Prevention, Treatment & Recovery Isn’t a Gamble
Pages 8 – 11
Editor’s Note

“I like to play blackjack. I’m not addicted to gambling. I’m addicted to sitting in a semi-circle.”

– Comedian Mitch Hedberg

(1968 – 2005)

Welcome to the April/May 2011 edition of the NAADAC News. This issue features a number of contributions from members on the issue of gambling and its impact on families, clients and professionals. It was a pleasure to read the contributions, even though some of the issues addressed are heart-wrenching. As an additional resource, there’s an article from Christine Reilly from the Institute for Research on Gambling Disorders, discussing the support and research that professionals can tap into.

Expanding on the issue of membership, NAADAC President Don Osborn addresses the important role NAADAC members have made in shaping the discussions of where the profession is headed. The professional terrain for those who focus on prevention, intervention, treatment and recovery is shifting, and it is important that there is a strong voice speaking up for the professionals who will be affected in this period of change.

I hope you enjoy the issue.

Donovan Kuehn
Editor, NAADAC News
This is a challenging time for our profession. Our workforce is being tested by rapid and evolving changes. I outlined some of those changes in my President’s message in a recent edition of the *Addiction Professional* magazine (November/December 2010, Vol. 8, No. 6). As I stated then, “We enter a new era in the addiction profession.”

The passage of health care legislation has initiated much discussion, particularly over who can practice. This discussion comes as the final version of the health care legislation evolves in Washington, D.C. While we don’t know how these debates will end, we do know that the status quo will not continue.

While NAADAC’s membership is 8,000 strong, it represents only a fraction of the 78,000 professionals who work in the profession. (U.S. Department of Labor, 2009) There are some in the addiction profession who are not members of NAADAC and not aware of or current of the changes facing our vocation. Others when becoming aware of the changes are finding the need to evaluate their place in the profession, and wonder why they were not aware of the changes earlier. Several NAADAC members have communicated to me how they value their membership now more than ever.

At this time, NAADAC has been asked to lead and contribute vision to changes in the addiction profession. Recent examples of this leadership is the creation of a national standardized addiction studies curriculum and scope of practice and the creation of the National Addiction Studies and Standards Accreditation Commission. These are critical steps towards the creation of a career ladder that takes us from a field to a profession. From having a seat at the table, to helping set the nation’s agenda with the development of these critical resources, the place and value of NAADAC is clear.

As recent events demonstrate, members of NAADAC can effect and encourage significant change in the addiction profession. Being a part of a professional association enables people to participate in deliberations on issues that face those who service clients with addictive disorders and provides a collective voice to addiction professionals who otherwise would not be heard. The more members involved, the easier it is to share information concerning the country’s attitudes and beliefs about addiction treatment and to help shape those opinions in a positive way.

NAADAC is the only addictions association leading the way for the profession and — most importantly — our members, on these changes and national issues.

I would like you to consider using your leadership in NAADAC. If you would, consider speaking to colleagues who are former members or future professionals to become a part of the national voice of NAADAC in membership. Feel free to share this article as well. As promised, NAADAC and I will keep you informed and apprise you of future NAADAC initiatives on behalf of our members and the profession. I thank you for your support and belief in NAADAC membership. If you’d like to renew your membership, or encourage a colleague to join, please visit www.naadac.org/join.

**Build upon a heritage and leave a legacy,**

Don

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

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**Occupational Employment and Wages for Substance Abuse and Behavioral Disorder Counselors, May 2009**

**Source:** Bureau of Labor Statistics

These professionals counsel and advise individuals with alcohol, tobacco, drug or other problems, such as gambling and eating disorders. May counsel individuals, families or groups or engage in prevention programs. This category excludes “social workers,” “psychologists” and “mental health counselors” providing these services.

### Key Statistics

- **Employment:**
  78,470 professionals

- **Mean hourly wage:**
  $19.43

- **Mean annual wage:**
  $40,420
A new set of leaders have put their names forward to represent NAADAC’s members. Every two years, half of NAADAC’s eight regions have the opportunity to select the representatives who will speak up on behalf of the association’s members. This year all four of those representatives have been chosen by acclamation.

Below are the backgrounds of the new leaders who will work for the best interests of the association and the profession.

Elected: Mid-Central Regional Vice President
Represents Illinois, Indiana, Kentucky, Michigan, Ohio & Wisconsin
Stewart Turner Ball, LMFT, LCSW, LCAC, MAC
Nashville, Indiana
stbms1975@yahoo.com
www.stewartturnerball.com

The new RVP for the Mid-Central region has been active in the professional and religious communities, helping build the affiliate and advocating for licensure.

Stewart Turner Ball, LMFT, LCSW, LCAC, MAC, served on the NAADAC Board of Directors and was President of the NAADAC state affiliate in Indiana (the Indiana Association for Addiction Professionals) from 2005 to 2008. While President of IAAP, he was very adept at increasing membership, moving from 14 founding members to nearly 500 in less than four years, while maintaining a debt-free association. His leadership was respected and well-received by his Board of Directors and he continues to be a mentor to the leadership of IAAP.

Turner Ball’s philosophy may be summarized by two phrases: “Only our best...” and “…operating IAAP with the mind of a businessman and the heart of a therapist.” This is evidenced by IAAP’s being able to host high quality/low-cost conferences while experiencing financial stability throughout his tenure as President. As the RVP, he plans to continue to lend his heart and experience to the needs of NAADAC members within the Mid-Central Region while advancing the best interests of addiction professionals nationally.

Turner Ball has counseled suffering addicts and their families in a variety of settings, including inpatient, intensive outpatient and private counseling/consulting practice. He is licensed as a clinical addictions counselor, marriage and family therapist and clinical social worker while maintaining a national addictions certification (Master Addiction Counselor) as well. He is a frequent speaker to secular and religious conferences on topics such as “Dealing With Difficult People” and “Loving When it Ain’t Easy.”

His leadership experience includes the past presidency of the Association of Graduate Counselors of Butler University (AGCBU) and his integral role in securing licensure for addictions counselors in Indiana. Presently he directs a NAADAC-endorsed online addictions counseling degree program while maintaining a limited private counseling practice.

Elected: North Central Regional Vice President
Represents Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota & South Dakota
Diane Sevening, EdD, CCDC-III
Vermillion, South Dakota
dsevenin@usd.edu

A commitment to education and mentoring emerging professionals is what drives the new RVP from the North Central Region.

Diane Sevening, EdD, CCDC-III, a faculty member in The University of South Dakota’s Department (USD) of Alcohol and Drug Studies has a long and continued commitment to the association and support for the addiction profession.

Dr. Sevening has served as NAADAC’s student ad hoc committee chair since 2006 and assisted in the development of state affiliate’s council of students, guidebook (bylaws) for college and university student organizations. She has also been a faculty advisor to the local student organization, the Coalition of Students and Professionals Pursuing Advocacy (CASPPA), since 2005 and encourages students to attend NAADAC conferences.

She is motivated by compassion and believes in NAADAC’s mission to lead, unify and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research. She also wants to focus on the recruitment of addiction studies students who will enhance the health and recovery of individuals, families, and communities and help strengthen NAADAC by emerging as future leaders.
In addition to her academic credentials, Dr. Sevening has presented at the 2010 National Conference on Addiction Disorders (NCAD), the 2007 Advocacy in Action Conference and the 2006 Workforce Development Summit. She served as an addiction family therapist at St. Luke’s Addiction Center for one year and as the alcohol and drug counselor at the USD student health services for seven years.

Elected: Southeast Regional Vice President
Represents Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina & Tennessee
Frances Clark-Patterson, PhD, MAC, BCPC, CCJAS, QSAP, QCS
Hermitage, Tennessee
frances@footprints-cs.com
www.footprints-cs.com

The new RVP for the Southeast Region has focused on excellence in the profession.

Frances Clark-Patterson, PhD, MAC, BCPC, CCJAS, QSAP, QCS, has been a NAADAC member for almost 20 years. She has served as president of Middle Tennessee Association for Alcoholism and Drug Abuse Counselors (MTAADAC) and President of the Tennessee Affiliate. She is a member of the NAADAC trainers academy and a NAADAC approved education provider. Dr. Clark-Patterson is currently the chair of the NAADAC Clinical Issues committee and a member of the ethics committee. In 2006, Frances was awarded with the Mel Schulstad award as the professional of the year.

In 2010, Dr. Clark-Patterson, along with Mid-Central Regional Vice President John Lisy, spearheaded NAADAC’s response to the release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) produced by the American Psychiatric Association’s (APA). “The DSM has such a primary place in diagnosing illnesses, including that of addiction,” said then NAADAC Director of Government Relations Daniel Guarnera. “We had a responsibility to NAADAC members, and to the profession as a whole, to ensure that this DSM best reflects the treatment realities faced by members of the addiction profession.”

Dr. Clark-Patterson sought out a spot on the NAADAC Executive Committee because “NAADAC is the voice of addiction professionals and as such all addiction professionals can add to the future of our field and NAADAC by actively participating in state chapters and nationally.”

“We can all help to build the future of our profession in an ethical and professional manner by supporting NAADAC and advocating for the clients we serve. Without a united voice throughout the national association, our field will suffer, as will those we serve. I believe NAADAC will continue to expand through legislative advocacy, national specialty certifications and quality training events. I look forward to seeing NAADAC continue expand outside the borders of the US to become the worldwide voice of our profession.”

– Dr. Francis Patterson, Vice-President-Elect for the Southeast Region

Elected: Southwest Regional Vice President
Represents Arizona, California, Colorado, Hawaii, New Mexico, Nevada & Utah
Kirk Bowden, PhD, MAC, LISAC, NCC, LPC
Gilbert, Arizona
kirkbowdenphd@gmail.com

Strong state ties and partnerships have been keys to the new Southwest RVP’s career.

Kirk Bowden, PhD, MAC, LISAC, NCC, LPC, was recognized as the Arizona Association for Alcoholism and Drug Abuse Counselors (AzAADAC) Advocate of the Year for 2010. His history of service to AzAADAC includes state board member, ethics chair and Central Chapter president elect and president.

Dr. Bowden has also served on NAADAC’s National Addiction Studies and Standards Collaborative Committee — a group committed to establishing best practices for addiction studies programs — as a continuing education auditor. He has also served on the editorial advisory board of NAADAC’s current and former magazines: Addiction Professional and Counselor magazines.

Dr. Bowden has served as the Chair of the Chemical Dependency Counseling Rio Salado College, Director of Grand Canyon University’s Professional Counseling and Addiction Studies and as Past President International Coalition for Addiction Studies Education (INCASE).

His affinity for working in partnerships has led him to
Elections, cont. on page 6
Elections, from page 5

be a subject matter expert for California Board of Behavioral Sciences; serve on the steering committee member of on the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment’s (CSAT) Partners for Recovery and represent addiction professionals on the steering committee of SAMHSA/CSAT’s Higher Education Accreditation and Competencies expert panel.

Dr. Bowden has an MA in Counseling and a PhD in Psychology.

“NAADAC must protect its members and the public by working to insure that state legislatures do not allow other behavioral health specialties such as social workers and psychologists to replace addiction counselors in the treatment of addictions,” said Bowden in his election statement. “NAADAC must work to ensure that every state recognizes addiction counseling as a behavioral health specialty.”

Bowden laid out his cooperative vision that of where the profession should go.

“NAADAC should seek legislation and also work with insurance companies and other third party providers to insure fair payment for addiction counseling services. NAADAC must make every effort to insure that its members are active in developing and maintaining a high standard of professional ethics.”

New members of the Executive Committee will take office at the end of the 2011 NAADAC Board of Directors meeting in September.

Donovan Kuehn serves as the Director of Operations and Outreach for NAADAC, the Association for Addiction Professionals. He can be reached at dkuehn@naadac.org or on Facebook at www.facebook.com/donovan.kuehn.
Risky Business
What Students Need to Know About Insurance
Adam P. Frank, Sterling & Sterling

Ok, so you decided to pursue a career helping others! Kudos on your civic-mindedness and your amazing kindness to your fellow citizens! You are an incredible role model and we wish we had thousands of more people like you to make the world a better place. You are helping others to help themselves...What could possibly go wrong?

• Oops! Your patient had a relapse and her alcoholic parents say it’s your fault.
• Oops! Your patient lost his job after you advised him to “stand up” to his overbearing boss.
• Oops! A patient’s spouse didn’t like the way you looked at them and blames you for their divorce.

All of a sudden, out of nowhere, you are handed a summons and complaint and BAM — you have a lawsuit on your hands.

What now? Even if you practice with the best of intentions, the worst outcomes can and do occur.

Did you know that not all internships provide insurance for its students? In fact, most internship programs do not provide insurance to protect their students. What this means is that you may be out of luck when the music stops and you are left to respond to the lawsuit. Even if a lawsuit is completely bogus, you still need to hire a lawyer and pay for a defense. A court may even decide that you owe money to someone if you are found to be negligent. This is where insurance comes into play.

To solve this growing problem, the Van Wagner Group has developed an exclusive insurance program for NAADAC students, providing superior coverage at the lowest cost possible. The annual cost for students in our program is only $37. No, that is not a typo — it’s the actual price...for an entire year!

For the same price as going to a movie (with popcorn and soda), you’ll have peace of mind knowing that you have one of the best insurance policies available with a $3,000,000 limit to help defend against anything that can rob you of your dream to help change the world. If you would like to apply, you can complete an application online by clicking Student Insurance Quote.

If you are not yet a student member of NAADAC, the Association for Addiction Professionals, join now at www.naadac.org/join.

Your NAADAC membership entitles you to a occurrence policy at a group rate. For more information, please visit the NAADAC website at www.naadac.org or contact Van-Wagner/Sterling and Sterling at 800.735.1588 or insurance@vanwagnergroup.com

Adam P. Frank is a Project Manager for Sterling & Sterling insurance and has over eight years of insurance and risk management experience. Frank received his Bachelor of Science degree in Applied Economics and Management with a concentration in Computer Science in 2002 from Cornell University. As a licensed NY insurance broker, he has managed the national insurance programs for Jewish Community Centers, Human Services Organizations and other related not-for-profit clients.

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Almost fifty years ago, The Beatles instructed the youth of America in financial matters of the heart. And on May 9, 2010, Federal Reserve Chairman Ben Bernanke, while addressing graduates of the University of South Carolina gave the optimistic students a similar message, perhaps one that they were not prepared to hear: money can’t buy you happiness.

“We all know that getting a better-paying job is one of the main reasons to go to college … But if you are ever tempted to go into a field or take a job only because the pay is high and for no other reason, be careful,” he instructed to the Columbia, S.C., crowd.

“Having a larger income is exciting at first, but as you get used to your new standard of living and as you associate with other people in your new income bracket, the thrill quickly wears off,” he said in prepared remarks.

Bernanke’s statements reflected what studies have found, that just six months after winning a large lottery prize — even in the millions of dollars — people reported being not much happier than they were before the winning.

Many of us have fantasized about winning the lottery and imagining that such a lucky event would be an end to all of our problems. Spend a moment and visualize what you would do with a sudden cash prize of say, five million dollars. One might immediately begin to make an imaginary list of life changing strategies such as quitting a job, buying a mansion, purchasing that expensive sports car you have always coveted or embarking on a trip around the world.

There are numerous news stories about lottery winners; unfortunately many of them are about those who have lost it all. They have gone from rags to riches to rags once again. The sudden infusion of wealth created a dramatic life-change that few were prepared to cope with. Wealth becomes an optical illusion of false hope and false promise. The reality is that, for many, the prosperity does not last and disappears in a rapid, predictable moment of lustful greed, excess and materialism.

That was how it was for “Bud” Post. After pawning his ring for $40, William “Bud” Post spent the money on forty Pennsylvania Lottery tickets. His lucky ticket netted him $16.2 million. He soon began to receive the first of his twenty-six annual payments of $497,953.47. Post’s breathtaking experience as a multi-millionaire was both sudden and tragic. At the time of his 1988 winning he was on disability and had a total of $2.46 in his bank account. Five years later, after winning the lottery, Post admitted “Everybody dreams of winning money, but nobody realizes the nightmares that come out of the woodwork, or the problems.”

In a series of ill-fated events, “Bud” Post found himself hounded, stalked and hunted like an animal. His life began to unravel as his fortunes became depleted. Ann Karpik, his landlady and former girlfriend, successfully sued him for a third of the inheritance. His brother hired a contract murderer to kill “Bud,” hoping to retrieve a portion of the inheritance. Several of the Post siblings pressured “Bud” to invest in sundry business ventures; a car business and a Florida restaurant, which brought no financial return and further strained the relationship of the Post family. His sixth wife moved out. After firing a shotgun over the head of a bill collector, “Bud” was jailed for dangerous, erratic behavior. “Bud” Post was $1 million in debt within the year. Just before a predictable bankruptcy, Post had bought a twin-engine plane even though he did not have a pilot’s license. He purchased two homes, two Harley-Davidson motorcycles, a luxury camper, two 62-inch Sony televisions and a $260,000 sailboat that was docked thousands of miles away in Biloxi, Miss.

John Lacher, a bankruptcy lawyer who assisted Post observed, "He was like ‘The Beverly Hillbillies.’ He did everything you would expect of a guy who became a millionaire overnight.”

“I wish it never happened,” Post later reflected. “It was totally a nightmare.” He admitted that he was irresponsible with his winnings as he attempted to please his family members. After declaring bankruptcy he subsisted on food stamps and his disability check, a little more than $450 a month. At one point he said, “I’m tired, I’m over 65 years old and I just had a serious operation for a heart aneurysm. Lotteries don’t mean (anything) to me.”

William “Bud” Post, 66, died of respiratory failure on January 15, 2006 in a Seneca, Penn., hospital. Referring to his lottery winnings as the “lottery of death” Post revealed prior to his demise that, “I was much happier when I was broke.”

“Bud” Post did not stand alone in his quest for that magical cash jackpot. According to the U.S. Census Bureau, daily and instant lottery revenues have been on the rise since 2004. (NOTE: The Bureau of Labor Statistics reported that in January 2011, the number of unemployed workers increased to 13.9 million as the unemployment rate rose to 9.0 percent. Since the start of the recession in December 2007, the number of the unemployed has grown by over five million, while the unemployment rate...
has risen dramatically. To keep those numbers in perspective, note that from 1948 until 2010 the United States’ Unemployment Rate averaged 5.70 percent reaching a then historical high of 10.80 percent in November of 1982 and a record low of 2.50 percent in May of 1953.

Even during these harsh economic times with almost 14 million American workers unemployed and questioning when their next paycheck will arrive, there are those who have risked their very survival on instant scratch-off tickets and other daily games of chance. A Rockefeller Institute of Government study found that total lottery revenue has climbed steadily since 1992, rising to $17.4 billion in 2007. During that 15-year span, lottery revenue increased most rapidly during the 2001 recession. Some researchers claim that financial insecurity may be tempting more people to risk larger amounts of their survival money in hopes of a huge cash payoff.

Many individuals such as “Bud” Post have mistakenly equated financial success and material possessions with happiness. Is it because we as a society have defined happiness in terms of excess and materialism and have gradually stepped away from spiritual elements? Is it because we have defined the terms of happiness as being external to our selves, and have, in fact, denied the true essence of self?

Despite incredible fortune and success, Adolf Merckle, one of the wealthiest businessmen in Germany, was unable to embrace happiness within his vast financial reality.

Merckle had a net worth estimated at almost $9.2 billion dollars. Merckle’s empire included holdings in a diverse range of products including Volkswagen cars, HeidelbergCement, generic-drug maker Ratiopharm and Phoenix Pharmahandel. His vast business empire consisted of 120 companies that employed over 100,000 people. He had been listed as Germany’s fifth richest individual and ranked 94th on Forbes’ listing of the world’s richest individuals. “The desperate situation of his companies, caused by the financial crisis, the uncertainties of the last few weeks and his powerlessness to act, broke the passionate family entrepreneur and he took his own life,” his family said in a prepared statement.

In 2009, German billionaire Merckle, a once-vibrant symbol of Germany’s industrious spirit, committed suicide by throwing himself under the wheels of a speeding train. His lifeless mangled body was discovered on railway tracks at Blaubeuren in southwestern Germany. Merckle, 74, had become depressed after his business empire was devastated by the global financial crisis.

Money cannot buy happiness. Experts agree that if you were unhappy before any lottery winnings you can anticipate that the additional cash flow into your life will not make you any happier. It is a false promise based upon empty hopes, words and dreams.

Considering the incidence of misery brought about by sudden allotments of wealth, it is predominately one’s inability to remain focused, centered and grounded that is the true cause of this despair.

As reflected in the Beatles song (Money) “Can’t Buy Me Love,” we soon realize that money, no matter how plentiful, is not a magical panacea. It is only symbolic of some amorphous, intangible quality. It will not solve life’s emotional, psychological or spiritual problems. It will not bring us closer together.

John, Paul, George and Ringo couldn’t have sung it better. Money can’t buy us love, or in this case, happiness.

Maxim W. Furek, MA, CADC, ICADC is Director of Garden Walk Recovery, an organization promoting wellness through drug prevention and education. He is a leading researcher and lecturer on contemporary drug trends. His book, The Death Proclamation of Generation X: A Self Fulfilling Prophesy of Goth, Grunge and Heroin, was published in 2008. He is a member of NAADAC and can be reached at www.maximfurek.com.
FEATURE ARTICLE

Negative Balance
A Counselor’s Personal Story of Loss and Compulsive Gambling
Ellen F. Delos Reyes

Being married to a gambler made each hour of each day unpredictable. My husband and I were in constant battle with each other, all because of his addiction. Tears of betrayal eventually became anger, which soon took hold of me. I bottled my emotional breakdowns and tried to look like I had never experienced grief or suffering. My mind was constantly fogged by stress, and I was not sure how to cope. Every tearful day, I repeated the same question in my head, “How much more can I take?” My husband was in complete denial and slowly, his addiction separated us — our minds, our bodies and our vows to be one. He was so blinded by a lust for gambling, the pain he inflicted on his family was never felt. My trust for him diminished and soon, I was both mom and dad. Our daughters were young, so my husband underestimated their ability to understand the situation. His relationship with them was so severely damaged, that even to this day they are still under repair. My children’s pain became my desperation. The wife in me could bear the manipulation of a husband, but the mother in me would not tolerate a father’s neglect. I had reached my breaking point. After years of marriage, I wanted a divorce.

It was in 2004 when a friend introduced my husband and me to a loving and supportive community of faith. The meeting was just in time, and became our salvation. Although it took years, the walls of pride slowly came down and my husband’s denial began to dissolve. Through acceptance, communication, and forgiveness I was able to look beyond our past and hope for a better future. Our marriage will always be full of ups and downs, but now I have the wisdom and perseverance to face the tribulations of addiction. I learned our marriage is a life long journey that cannot be fought with anger, but with patience and love. Today, we are continuously rebuilding the pieces.

In addition to managing my husband’s addiction to gambling, I have helped loved ones overcome alcohol, drug and food addiction. There are not enough words to express my longing to pursue a Masters Degree in Addiction Counseling. Being able to help others’ lives also impacted by addiction would not only be my career, but my passion. I want to help people create hopeful stories.

Ellen F. Delos Reyes is a NAADAC member from Illinois. She has a Bachelor of Science in Public Administration, a Masters in Public Administration and an Associate degree in Human Services and Management. She can be reached at ellendelosreyes41@yahoo.com
Don’t Go It Alone

Resources are Available to Support Professionals Treating Gambling Addiction

Christine Reilly, Institute for Research on Gambling Disorders

The National Center for Responsible Gaming (NCRG) has been supporting scientific research and education on gambling disorders and responsible gaming since 1996. The NCRG’s mission is to help individuals and families affected by gambling disorders by supporting the finest peer-reviewed, scientific research into pathological and youth gambling; encouraging the application of new research findings to improve prevention, diagnostic, intervention and treatment strategies; and advancing public education about gambling disorders and responsible gaming.

NAADAC members interested in learning about gambling research should visit www.gamblingdisorders.org, which includes profiles of NCRG-funded research and Gambling Disorders 360°, a blog that provides regular updates on new research and NCRG research and educational initiatives.

The NCRG is an approved NAADAC continuing education provider and sponsors programming relevant to the needs of alcohol and drug counselors, especially those interested in working with clients with gambling problems. The annual NCRG Conference on Gambling and Addiction, scheduled for Oct. 2 – 4, 2011, offers up to 14 continuing education hours.

The NCRG also sponsors several live webinars annually focused on various topics such as motivational interviewing and cognitive behavioral therapy. The first 2011 webinar, “Gambling Disorders: What Addiction Professionals Need To Know,” was cosponsored by NAADAC and was designed with NAADAC members in mind. NAADAC and NCRG plan future collaborative works.

For more information about the NCRG, visit www.ncrg.org and www.gamblingdisorders.org or search for the NCRG on Facebook.

Christine Reilly is the Executive Director of the Institute for Research on Gambling Disorders. She administers the Institute’s research grant programs and coordinates educational activities such as the annual NCRG Conference on Gambling and Addiction and the EMERGE Training program (Executive, Management, and Employee Responsible Gaming Education). Previously, Reilly served as the executive director of the Institute for Research on Pathological Gambling and Related Disorders, from 2000 to 2009. She also was the first executive director of the National Center for Responsible Gaming (NCRG), from 1997 to 2000.
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Commemorate Fellow Professionals

For the first time, NAADAC will commemorate addiction professionals who have passed away. A presentation will be held during the NAADAC membership meeting at the National Conference on Addiction Disorders (NCAD), to be held in San Diego, Calif., September 17 – 21, 2011.

To submit the name, photo and/or story of an addiction professional who deserves to be remembered, please send details to naadac@naadac.org or mail materials to NAADAC, 1001 N. Fairfax Street, Suite 201, Alexandria, VA, 22314.

Father Joseph C. Martin Award for Professional Excellence
Deadline June 1

The Father Martin Award was created to recognize professionals who exemplify Father Martin’s legacy of helping the chemically addicted and their families heal.

This year’s award will be presented at a special Awards Luncheon during the National Conference on Addiction Disorders (NCAD) sponsored by NAADAC, the National Association of Addiction Treatment Providers (NAATP) and the Vendome Group. The conference will be held in San Diego, Calif., September 17 – 21, 2011.

An independent committee from the behavioral health field will review the nominations and select this year’s winner. Completed nomination forms must arrive by midnight, June 1, 2011 to be considered.

If you have any further questions about the Father Martin Award please contact lbucklin@fmashley.com or 410.273.2220.

For full details on the awards program visit the NAADAC homepage at www.naadac.org and read more at “Get Involved!”

Motivational Interviewing Resource Launched

The Mid-Atlantic Addiction Technology Transfer Center and the ATTC Network are pleased to announce the launch of our new Motivational Interviewing (MI) website, www.motivationalinterview.org.

We encourage you to visit and see what the new Motivational Interviewing site has to offer by visiting this new resource today!
How Does NAADAC Membership Help Me?
NAADAC Membership Helps Professionals, Students and Organizations in Different Ways

Donovan Kuehn, Director of Operations and Outreach

NAADAC, the Association for Addiction Professionals, is the largest membership organization serving addiction counselors, educators and other addiction-focused health care professionals. With 8,000 members and 43 state affiliates, NAADAC’s network of addiction services professionals spans the United States and the world. NAADAC provides training, education, leads advocacy efforts and keeps its specialized network up-to-date on the innovations and changes in the profession.

Top Five Ways NAADAC Helps Professionals
1. NAADAC offers over 30 online CEs free exclusively for NAADAC members. (Visit www.naadac.org/education for full details.)
2. NAADAC is the only national organization standing up and advocating for addiction-focused professionals in Washington, D.C., and in state capitals around the country. NAADAC was instrumental in passing the substance abuse and mental health parity act in 2009, made the voice of the profession heard during the debate on health reform in 2010 and fights to protect funding for addiction prevention, intervention and treatment in each state. (Visit www.naadac.org/advocacy for full details)
3. NAADAC regularly shares information on professional and educational opportunities and keeps members up-to-date on the critical issues facing the profession.
4. The NAADAC National Certification Commission provides best-practice, evidence-based addiction certification in three addiction levels, tobacco and recognition of Department of Transportation qualified Substance Abuse Professionals. The Certification Commission also provides an adolescent and faith-based endorsement.
5. NAADAC presents a set of professional best-practices guidelines through its Code of Ethics, offers networking opportunities through national and state conferences and workshops and provides a professional identity which helps preserve and honor the unique talents of addiction professionals.

Top Five Ways NAADAC Helps Students and New Professionals
1. NAADAC offers a way for students and new professionals to connect with their peers in the profession, engage in the process to become an addiction professional and enter into the certification/licensing process.
2. NAADAC offers a national association of 8,000 members who have been in the profession for an average of over ten years; a great place to network and find mentors.
3. NAADAC regularly shares information on professional and educational opportunities and keeps members up-to-date on the critical issues facing the profession.
4. By 2018, the need for addictions treatment professionals is expected to increase by 21 percent (Department of Labor) and demand for professionals with graduate level degrees is expected to increase by 35 percent (SAMHSA).
5. NAADAC presents a set of professional best-practices guidelines through its Code of Ethics and provides a professional identity which helps preserve and honor the unique talents of addiction professionals.

Top Five Ways NAADAC Helps Organizations
1. NAADAC membership helps increase the visibility of your organization or program by connecting it to a national membership and national standards.
2. NAADAC membership helps organizations demonstrate their commitment to quality standards and leadership in the profession.
3. NAADAC membership includes a free listing in NAADAC’s annual Directory of Education and Training.
4. NAADAC membership provides an opportunity to combine membership with an approved education provider program.
5. NAADAC organizational membership provides your employees with the opportunity to join NAADAC’s national membership network at an exclusive discounted rate.

Join NAADAC today...
Reap the benefits tomorrow!

To join NAADAC or renew your membership, visit www.naadac.org/join.
Opportunities to Learn
New NAADAC Webinar Series Tackles Issues Important to Professionals

Donovan Kuehn, NAADAC Director of Operations and Outreach

Addiction-focused professionals are busier than ever. Budgets are being cut. How can conscientious professionals stay informed of the important clinical and professional issues they must address?

NAADAC, the Association for Addiction Professionals, has a new tool open to members and non-members alike. The 2011 NAADAC webinar series tackles issues as varied as clinical supervision, enhancing your career and strategies for successfully taking exams. The webinars are led by nationally recognized presenters and offer practical strategies for professionals.

The project is a collaboration between NAADAC and the health technology company AccuCare, and is focused on keeping you up-to-date on changes in your field. While the webinars are focused on delivering an in-depth presentation, each webinar includes a feedback session where participants can discuss the issues they have just learned and place them in a larger context of what it means for their individual practice and for the profession as a whole.

The full schedule is detailed in the accompanying box. Two continuing education (CE) credits are available for anyone who attends the webinars. CEs are free for NAADAC members and are available for $10 for non-NAADAC members. There is no charge to attend the webinars.

For more information and to reserve your virtual seat, please visit the NAADAC website at www.naadac.org/education. Registration for each topic is available two weeks before the session.

If you are unavailable to participate in the live webinar, presentations will be archived and can be accessed from NAADAC’s website (www.naadac.org/education) within five days of the program. Viewers of the archived programs are still eligible to earn two CEs by completing a continuing education quiz.

Donovan Kuehn serves as the Director of Operations and Outreach for NAADAC, the Association for Addiction Professionals. He can be reached at dkuehn@naadac.org or at www.facebook.com/donovan.kuehn.

Upcoming NAADAC Webinars

Full registration details at www.naadac.org/education

APRIL 14: Screening, Brief Intervention and Referral to Treatment (SBIRT) – featuring Tracy McPherson, PhD.

MAY 4: Preparing for Healthcare Implementation in 2014: What Addiction Professionals Need to Know About Medicaid Expansion – featuring John O’Brien, Senior Advisor to the Administrator on Health Care Reform at the Substance Abuse and Mental Health Services Administration (SAMHSA) and Gerry Schmidt, MA, Chairperson of the NAADAC Public Policy Committee.

MAY 19: Education Providers — the New Standard of Success – featuring Shirley Beckett Mikell of NAADAC.

JUNE 16: Get the Most out of Your National Conference on Addiction Disorders (NCAD 11) Experience – featuring Mark Fried from the Vendome Group and Shirley Beckett Mikell of NAADAC.

JULY 14: Co-Occurring Disorders – featuring Mary R. Woods, RN, from WestBridge and Cynthia Moreno Tuohy of NAADAC.


SEPTEMBER 15: Your Voice Counts: Advocacy and the NAADAC Political Action Committee – featuring Gerry Schmidt, MA, Chairperson of the NAADAC Public Policy Committee and Christopher Campbell, MA, Director of Government Relations for NAADAC.

OCTOBER 13: Conflict Resolution for Clients and Professionals – featuring Cynthia Moreno Tuohy of NAADAC.

NOVEMBER 17: What’s Next in Your Career? Recap and Highlights from the NAADAC Workforce Conference – featuring Christopher Campbell, MA, Director of Government Relations for NAADAC and Cynthia Moreno Tuohy.

DECEMBER 15: Clinical Supervision: Keys to Success – featuring Thomas Durham, PhD, from ABT Associates.
PRIMARY COUNSELOR –
Westfield, Penna.
Seabrook West Transitional
Living Facility
Posted March 30, 2011

Seabrook House, a nationally recognized drug and alcohol rehabilitation facility, is currently seeking a full-time Primary Counselor at their Westfield, Penna., Transitional Living Facility (Seabrook West) located in the “Twin Tiers of Pennsylvania.”

This position will perform biopsychosocial interviews, diagnostic evaluations, individual counseling, group counseling, to assist and provide support to patients during recovery. Requirements include a Bachelor’s degree in a related field (Master’s degree preferred); must be a CADC or CAC and possess at least three years’ experience as a clinician in an organization providing services to populations seeking drug and alcohol rehabilitation and utilizing the 12-Step principles of recovery; must possess a valid driver’s license. We offer excellent compensation and benefit packages including some relocation reimbursement.

Interested candidates should apply by mail/fax/email to:
Seabrook House
ATTN: Human Resources
133 Polk Lane
Seabrook, NJ 08302
Fax: 856.451.7669
Email: hr@seabrookhouse.org
Seabrook House is an EOE.

EXECUTIVE DIRECTOR –
Charlottesville, Vir.
ARS Pantops Clinic
Posted March 16, 2011

ARS Pantops Clinic, a medication assisted treatment facility, is currently seeking an Executive Director to manage its Charlottesville, Vir., facility. The Executive Director is responsible for the overall management of the clinic to include patient care, staffing, maintenance of facility, safety, clinical, risk management, financial, marketing and other duties assigned by management. Successful candidate will possess a Bachelor’s degree in Psychology, Counseling or other human services, with CADC, LPC or LCSW. A Master’s degree is preferable.

ARS Pantops clinic provides excellent benefits package, great working environment and opportunity to grow.

Email resume to pklous@onixgroup.com.

PRIMARY CLINICAL THERAPIST – N.J.
Seabrook House
Posted March 7, 2011

Seabrook House, a nationally recognized drug and alcohol rehabilitation facility, is currently seeking a Primary Clinical Therapist to perform biopsychosocial interviews, diagnostic evaluations, individual counseling, lectures, crisis intervention, group counseling and therapy to assist and provide support to patients during early stages of recovery while in primary treatment.

Candidate must have either a LCADC or CADC and possess at least two years of experience as a clinician in an organization providing services to populations seeking drug and alcohol rehabilitation. Master’s degree preferred with experience in 12-Step Programs. Candidates having a working knowledge of electronic medical record documentation a plus.

Interested candidates should apply by mail/fax/email to:
Human Resources Department
Seabrook House
133 Polk Lane
Seabrook, NJ 08302
Fax: 856.451.7669
Email: hr@seabrookhouse.org
Seabrook House is an EOE.

PROGRAM ADMINISTRATOR –
Aberdeen, Wash.
Grays Harbor Community Hospital
Posted March 7, 2011

Incredible opportunity for a Program Administrator to manage a comprehensive chemical dependency treatment facility.

Immediate opening located at Grays Harbor Community Hospital in Aberdeen, Wash.

Successful candidate will possess:
• 5+ years of experience managing hospital based chemical dependency services
• Familiarity with industry regulatory requirements
• Hospital Finance and Business Development experience
• Extensive knowledge of Managed Care processes
• A related Master’s degree.

Diamond Healthcare Corporation is the national leader in the planning, development and operation of high quality Behavioral Health Services in partnership with healthcare organizations. We provide a competitive salary and excellent benefits package including relocation allowance.

Please send resume with salary requirement to:
esmith@diamondhealth.com
800.443.9346
www.diamondhealth.com

MENTAL HEALTH PROFESSIONALS – Nationwide
Department of Veterans Affairs (VA)
Posted February 28, 2011

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 opportunities in the country. From primary care and mental health to case management and substance abuse issues, there is a wide array of opportunities.

For a full listing of jobs, please visit www.naadac.org/jobs
Cigarette Tax Increases Would Reduce Smoking, Help States
National Poll Finds Voters Prefer Tobacco Tax to Other Tax Increases, Budget Cuts

By increasing cigarette taxes by $1 per pack, states could raise more than $9 billion in new annual revenue to help close severe budget shortfalls, while also reducing smoking and saving lives, according to a new report released today by a coalition of public health organizations.

A national poll released along with the report finds that 67 percent of voters support a $1 tobacco tax increase. The poll also found that voters far prefer higher tobacco taxes to other options, such as other tax increases or budget cuts, for addressing state budget deficits.

The report details the revenue and health benefits to each state of increasing its cigarette tax by $1 per pack. If every state and Washington, D.C., did so, they would:

- Raise $9.1 billion in new annual revenue;
- Prevent more than 2.3 million kids from becoming smokers;
- Prompt more than 1.2 million adult smokers to quit;
- Prevent more than 1 million premature, smoking-caused deaths; and
- Save $52.8 billion in health care costs.

The report, Tobacco Taxes: A Win-Win-Win for Cash-Strapped States, was released by the Campaign for Tobacco-Free Kids, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association and Robert Wood Johnson Foundation. The report was released as states are grappling with unprecedented budget shortfalls and facing tough choices to raise revenue and/or cut essential services.

Help Wanted, from page 16

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.

In return for providing the best possible care for America’s Veterans, you’ll receive a competitive benefits and incentives package that includes:

- Interdisciplinary care team model of practice
- Practice model based on care needs, not insurance company regulations
- Diverse professional opportunities — clinical, leadership, research, education and national policy development
- One license/50 states
- Exceptional paid time off package
- Stable health and retirement benefits
- Education Debt Reduction Program (EDRP) opportunities for psychiatrists, psychologists and psychiatric nurses*

*EDRP is awarded based upon facility’s need. Applicant must meet established criteria to receive award. Award is subject to availability of funding.

Start a career with VA and enjoy a patient-focused environment, terrific benefits and incentives, and the ability to practice at any VA facility in the country. Visit www.ecentralmetrics.com/url/?u=5319557390-58 to learn more and to apply for a position.

Department of Veterans Affairs is an Equal Opportunity Employer.
“This report shows that raising tobacco taxes is truly a win-win-win for the states. It is a budget win that will help protect vital programs like health care and education, a health win that will prevent kids from smoking and save lives, and a political win with the voters,” said Matthew L. Myers, president of the Campaign for Tobacco-Free Kids.

According to the national poll released with the report:

• By a 67 percent to 31 percent margin, voters favor a $1 per pack increase in the state tobacco tax, with 53 percent saying they “strongly” support the tobacco tax increase. This support crosses political lines, with a majority of Democrats (70 percent), Republicans (68 percent) and Independents (64 percent) favoring the increase.

• Voters far prefer raising the state tobacco tax to other options for addressing state budget deficits. While 60 percent supported increasing the tobacco tax for this purpose, more than 70 percent opposed every other option presented, including higher state income, gasoline and sales taxes and cuts to education, health care, transportation and law enforcement programs.

• By a margin of 59 percent to 35 percent, voters prefer a candidate for state office who supports the tobacco tax over one who opposes it. This preference is expressed by majorities of Democrats, Republicans and Independents.

“We have irrefutable evidence that raising the tobacco tax lowers smoking rates among adults and deters millions of children from picking up their first cigarette,” said John R. Seffrin, PhD, CEO, American Cancer Society Cancer Action Network. “An increase in tobacco tax rates is not only sound public health policy but a smart and predictable way to help boost the economy and generate long-term health savings for states facing deepening budget deficits.”

“When it comes to saving lives and injecting new revenue in depleted state coffers, we should not hesitate to support measures that will accomplish both,” said Nancy Brown, CEO of the American Heart Association. “Raising tobacco taxes will protect children and adults from tobacco use, reduce health care costs and revitalize critical health and education programs that too often fall victim to state budget cuts.”

“During these tough economic times, cigarette tax increases are both popular among voters and can significantly reduce long-term smoking-related health care costs,” said Charles D. Connor, American Lung Association president and CEO. “Spending some of the revenue on maintaining or increasing funding for tobacco prevention and cessation programs makes cigarette tax increases even more effective.”

The scientific evidence is clear that increasing cigarette prices is one of the most effective ways to reduce smoking, especially among youth. The report’s projections are based on research findings that every ten percent increase in cigarette prices reduces youth smoking rates by about 6.5 percent, adult smoking rates by two percent, and total cigarette consumption by four percent.

According to the report, states can achieve even greater financial and health benefits if they also increase tax rates on other tobacco products, such as smokeless tobacco and cigars, and dedicate some of their tobacco tax revenues to fund programs to prevent kids from smoking and help smokers quit.

The current average state cigarette tax is $1.34 per pack, with rates ranging from a low of seven cents in South Carolina to a high of $3.46 in Rhode Island.

Tobacco use is the leading preventable cause of death in the United States, killing more than 400,000 people and costing $96 billion a year in health care costs. Every day, another 1,000 kids become regular smokers—one-third of them will die prematurely as a result.

The national survey of 847 registered voters was conducted from January 20 – 24, 2010, by International Communications Research and has a margin of error of plus or minus 3.4 percentage points. More information, including the full report, state-specific information and detailed poll results, can be found at www.tobaccofreekids.org/winwinwin.
Physicians from Yale University and other institutions assert that medical residents need far more rigorous training and medical schools need stronger infrastructure in order to adequately deal with the medical, behavioral, financial and social problems created by substance abuse disorders. Their paper appears in the *Annals of Internal Medicine*.

The authors write that each year in the United States, more than 100,000 deaths and $300 billion in costs are attributed directly to the use of alcohol and other drugs, but that physicians have not been adequately trained to recognize patients with substance abuse disorders.

According to lead author Patrick G. O’Connor, MD, chief of the Section of General Internal Medicine at Yale School of Medicine, “Despite the fact that the substance use is responsible for an enormous burden of disease in their patients and evidence-based screening approaches have been developed, physicians often fail to identify and treat substance abuse routinely. This may result not only in ongoing substance use and its complications, but also in inadequate treatment of the medical conditions for which their patients are being seen.”

The authors make five recommendations for integrating addiction medicine into graduate medical education in primary care, in order to help future doctors better identify substance abusers and properly treat and counsel them:

1. **Integrating core competencies into residency training:** Training on the full spectrum of substance use, from risky use to advanced addiction.

2. **Assigning the same priority to teaching about substance use as is given to teaching about common chronic conditions such as cardiovascular disease.**

3. **Enhancing faculty development:** Residency accreditation organizations should require faculty expertise in substance use disorders and addiction medicine as they do with other specialties.

4. **Providing organizational infrastructure:** Academic medical centers have an infrastructure that assumes responsibility for discipline-specific educational, clinical and research activities. But generally, no such infrastructure exists for addiction medicine.

5. **Integrate substance abuse screening and management into routine care:** Substance abuse is best addressed by a multidisciplinary team, including physicians, nurses and others, in a continuous and coordinated manner, say the authors.

“Creating an educational environment that fully integrates and adequately prioritizes substance abuse competencies into residency education as well as in medical school itself is critical to assuring that physicians are armed with the tools to provide adequate evidence-based care to their patients,” O’Connor said. “Programs and their institutions and certifying organizations must take responsibility for assuring that trainees have adequate curricular time and resources along with suitably trained core faculty to support this critical educational effort.”

Other authors are Julie G. Nyquist of the Keck School of Medicine at the University of Southern California. The study was funded by a grant from The Betty Ford Institute and the Norlien Foundation.

Helen Dodson works in the Yale University Medical News Office of Public Affairs and Communications (203.436.3984 or helen.dodson@yale.edu).
UPCOMING EVENTS

May 5 and 6, 2011
Spring Conference for Addiction Professionals
Roughrider Hotel and Conference Center
Medora, N.D.
For more information, please contact Christy Anderson, NDACA President at 701.597.3419 or christykanderso@yahoo.com or John Weiglenda at brad@ndspernet.com.
May 14 – 17, 2011
NAATP Annual Conference
Chandler, AZ
The NAATP Addiction Treatment Leadership Conference discusses the important issues, showcases innovative resources and programs and networks with the decision-makers of addiction treatment. For more information, please contact 717.392.8480 or visit www.naatp.org/conferences/annualconference.php
May 16, 2011
Recovery House Graduation Ceremony
New Brunswick, N.J.
This ceremony runs from 5:30–7:30 p.m. at the Cook Campus Center. It is open to any interested NAADAC member. For more information, please contact ugreenage@rci.rutgers.edu

June 5 through June 12, 2011
Exam Dates for the Summer NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exams
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 exam, visit www.ptcny.com/clients/NCC.
July 15, 2011
Application Deadline for the National Certification Commission Fall 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 exam, visit www.ptcny.com/clients/NCC.
July 28 – 30, 2011
Texas Association of Addiction Professionals State Conference on Addiction Studies
The Age of Recovery: Let the Sunshine In!
San Antonio, TX
This year’s conference will include: Polly Parsons, Candy Finnigan, BRI II, and Robert Weiss, LCSW, CSAT-S.
For more details, visit www.taap.org or contact 512.708.0629 or admin@taap.org.

July 29 – 31, 2011
Maine Conference
Walicole, Maine
For more information, please visit www.choopersguide.com/naadac-maap-conference-addiction-professionals.html.
September 11 through September 18, 2011
Exam Dates for the Fall NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exams
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 exam, visit www.ptcny.com/clients/NCC.
September 1 – 30, 2011
Recovery Month
Events nationwide
For more information, visit www.naadac.org.

September 17 – 21, 2010
National Conference on Addiction Disorders
San Diego, CA
Earn up to 30 continuing education credits and hear from national speakers.
October 15, 2011
Application Deadline for the National Certification Commission Winter 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 exam, visit www.ptcny.com/clients/NCC.

October 31 – November 1, 2011
NAADAC Workforce Development Summit
Creating, Sustaining and Retaining the Addiction-Focused Workforce
Washington, D.C.
For more information, visit www.naadac.org.

November 1 – 2, 2011
Advocacy in Action Conference
Washington, D.C.
Meet with lawmakers and learn about trends impacting on the workforce. For more information, visit www.naadac.org/advocacy.

December 4 through December 11, 2011
Exam Dates for the Winter NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exams
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 exam, visit www.ptcny.com/clients/NCC.