Editor’s Note

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One thing is for certain, a dedicated group of professionals will reach out to our nation’s legislators and share with them the importance consolidating the gains that rise from the passage of the parity legislation in 2008. NAADAC was there in the beginning, discussing the issue in 1993 when Bill Clinton unveiled his health reform proposals, and again in 2010 when Congress passed health reform. As the process evolves, NAADAC will be a key player in helping shape how parity and health reform impact on millions of Americans who need treatment. One large group in that continuum is the large number of new professionals who are at the early stages of their careers or studies. The decisions we make now will help determine the vitality of the addiction profession.

This edition also features a guest column from Adam Frank on understanding the impact of parity on insurance. Please send me any feedback you may have, or the rest of the issue!

Donovan Kuehn
NAADAC News Editor
dkuehn@naadac.org

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Donovan Kuehn
NAADAC News Editor
dkuehn@naadac.org
Build Upon a Heritage and Leave a Legacy
Our Founders Left Us NAADAC as Their Heritage and Legacy

Don P. Osborn, MS, MA, MAC, LMHC, President of NAADAC

In my mind they were missionaries to the lost and dying. They went where no one else wanted to go and to whom no one wanted to touch. On their mission field you would find broken lives, shattered minds and tortured souls. There were no doctors, social servants or degreed experts of the mind, who could begin to understand how one arrived to this level of suffering, let alone fight to save them. Yet they did and they were there among the “new untouchables.” If anyone would ask why they did this work, I would offer you this simple answer, they experienced what it was like to be untouchable. It was a time before an addiction profession was even thought about, however they gave birth to what would be the core mission of the profession, in essence, that no one should suffer.

A Heritage Left for Us
They were the generation of “pioneer counselors” before us and their mission was passed to us. There may be a few of you reading this that served on the “mission field,” while even more of you may have been the focus of the mission. Sadly the mission field will never be empty of broken lives, yet I wonder, who are the next missionaries and where will they come from?

NAADAC Pioneer Mel Schulstad and others left us NAADAC as their heritage and legacy. It cost them something to leave their heritage which culminated into a legacy; it’s called sacrifice of time and self. I will grant you that it also took finances, yet the cost of personal time and sacrifice in several ways was far more. It was an investment in us who are reading this now, even before we came to the field. We are fortunate that they did not have an attitude of “What are you going to do for me?” Or “What can I get out of this?” True leadership is exemplified by what you give or add to someone, not by what you can take. Their example of leadership for each and every generation in NAADAC is truly one to emulate in the profession. We are the temporary stewards of NAADAC and the profession.

An Era of New Realities
In the last few years the NAADAC Executive Committee and the Board of Directors chose to further invest in NAADAC and secure its future, when the decision was made to “purchase our building.” At the heart of this decision was the reality that what we are doing was not for us currently, but for the next generation of addiction counselors. It is to this generation we must now focus upon and understand their future and the NAADAC and the addiction profession.

What are those new realities? Over time the standards and criteria to “practice addictions counseling” have evolved. Some changes have come more slowly that others and varied according to locale. In that time many counselors evolved with the changes. Unfortunately others could not. Not because they did not want to, but may have lacked the means. Sadly some who had the means chose not to evolve, hoping that nothing would change or ignoring the change that happened. Some expressed resistance based upon principle. This choice was made even in informed discourse with colleagues to the ramifications. Those ramifications are being experienced today.

Seizing Our Destiny
I have advocated that as a profession we need to take control of shaping our own destiny, if not others will do that for us and they will be eager to do so. That is part of the purpose of NAADAC: To ensure NAADAC is “at the table” for members and the profession in directing, creating, consulting on practice standards. Paramount is NAADAC ensuring that information and opportunities exist for members to grow in professional acumen and advancement. This will be an uncompromising hallmark of my tenure as President of NAADAC. Not to just be at the table but establishing standards. NAADAC is the addiction profession and the one to whom the above responsibility fall.

The next generation of counselors is already here. Their makeup, expectations and experiences are very different from ours. The large majority are not coming into the profession in recovery as the former generation. They are also thinking about addiction beyond alcohol and drug use. Theirs is a world where addiction includes eating disorders, gambling and sexual addiction related to the Internet. Addiction as an area of study is not on their radar. Why? As a program of study, addictions counseling does not exist where many of them are. They are interested in colleges with areas of study in the behavioral and social sciences that prepare them to pass the GRE (Graduate Records Exam), so that they can enter a Graduate School that prepares them for licensure so as to be employed.

We are the generation who will build up the next generation of addiction professionals. Today let us bring forward not only a new generation of addiction counselors but something more our profession has needed. We will have a generation of researchers, professors, program directors, clinical supervisors, family addiction therapists. Imagine the benefit and opportunity of two generations in NAADAC as we enter a new era in the addiction counseling profession. It will take a change in thinking, perception, attitude, fears in “how we do things” for many of us. This will challenge us, but we are up to the task.

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.
Help Us Find the Best Professionals
NAADAC Award Nominations Accepted Until April 30
Donovan, Kuehn, NAADAC Director of Operations and Outreach

“Don’t aim for success if you want it; just do what you love and believe in, and it will come naturally.”

David Frost (1939–present)
British journalist and writer

Do you know someone who deserves accolades for his or her effort, professionalism and devotion to the profession? Perhaps there is an “unsung hero” whose fine example and work should be nationally recognized. Wherever you are, you can submit that person for consideration for a NAADAC national award.

NAADAC established its awards program to identify and honor the outstanding work of addiction professionals and organizations that treat addiction. NAADAC’s program provides a unique opportunity to let others know about the professionalism and expertise exhibited by addiction professionals throughout the U.S. and the rest of the world.

Over 80 groups, individuals and organizations have received recognition from NAADAC in the 30 years since it began its awards program. Very select company considering that NAADAC has 8,000 members and the addiction profession encompasses over 86,000 clinicians.

NAADAC has recognized the best practices of addiction professionals since 1979, when it established the Alcoholism and Drug Abuse Counselor of the Year Award (since re-named the Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year Award). The first winners, the Counselors of the U.S. Navy alcoholism and drug abuse program, came to prominence after the U.S. Department of Defense revised its policies to encourage voluntary identification and enrollment of those with addictions in treatment programs.

The Navy’s program was the first non-punitive military rehabilitation programs developed with a focus on treatment. The program treated addiction as a disease and ensured that those who volunteered for treatment could not be discharged under other than honorable conditions.

In a profession where interventions can have life or death consequences, choosing outstanding addiction professionals can be a difficult job. NAADAC, the Association for Addiction Professionals, recognizes the work of addiction professionals, organizations and public figures who work above and beyond to make a difference. Outlined here are five awardees who represent the best in their respective specialties.

The professionals recognized in 2010 show the diversity of talent and experience that makes up the addiction-focused profession.

Mel Schulstad Professional of the Year
2010 Awardee: WOODY GEISSMANN

Woody Geissmann, a creative and compassionate addiction counselor, has worked in Boston and Cambridge, Mass., for a decade and a half. In 2002, he created Right Turn Inc., a treatment center for artistic individuals with a creativity-based recovery system. In addition to leading the staff as CEO and as a front line clinician, he creates multiple entertainment benefits every year, including Comics for Recovery and a Charity Golf Tournament. Last year, Geissmann organized an all-star concert benefit featuring Alice Cooper as the headline.

Lora Roe Counselor of the Year
2010 Awardee: RICHARD GREENE

For over 30 years, Richard Greene has worked in the addiction profession. Greene has held a variety of jobs, from case manager to quality specialist for the Texas Department of State Health Services (DSHS) to senior counselor. One of his proudest accomplishments was developing a highly specialized relapse prevention program, the “Genesis Relapse Prevention Program,” at La Hacienda Solutions. As an active member of the Texas Association of Addiction Professionals, he wrote a Policies and Procedures Manual for the Association. Greene mentors new individuals to the profession and is a regular speaker in addiction classes at Austin Community College.

William F. Callahan Award
2010 Awardee: ERIC MARTIN

Eric Martin, an active member of the Addiction Counselor Certification Board of Oregon (ACCBO), works as an Adjunct Faculty member with the University of Oregon and is a contract instructor with Oregon’s Child Welfare Division. As a direct result of his work with the ACCBO, a gambling treatment program eliminated due to budget cuts was reinstated in Oregon. For 25 years, Martin has worked in addiction treatment and prevention, serving on several Governor’s advisory boards, producing a number of educational videos, and working as an international presenter and treatment advocate.

Organizational Achievement Award
2010 Awardee: MEMORIAL HERMANN PREVENTION AND RECOVERY CENTER

The Memorial Hermann Prevention and Recovery Center (PaRC) in Houston, Texas, is a chemical dependency treatment center for adults and adolescents that provides multiple levels of care for male and female clients, including inpatient medical detox, residential, outpatient and supportive residential programs. The PaRC is not only a treatment center, but it is also a training facility for chemical dependency counseling — establishing the PaRC Cameron Fellowship for Addiction Professionals.
Honorary Life Member
2010 Awardee: EUGENE N. CRONE, PhD, MAC

The recipient of the 2010 NAADAC Honorary Life Member selection was Eugene N. Crone, PhD, MAC. This selection was made due to his contributions to the leadership, long service and special focus on addiction services and research for the hearing impaired. Dr. Crone has worked in association with the owners of the National Deaf Academy since September 1995 as Director of Addiction Services. As a recovery specialist, he earned the prestigious Mel Schulstad Professional of the Year Award from NAADAC in 1997 and the Professional of the Year Award for outstanding work in the addiction profession presented by the Florida Chapter of NAADAC in 1996.

Who will be the new professionals recognized for their excellent work? You may have a hand in telling that story. Nominations for the 2011 awards must be received by the NAADAC Awards Committee no later than April 30, 2011. For full descriptions of NAADAC’s awards, please visit www.naadac.org and go to “About NAADAC” and then “Recognition & Awards.”

To make a submission, or for additional information, please contact Donovan Kuehn, NAADAC Director of Outreach and Marketing, at 800.548.0497, ext. 125, or by e-mail at dkuehn@naadac.org.

Donovan Kuehn serves as the Director of Operations and Outreach for NAADAC, the Association for Addiction Professionals. While serving as Editor of the NAADAC News, the publication won an Apex Award for Communication Excellence in 2008. In 2010, Kuehn won a Rising Star Scholarship from the Angerosa Research Foundation, a non-profit organization established in 2003 to conduct industry research to benefit the association publishing and marketing professions.
Not all insurance policies are created equal. From company to company, coverage to coverage, no two insurance policies are alike. Each one has its own coverage, terms, conditions, limits and rates which are quoted to you. There are stated limits, silent limits, exclusions, endorsements, throw-in coverages, exceptions and manuscript forms that can all be part of your policy.

Probably just reading everything that goes into it has you confused. It’s not just “if I pay, I am covered.” Discounted or “cheap” insurance may not provide coverage when you need it, so you need to be on your toes when selecting the right policy. The most important coverage features that you need to be aware of are the policy form, the provision for defense costs and defendants reimbursements. Depending on the carrier you insure with and the price you pay, you may have less coverage or potential gaps in your protection from losses.

For these reasons, all licensed professionals should purchase comprehensive insurance products. But as the saying goes: “Let the buyer beware.”

**Liability Coverage Forms**

One of the biggest problem areas in insurance coverage for Addiction Counselors, as well as many other types of professionals, is the coverage form used for your liability coverage. You need to be aware that there are two different kinds of forms: Occurrence Form and Claims-Made Form (see diagram on right).

Coverage under an occurrence policy is triggered based upon when the accident or injury happened; thus, the policy in force on the date of the accident responds to the claim regardless of when the claim was reported to the insurance company. For example, if you were sued by a patient for malpractice in 2007 but the injury wasn’t reported until 2010, the 2007 policy would still cover the loss even though the policy period expired. In a claims-made policy, coverage is triggered if the claim is made during the policy period for an injury or damage that occurred after the policy’s retroactive date for as long as the policy stays in force. If you switch carriers or go back to an occurrence form, the new insurance company or policy is no longer responsible for any losses occurring prior to the retroactive date or the expiration date of the policy.

For example: If you have a claims-made policy in effect from 2007–2009, then switch to a different company with an occurrence form in 2010, and then are sued for malpractice for an incident that happened in 2008, there is no coverage for this claim. You can purchase a “Tail” that extends the reporting period for a temporary period, but you will pay up to 200 percent of the annual premium for this. After the tail runs out, THERE IS NO COVERAGE! Talk about insult to injury.

Many professional liability policies are written on a claims-made basis which often offers a significant discount in most cases. However, if you ever change carriers or coverage forms, you only have coverage while that policy is still in force. If a claim is submitted any time after that policy expires, THERE IS NO COVERAGE!

**What to Consider**

Most people don’t know to even think about this when selecting a policy from the lowest cost provider, but this can cause a gap in coverage that forces you to retain the full amount of the loss. This can put most professionals out of business if the claim is large enough and possibly cause a personal bankruptcy. Occurrence form policies offer the most amount of flexibility for addiction counselors. Not only will you have coverage during each policy term that was insured, you can change carriers without worrying about potential reporting gaps.

The coverage form is probably the most critical point to evaluate when selecting an insurance policy. While cost is a major factor, if there is a gap in coverage, you can add the cost you incur to settle a claim yourself directly back to your total insurance cost.

To illustrate my point, ask yourself the following: if you broke your leg, would you want to repair it yourself using Duct Tape or have a professional orthopedist repair it with a reinforced plaster cast?

*Insurance, cont. on page 8*
Occurrence Form vs Claims-Made Form – Claim Scenarios

**Occurrence Policy Form:**
The policy in force when the incident “Occurred” responds to the claims settlement

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012

**Coverage Begins** | **Incident Occurs** | **Claim is Made** | **Lawsuit is Settled**

**Claims-Made Policy Form:**
The policy in force when a “Claim was Made” responds to the claims

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012

**Coverage Begins** | **Incident Occurs** | **Claim is Made** | **Lawsuit is Settled**

**Claims-Made Policy Form Problem:**
Changing from Claims-Made to Occurrence will cause a gap in coverage

- Claims-Made Policy in Effect
- Occurrence Policy in Effect

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012

- Decision is made to change carrier or coverage forms
- There is no coverage for this settlement
- The Occurrence policy was not in force when this incident “Occurred” in 2008

- Coverage Begins
- Incident Occurs
- Claim is Made
- Lawsuit is Settled
Insurance, from page 6

Duct taping it yourself will enable you to immobilize and start to repair the damage and maybe return you to a few of the activities you enjoyed before your accident.

However, the orthopedist will make sure you’re able to return to your normal life and happiness in a decent amount of time. The self-service duct tape option seemed like a good idea, especially when you saw how much money you would save when you bought the policy compared to cost of the orthopedist. However, when you are lying on the floor in pain, you would be kicking yourself (if you could stand up) for not paying the extra money to get the orthopedist to put humpty dumpty back together again.

This example, although extreme, can be found in the world of Addiction Counseling. In performing your services as addiction counselors and advising people how to put their lives back together, you run the risk of people suing you for a variety of reasons. These reasons can range from simple matters of errors in billing, all the way up to assertions that your advice and services caused the death of a patient’s loved one.

Getting What You Pay For

Insurance policies are the one thing that you have to buy, but hope to never use. Because of this, an out of sight out of mind mentality has skewed people’s perception of getting what they pay for. Over the past two decades, this new perception has come into play. Prior to this time, you had to sit down with an insurance professional in order to review your needs and obtain quotes. With the advance of technology, professional interaction with a seasoned, experienced insurance broker has decreased dramatically.

In the absence of receiving direction, people are concentrating more and more on price as the most important evaluation criteria when selecting an insurance product. However, without professional insurance knowledge or experience, consumers usually end up choosing the lowest price option after they get hits from an Internet search for “cheapest professional insurance possible” or “minimum professional insurance limits required.”

Important Factors to Consider

Some other important factors to consider when selecting the right insurance policy:

**Defense Inside or Outside the Limit of Insurance:** The insurance company provides for you a legal defense to protect you when you are sued. Some policies offer these defense costs outside your limit or inside. If the defense costs are inside your limit, it will erode the amount of protection that is given to you. Example: You have a $2,000,000 limit on your general liability policy. You are sued by a patient and it costs $500,000 for your defense. Inside the limits would erode your liability limit to $1,500,000. If a claim was paid that totaled more than this amount, you would be responsible for that additional amount. The carrier’s duty to defend you ends once the policy limits are exhausted, so you need to think about this feature before making a decision.

**Defendant’s Reimbursements:** Some policies will provide additional limits or coverage for the costs incurred for you to attend a trial or arbitration meeting. The limit is usually stated in terms on a per diem amount and an annual maximum. Example: If you are asked to testify at a trial if you are sued, this coverage would reimburse the costs you incur in attending. This is a first party coverage that you can collect yourself if this situation comes up. Without any advice and direction, not many people are aware of this benefit (or lack thereof).

Again, “let the buyer beware” that not all insurance policies are created equal. The best advice is to speak with an experienced insurance professional that understands your exact needs and provides a product that fully protects you.

Your NAADAC membership entitles you to a occurrence policy at a group rate. For more information, visit the NAADAC website at www.naadac.org or contact VanWagner/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 N.Y insurance broker, he has managed the national insurance programs for Jewish Community Centers, Human Services Organizations and other related not-for-profit clients.
One in Three Fatally Injured Drivers Tested Positive for Drugs

New Traffic Fatality Analysis Reveals High Percentage of Drivers Killed Had Drugs in Their System

Tony Martinez, Michael Gottlieb and Katie Green, White House Office of National Drug Control Policy (ONDCP)

Drugs are killing people on the nation’s roadways.

That was the disturbing message delivered by Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), who called attention to the alarmingly high percentage of fatalities involving drivers who had drugs in their system. He called on communities to act immediately to prevent drug use before it starts in light of a new traffic fatality analysis released by the National Highway Transportation Safety Administration (NHTSA).

While national data focusing on the danger of driving under the influence of alcohol is readily available and often cited, less is known or discussed about drivers under the influence of other drugs. However, according to the first-ever analysis of drug involvement from NHTSA’s Fatal Accident Reporting System (FARS) census, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Additionally, according to the new analysis, the involvement of drugs in fatal crashes has increased by five percent over the past five years, even as the overall number of drivers killed in motor vehicle crashes in the United States has declined.

“Drugged driving is a much bigger public health threat than most Americans realize and, unfortunately, it may be getting worse,” said Director Kerlikowske. “It is critical that communities across the Nation address the threat of drugged driving as we redouble our efforts to make America’s roadways safer by increasing public awareness, employing more targeted enforcement and developing better tools to detect the presence of drugs among drivers.”

These new data from NHTSA’s FARS census reports the presence of narcotics, depressants, stimulants, cannabinoids (marijuana), hallucinogens PCP, anabolic steroids and inhalants among drivers fatally injured in car crashes over the past five years. Drugs recorded in FARS include illegal substances as well as over-the-counter and prescription medications, which may or may not have been misused. Alcohol, nicotine, aspirin and drugs administered after the crash are excluded from these results. Additionally, drug involvement means that drugs were found in the driver’s system and does not imply impairment or indicate that drug use was the cause of the crash. However, research shows that drugs have adverse effects on judgment, reaction time, motor skills and memory — critical skills for safe and responsible driving.

These data build upon other recent reports confirming that there are far too many Americans driving on our roadways with drugs in their system. According to a 2007 NHTSA Roadside Survey of Alcohol and Drug Use by Drivers, 1 in 8 nighttime weekend drivers tested positive for an illicit drug. This number rises to 1 in 6 when you include illicit drugs and pharmaceuticals. Additionally, according to the most recent Monitoring the Future report — the Nation’s largest survey of drug use among young people — one in ten high school seniors reported that in the two weeks prior to the survey they had driven after smoking marijuana.

President Obama has made combating drugged driving a drug control strategy priority and has set a goal of reducing drugged driving prevalence by ten percent by 2015. To achieve this goal, the Obama Administration is encouraging states to explore legal responses, such as per se laws that make it illegal for individuals to drive with illicit drugs in their system. Already, 17 states in the United States have per se or zero tolerance statutes. In these states, it is a criminal offense to have an illegal drug in one’s body while driving. Additionally, ONDCP is providing increased training to law enforcement to identify drugged drivers and is working with the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration to develop standard screening methodologies for drug-testing labs to use in detecting the presence of drugs among drivers.

The Obama Administration is committed to restoring balance to U.S. drug control efforts by coordinating an unprecedented government-wide public health approach to reduce drug use and its consequences. This effort includes increasing funding for drug prevention by $203 million and treatment programs by $137 million, placing a heavier emphasis on early intervention programs in healthcare settings, aligning criminal

Fatalities, cont. on page 10
Some Thoughts on Counseling

73 Tips for Professionals

John Warren, CADC II, NCAC II, CCJS

1. Counseling is an art form that is never truly mastered.
2. Your level of expertise will be directly proportional to your ability to learn from your patients. This never changes.
3. A counselor is a guide that leads the patient patiently to enlightenment or freedom from suffering. There are many ways home.
4. A counselor demonstrates healthy boundaries and a healthy lifestyle.
5. A good counselor never gets caught counseling.
6. Often a counselor presents information in a fashion that lends itself to being the patients idea. In other words a good counselor knows how to stroke an ego.
7. A counselor often times plays the game until it is time to set the hook. Counseling is a lot like fishing.
8. A counselor avoids ego traps and lives to play another day.

9. A counselor always trusts the process and in so doing role models a healthy coping skill to the patient.
10. A counselor acquires the ability to see the blessings in any misfortune and presents this concept to the patient as a new coping skill.
11. A counselor is genuine. Patients will see right through anything else.
12. A counselor is a mirror reflecting to the patient a unique perception of self. A first time introduction perhaps. The patient is introduced to the concept of perceptual change as a valued coping skill. Moving to a new seat in the bleachers, so to speak, allows the patient a new perception of the game. Wow!
13. A good counselor avoids the pitfall of owning the patient. No one understands this patient the way that I do. No one else knows better than I what’s best for this patient. Horse pucky!
14. A counselor shows the patient both sides of the coin. A counselor helps the patient to see, accept and own his or her part in any situation, thus introducing them to a new coping skill.
15. A counselor guides a patient through their feelings pointing out that they are rarely upset for the reasons that they think and thus introducing them to a new coping skill.
16. A good counselor develops the skill to read group and individual energy that is not always obvious. Helping the patient or group to see this is again a new coping skill.
17. A counselor knows when to cut bait, or when helping is no longer helping.
18. A counselor knows how to make an appropriate referral. If you are over invested in any patient, letting go will cause you both much grief.
19. A good counselor has learned how to maintain a therapeutic distance from the patient because, see #20.

Fatalities, from page 9

justice policies and public health systems to divert non-violent drug offenders into treatment instead of jail, funding scientific research on drug use and expanding access to substance abuse treatment. ONDCP has also revamped the National Youth Anti-Drug Media Campaign to include a broader focus on substances most often abused by American teens, including prescription drugs, marijuana, and alcohol, and partnering with communities to reach at-risk youth populations in rural, suburban and urban communities.

To download more information on drugged driving, including resources parents and communities can use to prevent drugged driving among young people visit www.TheAntiDrug.com or www.WhiteHouseDrugPolicy.Gov.

Tony Martinez is the Associate Director of ONDCP and can be reached at 202.395.5758 or mmartinez@ondcp.eop.gov; Michael Gottlieb and Katie Greene are Deputy Associate Directors and can be contacted at 202.395.4868 or mgottlieb@ondcp.eop.gov and 202.395.6652 or kgreene@ondcp.eop.gov, respectively. ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation’s effort to reduce drug use and its consequences.
20. A good counselor has made many painful mistakes along the way.
21. A counselor accepts the process no matter what.
22. A counselor knows how to use [trust] the treatment team, the alumni, and community resources.
23. A good counselor has developed a working understanding of personal and family dysfunction and has acquired the ability to present this information to the individual and to the family in a user friendly fashion.
24. A good counselor knows how to waltz with the ego and how to slam dunk the disease. These are acquired skills. If you get a thank you at the end, you did it right. If not, someone is bleeding all over the place and shame on you.
25. There will be times when you will bow to insanity and wait patiently for the outcome.
26. A good counselor has learned painfully to stay out of the results.
27. If it ain’t broke, don’t try and fix it.
28. If it looks like a duck, walks like a duck, quacks like a duck and do do’s thru feathers, it’s a duck. Trust your instincts.
29. One insight does not a recovery make. Don’t be jumping up and down.

30. Chances are that it will not be anything that you said that made the difference.
31. Working in this profession, counselors understand that one on one they are outnumbered. A seasoned counselor uses the group and uses the treatment team.
32. A counselor is ever aware of transference and counter transference dynamics.
33. A counselor models detachment. You will encounter patients looking for a breast and praying for lockjaw.
34. Often times the truth will reveal itself without intervention.
35. A good counselor knows when to watch and wait.
36. Confrontation when applied with love, care, and concern is an awesome tool. Without it you wind up with another bloody mess. Costly lessons.
37. A good counselor has a mentor with lots of bandaids.
38. A counselor is aware of his or her ego needs, his or her assets, his or her deficits, his or her motivators.
39. A counselor helps the patients to see themselves as separate from their disease, thus introducing them to forgiveness/acceptance and another effective coping skill.
40. An experienced counselor does not respond to a patient’s defiance, arrogance, anger, rage, defensiveness, hostility or judgment as a personal affront, but rather as the dynamics of addiction that need treatment.
41. An experienced counselor sees all that is not love as a cry for help.
42. A counselor models the above as an effective coping skill.
43. An experienced counselor knows how to extract the very best qualities from the patient and how to display these for all to admire.
44. A good teacher never terrorizes the student.
45. An experienced counselor is able to introduce the patient to his or her self, with dignity.
46. An experienced counselor is familiar with the state of personal ambivalence and self doubt and will defer to the treatment team, am I doing the right thing here?
47. Counseling has nothing to do with saving the world and everything to do with facilitating acceptance, forgiveness, open mindedness, humility, willingness, patience, tolerance, honesty, kindness, love, fellowship, community, grace, and dignity.
48. A seasoned counselor will play on the patient’s strengths until they are together enough to address their deficits and connect the dots.
49. The experienced counselor is first, a student.

50. There are times when the counselor will sense that the message is not being heard. The clues will be the patient is sporting a glazed over look or it is quite evident that their mind is exploring another galaxy or given their history you know them to be shame based. In any event the question is, “What are you hearing?”

Tips, cont. on page 12
In the case of the shame based individual the message was, “You are the most amazing person in this universe. Your insight and ability to love is beyond measure. By the way, did you have onions for lunch?”

What they heard was, “One more time they are not cutting it. They will never amount to anything. They are not good enough. They are not smart enough. They do not deserve to be happy and so on.”

And you, now the antagonist, tormentor, inquisitor, jerk, lack the power to turn this around. See how quickly this happened.

You could have said anything. The point is that this kind of situation can and does happen in a heartbeat.

Now what Mr. or Mrs. Meany Pants?

The experienced counselor moves on accepting his or her powerlessness and trusts that the power of the group will prevail.

Yes, a practiced counselor practices the 12 steps in daily living.

An experienced counselor recognizes despair, resistance, denial and procrastination as first steps in healing or changing.

A good counselor will lend themselves more to the unacceptable patient.

The astute counselor recognizes each patient as a truly unique spiritual being. Each patient presents with their individual cognitive processes, ability to abstract, individual wounds, individual skills, strengths and needs. Each will receive an individual treatment plan.

The counselor introduces the patient to their disease, to themselves as separate from their disease, to treatment, to sober support groups [fellowship], to the 12-step process, to recovery, and to a spiritual way of life.

A counselor teaches addiction to be a family disease and strongly encourages family participation. The family is the patient. The family is made to be a valuable part of the treatment team. The power of the family often times turns the tide in what would have been a lost cause.

Should the patient leave treatment against medical advice or against treatment team advice a wise counselor continues to work with the family knowing that the patient will likely return when there is no one left to cosign their nonsense.

A good counselor understands that there is only one true therapist. Look up.

The experienced counselor values the input and insight of the novice counselor as refreshing and objective.

Often times the experienced counselor will direct the information he wants to deliver to the resistant patient to the patient two seats to their right or left in the group setting, thus avoiding the head on, in your face experience.

The counselor manipulates the individual and or the group by asking leading questions that will cause a subtle shift in perception allowing the individual and or group to mentally shift seats in the stadium and view the game via a new interpretation.

When in doubt, the counselor will error in favor of the patient.

The counselor assimilates the patient’s process into his own, stirs gently, allows to settle, flavors with wisdom and serves with love.

Counseling is an art form that is never truly mastered.

Your level of expertise will be directly proportional to your ability to learn from your patients. This never changes.

The experienced counselor is the Clinical Coordinator Pacifica Recovery Services. The mission of Pacifica Recovery Service has been modeled after its many years in the pastoral profession in treatment of addiction and related disorders. Our mission is to embody the great spiritual principles of faith, hope and love. He has been a NAADAC member since 1998.
Underage drinking has caught the attention of the nation’s leaders.

Congresswoman Lucille Roybal-Allard (CA-34) issued a call to action to more than 2,800 community anti-drug coalition leaders gathered from throughout the nation at the Community Anti-Drug Coalition of America’s (CADCA) Leadership Forum. She urged the advocates to push hard to continue funding and support for the Sober Truth on Preventing (STOP) Underage Drinking Act this year.

Rep. Roybal-Allard authored the Sober Truth on Preventing (STOP) Underage Drinking Act which was signed into law in 2006. The STOP Act coordinates all federal programs and research initiatives on underage drinking. It funds a national media campaign to educate parents about its dangers. In addition, the STOP Act authorizes grants to communities to fight underage drinking. Congressional approval to reauthorize the STOP Act would continue and enhance grants for professional organizations to educate pediatric health care providers on best practices for screening adolescent patients, conducting brief interventions and making appropriate referrals.

During her remarks, Congresswoman Roybal-Allard highlighted the importance of the STOP Act.

“As you know, the STOP ACT is the first comprehensive piece of national legislation to address underage drinking in our country. I most sincerely thank you for all you did to pass this historic bill. Unfortunately, the good work made possible by the STOP ACT is in jeopardy. In December of 2010, the authorization of the 2006 STOP Act officially expired. If the STOP ACT is not reauthorized this year the positive results of our combined efforts could be lost while alcohol remains the dangerous primary drug of choice among our youth,” Congresswoman Roybal-Allard said. “The future of our children depends on our timely success because each year we can delay drinking onset we can reduce the probability of a child’s alcohol dependence by 14 percent and, a child’s risk of serious alcohol related problems by 70 percent if alcohol consumption is delayed until age 21.”

Christopher Campbell, NAADAC’s Director of Government Relations, spoke out in favor of the STOP Act.

“NAADAC, the Association for Addiction Professionals, joins Rep. Roybal-Allard and other addiction leaders and calls on Congress to reauthorize the Sober Truth on Preventing (STOP) Underage Drinking Act Reauthorization this year. The STOP Act reauthorization will continue the programs begun with the original STOP Act, and will build upon these public health efforts by:

- Doubling the original investment in a multimedia campaign to educate parents and communities about the dangers of underage drinking;
- Authorizing an Institute of Medicine report on the literature about the influence of drinking alcohol on the development of the adolescent brain; and
- Establishing grants to train pediatric health care providers in how best to screen and treat children and teens who have had alcohol exposures.”

The STOP Act is a piece of the congresswoman’s comprehensive effort to impact the incidence of underage drinking in this country. As a member of the Labor-Health and Human Services and Education Appropriations Subcommittee, Rep. Roybal-Allard advocates for federal funding for drug prevention programs through the Substance Abuse and Mental Health Services Administration (SAMHSA.) The congresswoman also holds high school-based events in her district featuring guest speakers who share their traumatic experiences with underage drinking. In addition, the congresswoman launched a public awareness campaign in Los Angeles to prevent underage drinking called “We Don’t Serve Teens.” The initiative informs adults that providing underage drinkers with alcohol is unsafe, illegal, and irresponsible. In recognition of Congresswoman Roybal-Allard’s longstanding advocacy against underage drinking, the congresswoman has been honored by CADCA, MADD, SADD and the Century Council.

For more information on this initiative and other advocacy efforts, please contact Christopher Campbell at ccampbell@naadac.org or visit www.naadac.org/advocacy
Government Relations Update
Make Your Voice Heard
Christopher Campbell, NAADAC Director of Government Relations

NAADAC’s Government Relations staff would like to take a moment to emphasize an important point about legislative advocacy: it’s surprisingly easy! It’s also necessary: unless counselors speak up, lawmakers simply won’t pay attention. Members of Congress return home, providing constituents with an excellent opportunity to share their concerns. The following are steps you can take to make your voice heard!


2. **Call** your lawmaker’s office and ask the scheduler for the dates and times of local town hall meetings the Senator or Representative will hold. Town hall meetings provide an opportunity, albeit brief, to raise an issue directly with a member of Congress. Attendees are typically allowed to raise a particular issue during open discussion, or by waiting in line to ask the Senator/Representative a question. If you get a chance, simply introduce and identify yourself, and ask your question, hopefully making it clear what you’d like the Senator/Representative to do. By doing this, you’ve now publicly put the Senator/Representative on the spot! Following are sample questions for town hall meetings:
   - “What are you doing to support increased federal funding for the Substance Abuse Prevention and Treatment Block Grant, and other substance abuse prevention and treatment programs?
   - “Have you signed on as a co-sponsor, and do you support the “HITECH Extension for Behavioral Health Services Act of 2010,” which would amend current law to make n providers of addiction services eligible for Health Information Technology funds?
   - [For Representatives] “Are you a member of the bipartisan Addiction, Treatment, and Recovery Caucus and/or the Youth Drug Prevention Caucus?”

3. **Alternatively**, you can call your Senator’s/Representative’s office and schedule your own meeting, with either the member of Congress or a staff member. Simply call the office, identify yourself, and state that you’d like to talk to the Senator/Representative or a staff member about your particular issue. NAADAC’s government relations staff is at your service with information on the issues facing counselors to prepare you in talking with your lawmakers. Bring a business card, and feel free to invite colleagues if they can speak to the issue you’re lobbying on. The more the merrier.

For assistance or more information, contact Chris Campbell, Director of Government Relations at 800.548.0497, ext. 129, or ccampbell@naadac.org. Also, be sure to check out the NAADAC Advocacy web site at www.naadac.org.

Christopher C. Campbell serves as the Director of Government Relations for NAADAC, the Association of Addiction Professionals. He is responsible for ensuring the public policy concerns most important to the addiction professional community—especially insurance parity, federal treatment grants and workforce development — are heard and addressed by policymakers in Washington, D.C.
You need it, we have it!
Malpractice Insurance for Addiction Counselors

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

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

HAVE QUESTIONS? NEED ADDITIONAL INFORMATION?

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

American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701 www.americanprofessional.com
Around the Nation
News and Updates from NAADAC’s Affiliates and Partners

Donovan Kuchn

MARYLAND

NAADAC member Timothy Schlauch, an addiction counselor from Taylorsville, Md., with 30 years experience in the mental health and addictions counseling profession, placed second in the November election in Maryland’s 4B district. Schlauch garnered 3,814 votes and was defeated by incumbent Don Elliott, who has served in the House of Delegates as a Republican since 1987.

MASSACHUSETTS

MAADAC Presents Counselor of the Year Award

Thomas A. Peltz, a senior therapist with Addison Gilbert Hospital’s Discover Program has been named the 2010 Counselor of the Year by the Massachusetts Association for Alcoholic and Drug Abuse Counselors (MAADAC).

Peltz has also been nominated for the National Counselor of the Year award given by the NAADAC, the Association for Addiction Professionals.

“I am honored to be the recipient of this Counselor of the Year award,” said Peltz. “Addiction often has devastating impacts on individuals and their families, and I feel very fortunate to be able to devote my career to helping people through the challenges associated with these illnesses. The Discover Program at Addison Gilbert Hospital brings together some of the best experts and specialists in the state so that we can develop the best treatment plans for each patient.”

The Discover Program at Addison Gilbert is an intensive day treatment that brings together a multidisciplinary approach that includes mental health counselors, licensed alcohol and drug counselors, nurses and psychiatrists to help develop individualized treatment plans for patients suffering from addictive illnesses or dual diagnoses.

The program provides education, crisis stabilization and the necessary support to help participants succeed in their communities, work and families.

In his role as a senior therapist with the Discover Program, Peltz specializes in addiction treatment, mental health counseling, spirituality, grief and trauma therapy. In addition to being licensed as a mental health therapist and level one alcohol and drug counselor in the state of Massachusetts, he is also certified as an addiction specialist at the national level. Peltz also works as a private practitioner in Beverly Farms.

Peltz has a Master of Education in Community Counseling and earned his Clinical Pastoral Education Unit One. He also participated in Education for the Ministry and attended the spiritual direction training at the Mercy Center in California.

NEBRASKA

NAADAC Nebraska Board Member Paul H. Le Wins Award

NAADAC Nebraska Board member and International Committee co-chair, Paul Le, was awarded the “40 under 40” award by Midlands Business Journal in Omaha, NE. This award recognizes 40 business leaders in the Omaha area under the age of 40 that have had significant contributions to their company and business industry.

As Vice President of Orion Healthcare Technology, Paul H. Le helped lead the company to the highest revenue in its history during 2009. The company provides technology, consulting and training to the addiction and mental health fields.

Le began his career at Orion 12 years ago as a marketing specialist. Le received a bachelor’s degree in marketing communications and international business from the University of Nebraska at Omaha.

NATIONAL

From Join Together (www.jointogether.org)

SAMHSA: Regional Shifts in U.S. Treatment Admissions Over Decade

A new report from the Substance Abuse and Mental Health Services Administration (SAMHSA) reveals large regional shifts in rates of admissions to drug treatment between 1998 and 2008, even as national rates remained steady, according to a Dec. 22 press release issued by the agency.

According to the report, “Treatment Episode Data Set (TEDS) 1998–2008: State Admissions to Substance Abuse Treatment Services” (PDF), national treatment admission rates as a whole remained steady (at 770 admissions per 100,000 people) over the 11 years studied.

Broken down by type of drug and geographic region, the data showed significant differences by region.

For example, the percent of patients seeking admission for alcohol as a primary drug dropped 15 percent nationally, but remained steady in West North Central states (Ark., Iowa, Kan., Minn., Mo., N.D., Neb. and S.D.).

Unlike treatment rates for alcohol, admissions for treatment of illegal drugs increased nationally. Marijuana treatment admissions rose 30 percent across all regions, but were highest in the West North Central and Middle Atlantic states (N.J., N.Y. and Pa.).

Every region saw a rise in admissions for abuse of pain relievers as well as a drop in admission rates for cocaine, which fell 23 percent nationally. Admissions for heroin use fell three percent nationally but rose in some states, especially in the New England (Conn., Mass., Maine, N.H., R.I. and Vt.) and Middle Atlantic states.

Although methamphetamine treatment admissions were 53 percent higher nationally in 2008 than 1998, the percent...
of admissions had dropped “significantly and consistently” since cresting in 2005.

“This study provides insight into the regional nature of substance abuse by highlighting the shifting trends in the reasons for admission to substance abuse treatment,” said SAMHSA Administrator Pamela S. Hyde, J.D. “By carefully analyzing these data, policy makers, public health experts and behavioral health service providers can better direct limited resources and meet the treatment needs of people living in states and communities.”

In My Own Words…

ATTC National Office Announces Winners of the 3rd Annual Essay Contest

Deann Jepson

The Addiction Technology Transfer Center (ATTC) National Office, in partnership with Faces and Voices of Recovery and National Family Dialogue, announced the winners of the third annual “In My Own Words…” essay contest. The first place award was given to Denise Greiner (Arizona); second place to Tom Wark (Virginia) and third place to Judy Hutchinson (Illinois).

“In My Own Words…” supports family members faced with the addiction of a loved one as part of National Alcohol and Drug Addiction Recovery Month. The competition was founded in recognition that one in four Americans has a family member who is struggling with addiction.

“When one family member is suffering from addiction, the whole family suffers and conversely, when a loved one receives the help they need to recover, the whole family heals. That’s why it’s so important to support all members of a family with effective prevention, treatment, and recovery strategies,” said contest coordinator, Deann Jepson. Recovery offers hope, increased stability, and freedom from the devastation which can accompany addiction for everyone involved.

This year’s contest invited family members of those who are struggling with addiction or in long-term recovery to share their own story of recovery. Family members have a unique perspective to share and their essays highlight addiction as a family disease or illness, offering hope to those who are looking for new purpose and stability in life.

Family members described, in their own words, the most challenging part about having a family member with a substance use disorder, what it means to have a loved one find long-term recovery and explain why they are committed to recovery.

Nearly 100 essays from individuals in over 30 states were reviewed by the ATTC National Office and an Essay Review Panel. All participants received a special certificate and appreciation gift for their willingness to share these very inspiring stories.

“It lost my daughter to addiction, and I have a son who struggles with a co-occurring disorder. It took me many heartbreaking years to realize addiction is truly a family disease. When your focus is on the treatment and recovery of your child, you don’t see how it is affecting you or the rest of your family because you become enveloped by the disease. Recovery is needed not just for the addicted loved one, but for each member of the family. Once I understood this, I could begin to deal with my own enabling issues and work towards my recovery. When the realization of the need for recovery is made, through education and hard work, you find there is life after addiction, and that beautiful word ‘recovery’ is truly within your grasp,” said Sharon Smith, Founder of MOMSTELL, Inc./National Family Dialogue.

The top 20 essays will be compiled in a commemorative booklet and available to the public on the ATTC Network (www.ATTCnetwork.org) and the Essay Contest Partners’ Websites, www.facesandvoicesofrecovery.org and www.moms tell.org.

The ATTC National Office, Faces and Voices of Recovery and National Family Dialogue are grateful to all of the family members who shared their personal experiences as part of “In Our Own Words…” “We hope that the essays will inspire readers and motivate other family members on their recovery paths,” said Jepson.

Deann Jepson serves as the Program Manager of Workforce Development issues for the Addiction Technology Transfer Center (ATTC) National Office. Jepson supports the Addiction Technology Transfer Center (ATTC) Network in carrying out workforce development initiatives. She is the National Office lead for the PFR/ATTC Network Leadership Institute program and currently serves on a steering committee to develop an advanced version. She is integrally involved in the AddictionCareers.org recruitment campaign efforts. She has served on several federal committees and ATTC Network workgroups addressing workforce issues. She can be reached at 816.235.6984 or jepsond@ATTCnetwork.org.
NEWS FOR PROFESSIONALS

Working Together for YOU!
NAADAC Helps Voice the Concerns of Professionals
Diana Kamp

NAADAC is about you — the addiction professional. Almost 40 years ago, NAADAC was formed to lead, unify and empower addiction professionals across the country through education, advocacy and standards of practice, ethics, professional development and research. NAADAC is about health, prevention, intervention, treatment and recovery for individuals, families and communities. NAADAC knows that we can’t do this alone; it takes a profession, a region, a state and individuals like you to achieve this vision.

NAADAC is honored to work together with our 54 affiliated boards across the U.S., U.S. territories and internationally. Working together as professionals, we can and do make a difference! Many NAADAC affiliates are operated by specialists just like you, passionate about the work that you do and willing to take time to volunteers as board members or committee chairs to enhance the profession. NAADAC and the profession are greater for these contributions.

Working together — members gain:

Education
• Over 30 online CEs free exclusively for NAADAC members. (Visit www.naadac.org/education for full details.)
• Free subscription to NAADAC’s official magazine, Addiction Professional.
• Access to the award-winning NAADAC News, the association’s publication only available to NAADAC members.
• Reduced rates for continuing education, including the qualification and re-qualification courses for the U.S. Department of Transportation’s Substance Abuse Professional (SAP).
• Reduced rates for all NAADAC publications, such as the Basics of Addiction Counseling: Desk Reference and Study Guide, used by experienced professionals and as a guidebook for preparation for certification exams.
• A 20% discount on all Hazelden Publishing and Educational Services (PES) resources.

Advocacy
“Addiction treatment professionals are in a unique position where they have the knowledge and understanding of many of the areas of treatment where there are gaps in service as well as specific funding, research and medical needs. Each professional needs to embrace these issues and voice their concerns both at the state and national level. Addiction professionals voices are key components to continuing to establish a united voice nationally in promoting the message that ‘treatment works’ and ‘treatment saves lives.’ Our past efforts have led to change nationally, but we need to continue to work towards promoting our profession and establishing ourselves as the providers of choice in addiction treatment.”

Gerry Schmidt, MA, LPC, MAC, NAADAC Public Policy Chair

• Advocacy at the national level that affects your funding and policy at the state level. NAADAC was been instrumental in passing the substance abuse and mental health parity act in 2009 and made the voice of the profession heard during the debate on health reform in 2010.
• Advocacy for addiction professionals to enhance the treatment of addiction related disorders and to bolster the causes of addiction professionals.
• Consistently fosters relationships and advocates about issues confronting the Addiction addiction-focused professional.
• NAADAC also plays a proactive role at Congressional hearings and federal agency sponsored programs, supporting state Block Grant Funding, maintaining the resources of the Substance Abuse and Mental Health Services Administration (SAMHSA) and workforce development initiatives.
• Full details on NAADAC’s current legislative initiatives is available at www.naadac.org/advocacy.

Recognition and Professional Identity
“There are heroes everywhere you look in our profession. The anonymous hot-line worker who hears a caller’s desperate need and works to connect a person to a resource, the administrator who keeps the center open during a budget cut, the counselor who can say ‘keep trying’ in the face of multiple relapses, the educators of our next genera-
tion of professionals. NAADAC awards recognize the efforts of an extraordinary few who give continuously to those in need, and who rise above multiple obstacles in addressing addictive disorders. I am humbled by the actions of these heroes, and believe that by bestowing awards, that we honor and inspire the contributions of all of our members.”

Patricia Greer, BA, LCDC, AAC, NAADAC Past President

• Networking opportunities through national and state conferences and workshops.
• A professional identity and association which helps preserve and honor the unique talents of addiction professionals.
• A nationally recognized Code of Ethics to promote professional ethics.
• Voting privileges on the NAADAC Board of Directors, ensuring a voice for your state in shaping the direction of the national/international association.
• Provides Board of Director liability insurance coverage to protect your affiliate and board members from the unexpected.

Professional Services
“NAADAC provides a variety of professional services to members that include classified ads for job opportunities, online education, online bookstore that includes publications that range from How to Advocate to Basics of Addiction Counseling, health insurance, malpractice insurance, support for Recovery Month Activities, and a national conference on Advocacy and professional education for licensing and certification. Some of the biggest services that NAADAC provides its members is venue to network, develop a professional identity and a chance to make a difference at the state and national level to enhance treatment and to end discrimination of people who treat and who experience substance use disorders.”

Mary Woods, RNC, LADC, MSHS, NAADAC Past President

• Reduced rates for malpractice and liability insurance for individuals and agencies. Medical and dental insurance is also available. Insurance benefits include two free hours of help on a Legal Assistance Hotline through the Van Wagner/Sterling and Sterling to address ethical or legal questions/complaints. Call 800.735.1588 or e-mail insurance@vanwagnergroup.com for full details.
• Enhance your career prospects, use the NAADAC Career Center, www.naadac.org/jobs.
• Substantially reduced rates on national certification and re-certification of the National Certified Addiction Counselor (levels I and II), Master Addiction Counselor (MAC) and other credentials. Please note that certification is not included in NAADAC membership and is a separate process. Certification is not a requirement of membership in NAADAC.

Let Us Assist
Our Administrative Center is here for you, 800.548.0497 or naadac@naadac.org.

NAADAC and your affiliate work together for the addiction profession. Together we have seen the success and know that there is still much work to be done.
• Join us and continue to support NAADAC:
• Renew your membership
• Ask a colleague to join
• Attend a conference or workshop sponsored by NAADAC or a NAADAC affiliate
• Ask to volunteer for an affiliate or national committee or board position
• Remember that your work as an addiction professional is making a difference.

For additional information on NAADAC Affiliates or to become more involved, contact Diana Kamp at dkamp@naadac.org and to find out more about NAADAC membership or benefits, contact Donna Croy at dcroy@naadac.org or 800.548.0497.
April 1 – 30, 2011
NAADAC Election Period
Nationwide
For full details on NAADAC elections, please visit www.naadac.org.

April 1, 2011
Building Skills for a Better Tomorrow Seminars on the Role of Recovery, Trends in 2011 and Professional Identity
Co-Sponsor: New England Addiction Technology Transfer Center
For more details, visit www.naadac.org.

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

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

April 15–17, 2011
Romancing the Brain to Healthy Relationships – Conflict Resolution in Recovery
Rolla, MO
Join us for a skill-based training on improving clients’ conflict resolution knowledge.
For more details, visit www.naadac.org.

April 21–22, 2011
Healthcare Reform Summit
Hosted by the Kansas Association for Addiction Professionals
Topeka, KS
For more information, please contact angela@naadac.org, call 1.800.548.0497 or visit www.naadac.org.

April 30, 2011
NAADAC Awards Deadline
Alexandria, VA
Know an individual or an organization that deserves recognition? Celebrate the best of the profession. Nomination criteria available on the NAADAC website at www.naadac.org.

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 chrissykanderson@yahoo.com or John Weiglenda at hrad@ndsupernet.com

May 14 – 17, 2011
NAATP Annual Conference
The NAATP Addiction Treatment Leadership Conference discusses the important issues, showcases innovative resources and programs and networks with the decision-makers of addiction treatment.
Chandler, AZ
For more information, please contact 717.392.8480 or visit www.naapt.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 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 exams, 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 exams, 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 information, visit www.taap.org or contact 512.708.0629 or admin@taap.org

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.

September 17 – 21, 2010
National Conference on Addiction Disorders
San Diego, CA
Earn up to 30 continuing education credits and hear from national speakers.
More details at www.naadac.org

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 exams, visit www.ptcny.com/clients/NCC.

For full details on NAADAC elections, please visit www.naadac.org/clients/NCC.
Angela@naadac.org, call 1.800.548.0497

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