NAADAC to the membership and Board of Directors.

# What Everyone Ought to Know About NAADAC

## Members Speak Out on What's Important to Them

*Donovan Kuehn, Director of Operations and Outreach*

In March, NAADAC members were asked to share their thoughts about the association, what they value in membership and the role of certification. The results of the survey reveal a lot about what NAADAC members value, and how the association should move forward.

The survey opened with an important question: Would you refer someone to NAADAC? This question was asked to gauge how members feel about the association. The results were overwhelming: 95.5% of members who took the survey said “yes” (751 people) while 4.5% replied “no” (35 people). (see Figure 1, *Would You Refer Someone to NAADAC?*)

*When asked if they would refer someone to NAADAC, 95% of the association's members said “yes.”*

Next, members were also asked about their thoughts on membership and certification. Membership in NAADAC is distinct from the national certifications offered by the National Certification Commission. There has been concern in the past about confusion between these two distinct features. However, respondents to this survey seemed to understand the difference with 91.5% (709 responses) stating that they understood how the two programs were dissimilar versus 8.5% (66 responses) who felt the two items were related. (see Figure 2, *Certification vs Membership*)

Members were asked if they had thoughts on how to help others understand the differences between membership and certification, and they suggested the issue could be focused on during conferences or workshops, advertising the two components separately and setting up a distinct website for the National Certification Commission to reduce confusion.

Next, members were asked what the most important services were that NAADAC provides. The top ten responses were:

1. Training, Education and Conferences
2. Advocacy
3. Up-to-Date Information
4. Certification/Credentialing
5. Professional Identity/Sense of Community
6. Publications
7. Insurance
8. Networking

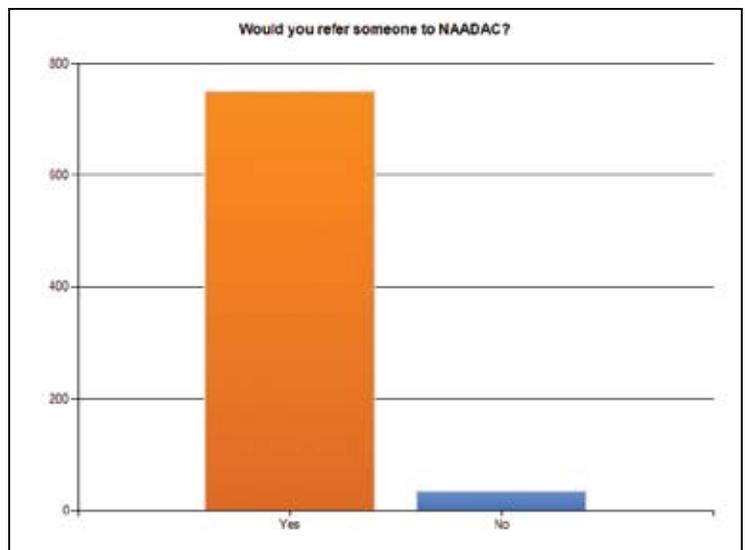


Figure 1. Would You Refer Someone to NAADAC?

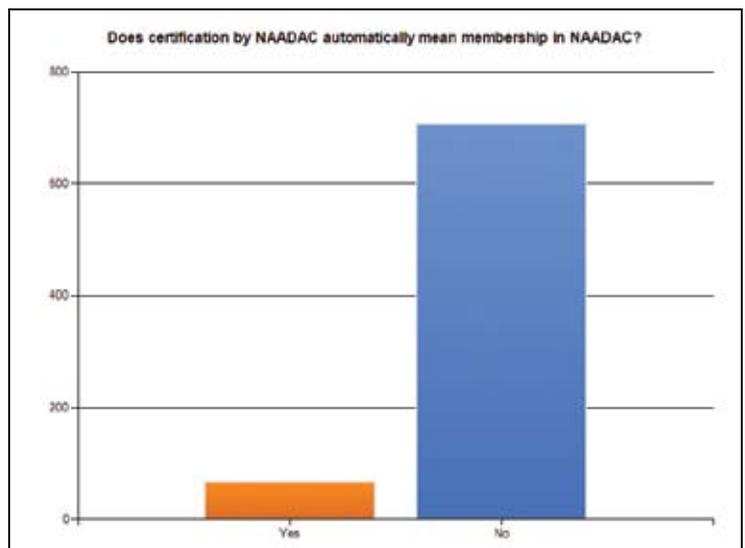


Figure 2. Certification vs Membership

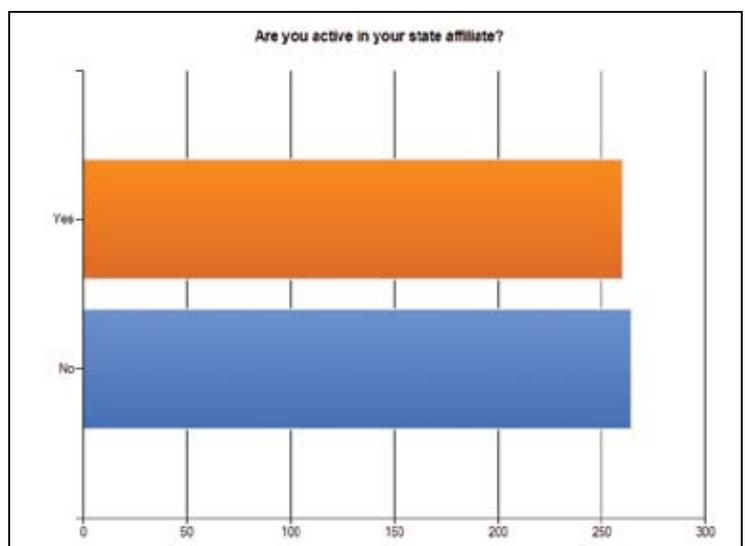


Figure 3. Active in State Affiliate?

## 9. The National Aspect of the Organization

### 10. Discounts/Scholarships

Respondents were then asked to rank five services that NAADAC provides. The services and rankings were:

1. Training – 73.3% of members (568 respondents) felt this was very important.
2. Advocacy – 67.5% of members (521 respondents) said this was very important.
3. Cost Effective Malpractice Insurance – 51.4% of members (398 respondents) felt this was very important.
4. Products to Help me in my job – 49% of members (379 respondents) said that this benefit was very important.
5. Cost Effective Medical Insurance – 38.4% of members (296 respondents) felt this service was very important.

The survey then went on to ask some questions about NAADAC's relationship with its state affiliates. The first question asked if respondents were active in their state affiliate. (see Figure 3, *Active in State Affiliate?*) Just over half of the members in the survey said that they weren't active at the state level, with 50.4% indicating they did not participate in state activities. This level of activity wasn't based on members not hearing from their local affiliates, though. In the next question (Figure 4, *Contact From State*), almost two-thirds of respondents said they had heard from their state affiliate, with 65.3% responding in the affirmative.

Finally, members were asked to think about a possible change in how membership in NAADAC was structured. Currently, in states that have an affiliate, membership in NAADAC includes mandatory membership in the state association and membership in the state affiliate includes membership in NAADAC. The question posed to members was if that mandatory tie was severed, would the respondents prefer membership in NAADAC only, in their state only or would they want to retain a combined membership in both the state affiliate and NAADAC. The results weren't close: almost four out of five respondents (78.4%) wanted to retain the current membership format of combined NAADAC and state affiliate membership; 18.4% would select the NAADAC only option and 3.2% would opt for a state only membership. (see Figure 5, *Desired Membership*)

NAADAC would like to thank everyone who participated in the survey and is encouraged by the great response from its members. Keep your eyes on your inbox for future surveys on how your thoughts can shape the future of the association.

*Donovan Kuehn serves as the Director of Operations and Outreach for NAADAC, the Association for Addiction Professionals. You can connect with him on Facebook at [www.facebook.com/donovan.kuehn](http://www.facebook.com/donovan.kuehn) or via email to [dkuehn@naadac.org](mailto:dkuehn@naadac.org).*

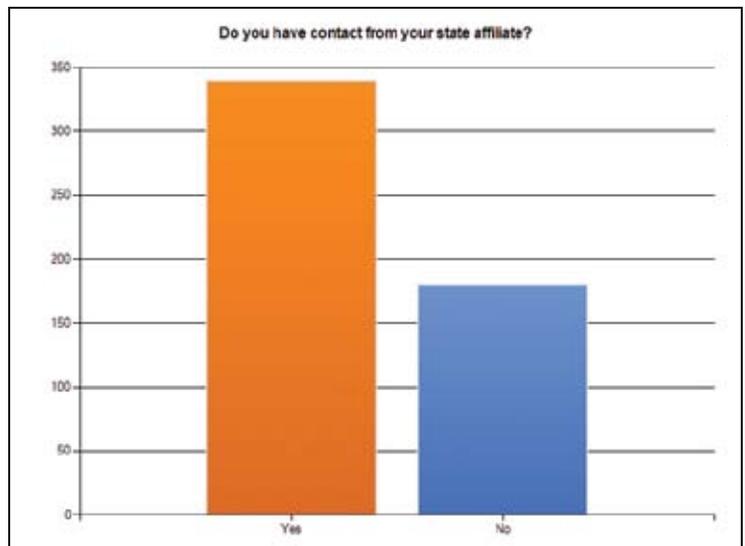


Figure 4. Contact From State

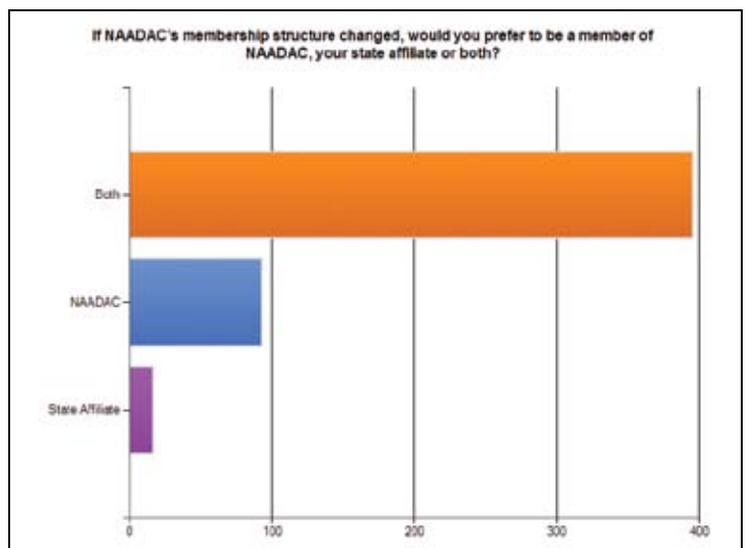


Figure 5. Desired Membership

### Didn't hear about the survey?

NAADAC may not have your current contact information. If you have moved, changed jobs recently or changed your e-mail address, remember to drop us a line.

You can reach the NAADAC national office at [naadac@naadac.org](mailto:naadac@naadac.org) or 800.548.0497. NAADAC members receive exclusive discounts and offers, so update your information today!

### Survey Drawing

Thanks to everyone who participated in the survey. The lucky winner of the random drawing for \$75 was Keenan Glasgow. Keep your eyes on your inbox for future surveys on how your thoughts can shape the future of the association.

## Morality Versus Ethical Decision-Making

### Ethical Decisions Involve Making a Choice

*Anne S. Hatcher, EdD, CAC III, NCAC II*



When providing counseling to another, the persons working in the mental health disciplines have agreed that the client's interests and needs are primary. The role of the counselor is to provide a safe place where the client can disclose information related to the problem at hand, to discuss the information and to gain insight. Some types of counseling such as addiction counseling also involve directing or supporting behavioral change or education so that the client is able to make an informed choice. One counselor/educator noted that counselors must become comfortable with being accountable to anyone over the age of two. In other words, questioning and evaluating their own actions and being open to the questions of others. Ignorance of the standards of practice and the code of ethics is no excuse for poor choices. If one is a counselor, one is expected to know and practice accordingly. All too often morality and personal moral standards are confused with ethical standards.

Morality reflects the set of standards a group or person has adopted to determine what is right and wrong. On the

basis of those standards, specific behaviors are labeled as good and others are labeled as bad. With age and experience the standards of morality are modified on the basis of experience, new information and changing beliefs. Thus one's moral standards include cognitive, developmental and social experiences. (Freeman, 2000) When a behavior is reported or observed, the person or group learning of the behavior typically thinks of what he/she would do in a similar situation and on that basis makes a judgment as to its correctness. Those of us working in the helping professions assume that each counselor has a standard of personal morality and ethical conduct that can be relied upon to serve the best interests of the client and the profession. We also assume that people have common sense and will make wise decisions that would resemble those we would make. Without clearly defined standards, one might practice selective morality based on what is convenient and what feels good to do at the time.

Often when one is confronted with a situation where a behavior is questioned, the behavior is described as ethical or unethical. The judgment is being made on the basis of the individual's morals unless the behavior is being evaluated on the basis of a specific code of ethics. The NAADAC Code of Ethics was written to govern the conduct of its members. The code of ethics reflects ideals of NAADAC and its members. Every member of NAADAC has signed a statement that she/he would follow the standards found in the NAADAC Code of Ethics. When an ethics complaint is filed with NAADAC, it is evaluated by consulting the NAADAC code of ethics.

Ethical decisions involve making a choice between two or more rights. (Kidder, 1995) If the decision is based on a situation that is clearly defined by our code of ethics, the resolution might be fairly simple. If the decision involves a situation that is not clearly addressed in the ethical standards, the action taken will be based on the values of the individual(s) involved, society and the overall impact of the action. Resolution of an ethical dilemma places the counselor in a difficult situation; resolution is based on determining which side is the nearest right for the circumstance. It also involves thinking through the situation and the action chosen to determine that the counselor can provide good reasons for the choice. Citing standards from the code of ethics to support a choice is essential when supporting one's action relating to an ethical dilemma.

When faced with the need to make a decision, a counselor might cringe when the right action means doing something that is uncomfortable or that deprives her/him of what is wanted. The code of ethics provides at least some rules for guidance, but temptation is everywhere. There are the gray areas in which a case can be made for the action

taken because there are no clear answers. Some common rationale for decisions and actions include the following:

- Everybody does that sometimes
- People do worse things than that
- Nobody is perfect
- It will be better in the long run
- It is not such a big deal

The preceding information is designed to open a discussion of ethics for NAADAC members. A description of some situations that involved a member or members is included in this article. Some of the scenarios will be easily assessed and a decision made. The challenging ones are those which are not specifically addressed by the current code of ethics. A question then arises about the need to write a standard addressing such a situation or the need to establish guidelines under Standards of Practice for addiction counselors. For the following dilemmas, rate the actions of the supervisors on a scale of 1 to 5 with 5 being strongly agree and 1 being strongly disagree and find the standard(s) from the NAADAC Code of Ethics that supports the rating. Discuss the scenarios with co-workers and compare ideas.

J.T. has been in recovery for 15 years; his drug of choice was crack cocaine. He is currently employed as a youth counselor in a drug prevention program through the city recreation department. His stress level is high because his two children who are now ages 12 and 14 are challenging his decisions about their use of the Internet and the movies they are allowed to see. Last month, his wife decided to go back to college resulting in him being the parent at home while she is in class which added to his stress level. Four months ago, he was counseling a group of young men about drugs, one of them told him that he had just been given a rock. J.T. took it from him and put it in his desk. A week later when he was feeling overwhelmed with the pressures of the life changes, he found the crack in his desk and decided to use just once.

The next day, J.T. told his wife about using the crack and thought that her anger was inappropriate after just one slip given his 15 years of abstinence. After much thought he contacted an addiction counselor/licensed professional counselor and made an appointment. The counselor told him that informing his supervisor would be a good idea, but not mandatory. J.T. told his supervisor of his use the following week and also told him that he was in treatment and did not think that he would be tempted to use again. Sam, the supervisor immediately ordered J.T. to submit to random monitored urine tests, gave him a desk job that did not involve working with youth and informed the entire staff of J.T.'s relapse. Over the last three days, every staff member has told J.T. how disappointed she/he is in his behavior and that he will have to work hard to regain their trust.

Sara is a recovering alcoholic with 25 years of sobriety. Recently she slipped on ice on the sidewalk in front of the treatment agency where she is a counselor. She experienced sharp pain in her lower back and right hip for which the doctor prescribed Ibuprofen and bed rest for a week. When she returned to work, she was still experiencing discomfort and walked somewhat hesitantly. One of the clients in her evening DUI group is a physician's assistant. In the group, the PA offered to bring sample muscle relaxants for Sara because she looked so uncomfortable and was having difficulty getting up from her chair. Sara stated that she did not feel comfortable accepting the offer and that she was getting the medical treatment she needed. The next day, Sara reported what had happened to her supervisor and they discussed the offer; her supervisor agreed with the way the matter had been handled. Together they met with the group at its next session and discussed the reasons that Sara declined the offer.

*Anne Hatcher is Chair of the NAADAC Ethics Committee. She can be reached at [hatcher@mscd.edu](mailto:hatcher@mscd.edu).*

#### References

- Freeman, S. J. (2000). *Ethics: an introduction to philosophy & practice*. Wadsworth Pub. Belmont, CA. Pp 104-105.  
Kidder, R. M. (1995). *How good people make tough choices*. Fireside Books. NY. P 17.

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## Dependence Versus Abuse: More Than Semantics

### A Keynote Presenter at NAADAC's Annual Conference Reinforces Tailored Treatment

Gary A. Enos, Editor, *Addiction Professional Magazine*

Carlton K. Erickson, PhD, acknowledges that today's conference attendees in the addiction professional community respond more positively to neurobiological clues about addiction than they did a generation ago, when his lectures tended to provoke arguments. Still, he wonders whether clinicians who today will concur when presented with scientific data are effectively applying that knowledge in their everyday work with patients.

"Most catch on quickly now, but whether they actually practice it, I don't know, because no one has measured this," says Erickson, director of the Addiction Science Research and Education Center at the University of Texas College of Pharmacy.

Erickson will devote his keynote address at this September's inaugural National Conference on Addiction Disorders (NCAD) to a discussion of neurobiological factors that can inform excellent treatment. Part of the talk will focus on the clinical criteria for a diagnosis of substance dependence vs. a diagnosis of substance abuse, as Erickson believes this important distinction must continue to be reinforced in the field.

"It's extremely important to talk about this difference, because one's a brain disease and one is not," Erickson says. "We know that the good centers are assessing for this difference and are generally admitting people who are dependent. They want their treatment to focus on the people who are the most ill — they feel that's the best use of their limited resources."

The NCAD, to be held September 8 – 11 in Washington, D.C., is being produced by Vendome Group, publisher of *Addiction Professional* magazine, as an event combining treatment, administration, design, technology and other information for the addiction treatment community. Vendome has founded the event in conjunction with NAADAC, the Association for Addiction Professionals and the National Association of Addiction Treatment Providers (NAATP).

NAADAC's annual meeting will now be held under the NCAD title. Also participating as an organizer of this year's conference is the International Coalition for Addiction Studies Education (INCASE). Targeted audiences for the conference include counselors, physicians, nurses and addiction treatment program executives.

#### Erickson Concerned

Erickson believes many treatment programs might be treating a large number of individuals who do not meet clinical criteria for the disease of addiction (i.e., for dependence). "All they see is this general sense that a person has a drug problem, and all they want to do is help," he says.

Erickson thinks others might actually target non-dependent individuals. He believes, for instance, that treatment centers that emphasize to potential clients their spa-like services have to be treating a non-addicted population if they are showing much success. "You can't change a brain disease with better food and more relaxation," he says.

He is particularly troubled by the removal of the specific distinction between dependence and abuse in the draft of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. The draft's combining of the DSM-IV categories of substance dependence and substance abuse into a "substance use disorder" category is seen by some as a way to ease insurance requirements for providers, but Erickson thinks it will just complicate convincing the public that addiction is a disease.

"I happen to think this is a horribly egregious mistake," Erickson says of the proposed change. "The public won't understand that you don't treat every person the same."

During his NCAD address, Erickson will convey his enthusiasm for neurobiological research during what he considers an exciting time for the addiction profession. He sees important developments on the horizon, from genetic validations for the disease of addiction to the development of a generation of more effective medications.

While Erickson sees the time gap between addiction research discoveries and their application in practice as shortening, he still believes there are deficiencies in this regard. Erickson lays at least part of the responsibility on a research community that has not fully appreciated how the end user of services can benefit from its discoveries.

"I think that in cancer research, when researchers are looking for a particular gene, they already will have a vision of what this will mean for treatment," Erickson says. "In the alcohol and drug area, a scientist may never have talked to a person with a drug problem."

He worries that many of these scientists are possibly motivated more by intellectual curiosity alone than about what the discoveries will accomplish for the person with a substance use problem. "A lot still believe that this problem is a willpower problem," Erickson says.

Erickson has authored and edited several books, including the acclaimed *The Science of Addiction: From Neurobiology to Treatment*, and was a regular contributor of commentaries in *Addiction Professional*. He is an associate editor of the journal *Alcoholism: Clinical and Experimental Research*.

#### Other Presenters

As this issue was going to press, another confirmed keynote speaker for the NCAD meeting was David E. Smith, MD, FASAM, a leading national figure in addiction treatment since his founding of the Haight Ashbury Free Clinics in the 1960s. Smith is medical director of Center Point in San Rafael, Calif.,



**Dependence, cont. on page 16**

## Who Else Wants to Lead?

### Addiction and Recovery Communities Need New Champions in Congress

*Donovan Kuehn, NAADAC Director of Operations and Outreach*

For years, Representatives Jim Ramstad (ret.) and Patrick Kennedy were the bi-partisan face of addiction and recovery policy issues on Capitol Hill. After the next election, neither of these advocates will be in Congress, leaving a leadership vacuum on addiction prevention, treatment and recovery. Who might be the next Congressional leader to will step up and be counted on addiction?

Ramstad (R-Minn.) and Kennedy (D-R.I.) have been well-known advocates on addiction issues. Ramstad represented Minnesota's 3rd congressional district from 1990 to 2008, while Kennedy was elected to Rhode Island's 1st congressional district in 1994 and announced that he was not seeking re-election this year.

Daniel Guarnera, NAADAC's Director of Government Relations until May of this year, suggests that Ramstad and Kennedy were a formidable legislative pair. "Patrick Kennedy and Jim Ramstad were an incredible team. They were friends and they brought out the best in each other. Their advocacy in support of parity, from writing the legislation to the field hearings around the country to shepherding the bill through the endless legislative process, was something for the history books. They were an inspiration for all of us dedicated to advocating for those in need of treatment."

Ramstad, currently working with Hazelden treatment center as senior policy adviser on federal legislative and policy issues related to addiction, treatment and recovery and senior adviser to the tax firm alliantgroup, publicly announced that he is a recovering alcoholic, and has been sober since 1981. Kennedy has had a number of publicly acknowledged challenges, including seeking treatment for an oxycontin addiction in 2006, and addressing that he has bipolar disorder and is a recovering alcoholic in 2008.

Both lawmakers co-founded the Addiction Treatment and Recovery Caucus, and their personal histories engendered a tremendous amount of support from members of the addiction treatment and recovery communities.

According to Pat Taylor, Executive Director of Faces and Voices of Recovery, Ramstad and Kennedy "were even greater than these important victories. They raised the profile of addiction prevention, treatment and recovery in Congress and across the nation by holding field hearings with other members in their Districts as part of the Wellstone-Domenici effort; founding and co-chairing the Congressional Addiction, Treatment and Recovery caucus; speaking out in many public forums about the importance of these issues; and being there when issues and policies, including appropriations, needed to be addressed."

With Kennedy and Ramstad departure from the House, things aren't looking much better in the Senate. Three major parity champions, Pete Domenici (R-N.M., who retired in 2009), Ted Kennedy (D-Mass., who died in 2009) and Chris Dodd (D-Conn., who is not seeking re-election in 2010) who

led parity and health reform efforts have left the Senate or will be gone by January. The Senate lacks even a caucus to provide an institutional forum to address addiction policy issues.

With the passage of health reform and a changing dynamic for the addiction treatment profession, who is likely to emerge as a new champion for the field?

Robert Morrison, Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), acknowledges the importance of finding new allies in Congress. "The departures of Representatives Kennedy and Ramstad represent a giant loss."

With Ramstad's and Kennedy's departures, a critical component for working with and educating members of Congress and the public will be gone. "There are certain building blocks that help move an issue forward. One basic building block is having a champion or two. Without a champion, the trip to make an issue move from concept to reality is a much longer road. In the end, we need to put as much effort into developing champions as we do anything else over the next year," said Morrison.

So where would these new champions come from? Guarnera and Taylor have some ideas.



**Mental Health Parity Rally, March 5, 2008. Front row: David Wellstone (son of the late Senator Paul Wellstone), Majority Leader Steny Hoyer, Representative Patrick Kennedy, Representative Jim Ramstad (at the podium), Speaker Nancy Pelosi and former First Lady Roslynn Carter.**

"There will always be members of Congress who care about addiction treatment issues and will give us a friendly ear. However, there are also times when the addiction treatment community and NAADAC will want someone who is willing to champion our issues and make them front and center on their agenda. Obviously, members of Congress who are in recovery themselves or have close family are in a unique position to speak about the importance of treatment," suggested Guarnera.

**Leaders, cont. on page 16**

## Steps to Become an Addiction Counselor in Virginia A Complicated, Yet Ultimately Rewarding Process

*Veronica Leventhal, NAADAC Intern*

After my freshman year at NYU ended, I made an executive decision about my life: I would shape the rest of my education towards the final goal of becoming a substance abuse counselor. To gain some experience working in the field, I applied for a few different internships, and ultimately had the privilege to spend my summer with NAADAC. I am lucky to begin the process of understanding my future profession now, but not all students have the same opportunities. In order to discover how difficult it is to find information on the requirements for obtaining a Substance Abuse Counselor Certificate, and the steps necessary to excel in the field, I researched for a few hours online. I chose to research the process of becoming a substance abuse counselor in Virginia specifically, since the NAADAC offices are located there.

### Step One: Basic Education

To become a certified addiction counselor in Virginia, one must first obtain a bachelor's degree, which should probably be in Psychology, Sociology, Social Work, Human Resources, or another field relating to the study of humans, according to other addiction counselors who shared their education experiences online. This is ideal, but not required by the state of Virginia. Having a basic education of the human brain, addiction and the social work profession will be helpful for anyone hoping to move into the addiction-focused profession after his or her studies.

Getting a bachelor's degree is not a challenge in Virginia as there are large number of schools in the state, unlike some states with more limited educational offerings. Prominent universities include the University of Virginia, James Madison University, William and Mary, George Mason, as well as an assortment of other schools, according to an online list of accredited universities in the state. Application deadlines, entry requirements and college fees are all available online.

### Step Two: Post-Graduate Work

After graduating, one would have to achieve 400 clock hours of substance abuse education from either an accredited university or college, or board-approved seminars, workshops or integrated programs, as stated on Virginia's Board of Counseling website. By looking at a variety of websites that supposedly show all psychology schools in every state, I was able to find that Northern Virginia Community College, Virginia Commonwealth University, Argosy University, Marymount and South University all have addiction studies programs. However, I have a feeling this list is somewhat incomplete, and the most effective way to find out if a school has an addiction program would be to look at each college individually.

An individual's education requirements also include a great deal of hands-on work prior to certification. Often, the university attended by a counselor-in-training can set a student up in a nearby treatment center to fulfill these requirements, a program NYU has for their Social Work students, but they would have to have a somewhat impressive resume or grade point average in order to be recommended to a reputable facility.



### Step Three: Training

According to the Board of Counseling, to obtain certification, potential counselors would need 220 hours of training, with a minimum of ten hours in:

1. understanding the dynamics of human behavior
2. signs and symptoms of substance abuse
3. treatment approaches, group dynamics and other adjunctive treatment and recovery support
4. continuum of care and case management skills
5. recovery process and relapse prevention methods
6. ethics
7. professional identity in the provision of substance abuse services, and
8. crisis intervention.

Also, the person is required to have at least 20 hours in substance abuse counseling treatment planning and substance abuse research and group counseling.

Finally, he/she needs 180 hours in basic counseling skills: screening clients, client intake, new client orientation, client assessment, treatment planning, counseling the client, case management, crisis intervention, educating the client, client referral, reporting and charting a client's assessment and consultation with other professionals for the client's needs. The person should perform each task for at least eight hours while under supervision. Basically, after a student has completed hundreds of supervised training hours, in almost all areas of substance abuse counseling, they should be prepared to practice in the field. In addition, Virginia's certifying board makes it clear that any groups and classes attended as part of a therapy or treatment program will not be accepted in lieu of counseling experience, as many people who attended treatment programs may later apply for certification. Most likely, they are trying to make the certification process fair for everyone, so those who attended facilities do not have fewer requirements than those who did not.

**Counselor, cont. on page 16**

**Counselor, from page 15**

To achieve certification status, one must achieve at least 2,000 hours of supervised counseling experience, which would generally take 12 to 24 months. The experience must include an average of two hours per week of face-to-face consultation between a supervisor and the applicant, totaling 100 hours (which counts toward the 2,000 hours of supervised counseling experience). Naturally, all applicants must document successful completion of their supervised experience and prior education. I was able to find a helpful list of appropriate training treatment facilities and places to further one's education on the Substance Abuse Certification Alliance of Virginia's website, [www.sacava.org](http://www.sacava.org).

**Step Four: Applying to the State**

When a person is ready to apply for certification from the state of Virginia, she or he must include a completed application form, official transcripts documenting attainment of a bachelor's degree and completion of all didactic and experience training, forms from the supervisor documenting fulfillment of experience requirements, documentation of any other professional license or certificate held in another jurisdiction, and payment for the \$90 application fee and \$50 supervisor registration fee, sent only by mail (not fax) to the Board of Counseling. The application then goes through a rigorous review process to determine that it is correct and complete.

The application itself, which can be accessed online through the Board of

Counseling's website, is very informative and specific about the entire procedure, stating that the more complete your application is, the faster it will be processed. If the application is approved, the National Board for Certified Counselors will send out an examination approval letter, a registration form and a small study guide. Those materials will indicate when Virginia's exam is, where it is, and how much it costs. This year, if you send in your application by July 1st, and it is approved by the board, your exam date would be October 24th. To be fully licensed, the applicant must be able to pass the examination. In order to keep the certificate current, every year the counselor must also submit a renewal application and payment of the \$55 fee.

**Step Five: Start Your Practice**

Beyond these technical requirements, there is a lot more involved with becoming an addiction counselor. One must be prepared for an emotionally stressful job, a profession known for its occasional burnout. A good way to combat work-related anxiety is to use a healthy stress release, like yoga, or go to an individual counselor yourself.

An individual must use their communication, problem solving, and personable skills in order to relate to the client. If treatment is not going as planned, or the client is not responding well, you must be flexible enough to adapt for the client's specific needs. The education and training necessary are tough, lengthy and expensive; the counseling work can be difficult and emotionally draining; and, even when

all of that is finished, you have to take an exam and keep up with new treatment methods and accompanying trainings.

However, because of how extensive the preparation is for the profession, most people are sufficiently prepared to become certified addiction counselors. As long as the counselor learns from his or her mistakes, is committed and passionate about helping clients, uses his or her education and training to be an effective treatment professional, and remains updated on efficient treatment methods, the individual should be able to provide quality support.

*Veronica Leventhal is a NAADAC summer intern. She can be reached at [vleventhal@naadac.org](mailto:vleventhal@naadac.org) or 703.562.0200.*

**Dependence, from page 13**

as well as chair of adolescent addiction treatment at Newport Academy in Newport Beach, Calif.

Also at NCAD, a September 7 pre-conference workshop will explore the use of motivational enhancement approaches to assist clients in the process of change. The session will run from 8:30 a.m. to 3 p.m. and will be led by Carlo C. DiClemente, PhD, psychology professor at the University of Maryland-Baltimore County and co-developer of the Transtheoretical Model of Change.

For more information about the NCAD conference, which will offer attendees opportunities for up to 30 continuing education units, visit <http://www.ncad10.com>

**Leaders, from page 14**

"While [Kennedy and Jim Ramstad] will be greatly missed when a new Congress convenes in January, we know that there are other leaders in Congress who care about these issues, starting on the House side with the co-chairs and vice co-chairs of the [Addiction Treatment and Recovery] Caucus: Representatives John Sullivan (R-Okla.); Mary Bono Mack (R-Calif.) and Carol Shea Porter (D-N.H.). One of all our jobs over the coming years is to identify and foster new champions who will make addiction recovery a priority and hallmark of their public service," added Taylor.

As the political winds blow across the nation, Congress is facing the prospect of uncertainty and change. Knowing that two key champions on addiction issues will be gone from Con-

gress means that addiction-focused advocates face that ambiguity right now. And yet, addiction touches so many people in the United States, there may be more champions than people may have considered.

"[W]hen you're talking about an issue that affects as many people as substance use disorders, which 23 million Americans experience in any given year, there's no wrong reason to advocate for addiction services. Any member of Congress can be a champion," stated Guarnera.

*Donovan Kuehn serves as the Director of Operations and Outreach for NAADAC, the Association for Addiction Professionals. You can connect with him on Facebook at [www.facebook.com/donovan.kuehn](http://www.facebook.com/donovan.kuehn) or at [dkuehn@naadac.org](mailto:dkuehn@naadac.org).*

## Review of the DVD: “twelve — is there life after rehab in recovery?”

Kevin M. Large, MA, LCSW, LMFT, MAC, ICAC-II, SAP

The movie “twelve” is a concise and telling record of a group of individuals who became addicted to drugs and/or alcohol as a teenager. Each eventually discovered sobriety and were able to go on to live healthy and productive lives.

The title for the movie — the number “twelve” — refers to research findings that many of our youth have started experimenting with drugs and alcohol by the age of twelve.

This movie gives a disarmingly honest portrayal of how substance abuse takes over the life of an addicted individual and the movie conveys a message of hope for those that are seeking recovery and want to reclaim their lives.

At the start of the movie, there are photos of the people who told their story in the movie. For each of the participants, they are only identified by their first name, and there is a caption that states when they became sober. Half of them discovered sobriety while still a teenager, while the other half didn't until early adulthood.

The format of the movie was created like a video book, with different sections of the video organized like different chapters of a book. During the movie, you are guided through the various interviews with those that tell their story. The arrangement of their stories correlates to the progression of substance abuse and addiction, family attempts at intervention, the process of getting into recovery and maintaining recovery.

The early chapters are identified as: *“What was it like?”* and *“And then what happened?”*

The participants discussed what their family life was like during their childhood. Many of them described having parents who were alcoholics or drug users, and many were divorced. As they described their patterns of using, some talked about their experiences of having a blackout, and using chemicals to change their feelings.

The story of several of the individuals shared a common theme: finally, they got to the point that they quit caring [about their lives?].

We are familiar with the process of addiction, where the world of the substance abuser revolves around the drug, be it alcohol, pills, street drugs or anything else. One young man described how a family member or friend was trying to talk to him about his drug use. He was asked, “How's drinking and drugging working for you?” He flatly responded, “Don't ask me that — That is the only thing that IS working for me.”

For one individual, his wake up call was the stark realization that, “I had become the very person that I had least wanted to be.”

Some of the individuals in the movie talked about contemplating suicide. They were in such pain and experienc-



ing no relief so their thoughts were focused on wanting to die by an overdose. A young woman recalled praying to God, “Please, just take me.” Another young woman described her misery as, “Feeling trapped, no way out.”

As the sequence of the movie transitions to getting into recovery, the chapter heading is:

*“So, how can I do this?”*

We know that 12-step meetings are recommended for those seeking recovery from alcoholism and drug addiction. And we are familiar with the recommendation of going 90 meetings in 90 days. One woman shared what it took the days before to get to her first meeting. She said, “I sat in the parking lot of these meetings for three days, and then... finally, I got up the nerve to go inside. I got well.”

*“It's progress, not perfection”*

One young man shared how his prayer life and relationship with his Higher Power grew while he was in recovery. “My faith in God was growing a lot stronger by these occurrences that kept happening. When I pray, they happen. It kind of let me know ‘Okay, so, He is listening.’”

Some people go to meetings to find recovery; some people try to do it on their own; others enter treatment or even a residential treatment program. For one woman, being in a group home made her hungry for recovery. She said, “I was surrounded by other girls who started to want sobriety, and started to see a future.... I was sick of feeling the way I was. I finally wanted sobriety.”

twelve, cont. on page 19

## Get Involved: Recovery Month and You

### September 10 Open House Welcomes Professionals and the Community

Angela Beckett, NAADAC Recovery Month Coordinator

#### 20 Years of Progress

**1986** The Office Substance Abuse Prevention (OSAP) is created.

**1989** The United States celebrates its first *Treatment Works!* month (started by NAADAC), later to become *National Alcohol and Drug Addiction Recovery* month.

**1990** Americans with Disabilities Act passes and includes protections for people mental health problems, including substance use disorders.

**1992** NAADAC declares National Addiction Counselor Day, which later became Addiction Professionals Day, on September 20.

**1992** President George H.W. Bush signs the Alcohol, Mental Health Administration Reauthorization Act, creating the Substance Abuse and Mental Health Services Administration (SAMHSA).

**2000** The Drug Addiction Treatment Act passes, allowing physicians to treat opioid addiction with certain narcotic medications.

**2003** SAMHSA launches the Access to Recovery (ATR) grant program to increase access to treatment.

**2005** The Center for Substance Abuse Treatment within SAMHSA hosts 100 stakeholders to discuss a renewed emphasis on recovery. The word "recovery" is given a formative definition for the first time.

**2007** SAMHSA's Report to Congress on Co-Occurring Mental and Substance Use Disorders identifies barriers to appropriate treatment and support services and proposes a system in which co-occurring disorders are addressed and treated as primary illnesses.

**2008** The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act passes in Congress to provide equal coverage of mental health and addiction compared with traditional medical coverage.

*Join the Voices for Recovery, Now More Than Ever!* Recovery Month 2010 celebrates recovery for those who have lived it, those who have assisted them and those it affected. Substance use disorders are non-discriminatory, affecting families, friends and communities. In turn, it takes the support of the community to help in the recovery and healing process. Available and accurate knowledge of the disease helps people understand the need for support, for treatment programs and for highly trained addiction focused professionals.

Recovery Month activities brings the need for increased federal funding to states, additional treatment facilities, increase in salaries for those working in the profession and the celebration of individual and family success stories to the forefront. As an advocate for your clients and the profession, we need **YOU!**



2010 Recovery Month is drawing near and the planning is in progress. NAADAC has many events scheduled for this year including an Open House at the NAADAC headquarters along with **six free continuing education (CE) credits for NAADAC**

members on September 18, 2010, in honor of Addiction Professionals Day (September 20, 2010). We are very excited to have ten featured states to work with: West Virginia, Mississippi, Federated Marshall Islands, New Mexico, Alaska, Nevada, North Dakota, Indiana, Idaho and Kentucky. We will be working closely with these states in the upcoming months to assist with any needs that they may have during the planning and executing of their events. The NAADAC staff is also available to assist with the planning of the 2010 Recovery Month Events in all areas.

This year we ask that addiction professionals take part in Recovery Month activities with your affiliate, schools, community centers and organizations and to share your stories of success with neighbors, colleagues, and friends as a way to education them on what recovery is, how it works and why it is so important. We aim to end the stigma of substance abuse disorders and share the need for continued support from the whole community.

For more information on how you can take part in Recovery Month with your organization, contact Angela Beckett at [angela@naadac.org](mailto:angela@naadac.org) or 800.548.0497.



## State Governments Neglect Beer Taxes

### Watchdog Maps Show Revenue Decline

SAN FRANCISCO, Calif. – With color-coded maps published online, the Marin Institute, an alcohol industry watchdog organization, illustrates how inflation has decreased the value of low beer taxes, while state budget shortfalls have exploded.

“Amazingly, six states have not raised beer taxes in more than fifty years,” stated Marin Institute’s Research and Policy Director Michele Simon. “More than half the states have not raised beer excise taxes in at least two decades. Legislators are ignoring a lot of revenue their states could use right now.”

The alcohol industry watchdog calls their new maps tool Neglected and Outdated State Beer Taxes. It compares for each the number of years since last tax increase and the real value decline due to not keeping up with inflation.

Kentucky, Louisiana, Mississippi, Pennsylvania, West Virginia, and Wyoming have not passed a beer tax increase in 50



years or more. Astonishingly, in 47 states, the decrease in real value of the current beer tax (due to inflation) ranges from 25 percent to over 75 percent. Included with the maps is a handy table that chronicles all the data state-by-state including current beer tax rates.

“This is graphic proof that Big Alcohol lobbying efforts are extremely effective at preventing sound public policy and bal-

anced state budgets,” said Michael Scippa, advocacy director at Marin Institute. “Their well-funded influence peddling is especially effective when coupled with generous campaign contributions.”

“We hope state legislatures and governors looking for alternatives to draconian cuts to budgets and services will use this data,” Simon added. “Then enact long-overdue increases to beer taxes and index them to inflation to prevent future losses.”

To use the new maps, visit [MarinInstitute.org](http://MarinInstitute.org).



twelve, from page 17

Her story reminds me of the saying that “You can lead a camel to water, but you can’t make him drink.” “Yes, but you can make him thirsty.”

“So, what’s it like now?”

While some individuals struggle to find peace and to make it in recovery, there was one young woman who relayed a message of hope worth capturing. She said, “You know, they say don’t give up before the miracle happens. If you can just wait, just hold on. It will happen. It will happen. It will.” Her message was a comforting message of hope, for the individual striving for recovery, and for the family members and friends who pray for their loved one to make it.

“So, is there life after rehab?”

As a fitting tribute to the power of recovery, those that told their story in the making of this video were thanked. At the end of the movie, there is a brief description of what each person has gone on to achieve, and how many years of sobriety that they had at the time of the making of the documentary.

I would highly recommend this movie for consideration to be shown to teenagers and young adults.\* I believe it can be useful in both substance abuse prevention efforts as well as treatment programs. I believe that many adults in treatment or recovery would relate to the common themes and

parallels contained in both the movie and in their own lives.

(\*Note: If you are considering this movie for use with older children and/or preteens, I would recommend that adults prescreen the movie to determine if it is appropriate for the group of children that you have in mind.)

The process of addiction is similar in various age groups, but it has been said to progress more rapidly in the body of a developing child or adolescent. The process of recovery is essentially the same, with recommendations for abstinence, considerations of going to treatment, going to meetings and working a program.

It is my hope that the movie “twelve — is there life after rehab?” will make a difference in the lives of those that may view the movie. I would hope for those seeking recovery, that the stories contained in this movie may give them something to connect to, and, by so doing, this process may help them find peace and recovery.

For more information or to order a DVD, contact:

Jack V. Sinclair

5905 N. Barnes, Oklahoma City, OK 73112

405-842-2334, [jsinclair@12recovery.com](mailto:jsinclair@12recovery.com)

Suggested price is \$149.50.

Kevin Large works as a clinician in southwestern Michigan. He can be reached at 269.330.6981.



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**UPCOMING EVENTS**

June 25, 2010  
**Addiction Professionals for California (APAC) Inaugural Conference**  
 Los Angeles, CA  
 The association's inaugural conference will be held at Promises in Los Angeles on Motivational Interviewing. Free to all APAC/NAADAC members. More details at [www.naadac.org](http://www.naadac.org) or contact [dkamp@naadac.org](mailto:dkamp@naadac.org).

July 8 – 10, 2010  
**The Thirty-Sixth Annual TAAP State Conference on Addiction Studies**  
 San Antonio, Texas  
 For more information, please visit [www.taap.org](http://www.taap.org) or email [admin@taap.org](mailto:admin@taap.org).

July 15, 2010  
**Application Deadline for September 2010 NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exam**  
 Across the nation  
 The Professional Testing Company administers testing for the NAADAC National Certification Commission. For details on fees or to download an application form, visit [www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC).

July 15 – 16, 2010  
**Missouri Association for Addiction Professionals (MoAAP)**  
 The newly re-energized association will hold its first event on Motivational Interviewing. This event is free for members!  
 More details at [www.naadac.org](http://www.naadac.org) or contact [dkamp@naadac.org](mailto:dkamp@naadac.org).

September 1 – 30, 2010  
**Recovery Month**  
 Events Nationwide  
 For more information on events, please visit [www.naadac.org](http://www.naadac.org) or [recoverymonth.gov](http://recoverymonth.gov).

September 8 – 11, 2010  
**National Conference on Addictive Disorders**  
 Washington, DC  
 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.  
 For more information on the conference, please visit [www.naadac.org](http://www.naadac.org).

September 11 through 18, 2010  
**Exam Dates for the September 2010 NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exam**  
 Across the nation  
 For credential descriptions, visit [www.naadac.org](http://www.naadac.org). The Professional Testing Company administers testing for the NAADAC National Certification Commission.  
 For more information on the exam, please visit [www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC).

September 16 – 18, 2010  
**New Mexico Recovery Professionals Association (NMRPA) Conference**  
 This three-day conference will feature Conflict Resolution in Recovery with Cynthia Moreno Tuohy.  
 For more details on the conference, please visit [www.naadac.org](http://www.naadac.org) or contact [dkamp@naadac.org](mailto:dkamp@naadac.org).

September 18, 2010  
**NAADAC Open House and Free Training: Motivational Interviewing for Clients with Co-occurring Disorders**  
 Alexandria, VA – NAADAC National Office  
 Open House in honor of Addiction Professionals Day (September 20). NAADAC members may earn six free continuing education (CE) credits.  
 For more information, visit [www.naadac.org](http://www.naadac.org).

September 20, 2010  
**Addiction Professionals Day**  
 Celebrate the work performed by addiction professionals! Founded in 1992, NAADAC held its first Addiction Professionals' Day (originally called National Alcoholism and Drug Abuse Counselors Day). This day was established to commemorate the hard work that addiction services professionals do on a daily basis.  
 For more information, visit [www.naadac.org](http://www.naadac.org).

October 2 – 4, 2010  
**Keeping It Real 2010 Conference**  
 Baltimore, MD  
 Join the Central East ATTC and The Danya Institute to address street-level intervention strategies for addiction, HIV/AIDS and hepatitis.  
 For more details, please visit [www.nattc.org/regcenters/index\\_centraleast.asp](http://www.nattc.org/regcenters/index_centraleast.asp).

October 8 – 9, 2010  
**Association of Addiction Professionals of New York (AAPNY) Training**  
 Orangeburg, NY  
 Join AAPNY for a two-day event featuring Dr. Carlo DiClemente and Motivational Interviewing.  
 For more details, visit [www.naadac.org](http://www.naadac.org) or contact [dkamp@naadac.org](mailto:dkamp@naadac.org).

October 15, 2010  
**Application Deadline for December 2010 NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exam**  
 Across the nation  
 The Professional Testing Company administers testing for the NAADAC National Certification Commission.  
 For details on fees or to download an application form, visit [www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC).

November 10 – 13, 2010  
**NAADAC Southwest Regional Conference**  
 Las Vegas, NV  
 More details at [www.naadac.org](http://www.naadac.org).

December 4 through 11, 2010  
**Exam Dates for the December 2010 NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exam**  
 Across the nation  
 For credential descriptions, visit [www.naadac.org](http://www.naadac.org). The Professional Testing Company administers testing for the NAADAC National Certification Commission.  
 For more information on the exam, please visit [www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC).

For a complete interactive calendar, visit [www.naadac.org](http://www.naadac.org) > Education > Calendar of Events  
 Have an event we should know about? Contact 800.548.0497, ext. 122 or e-mail [dkuehn@naadac.org](mailto:dkuehn@naadac.org).