Editor’s Note

Keeping the Focus on You

One of the things that is hard for us to balance as the staff at NAADAC is the two desires to focus on the needs of our members and supporting the care that is received by the clients and families that our members work with. While the clients are in great need, NAADAC’s members need help and support as well.

With this issue we’re trying to keep the focus on you, the professional. This issue addresses the important issue of clinician burnout, clinical interventions while dealing with first and second stage recovery and new opportunities and strategies to help you move ahead with your career.

I hope you enjoy the issue, and don’t forget to take advantage of the continuing education credits eligible quiz on page 14.

Donovan Kuehn
Editor, NAADAC News

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Send your old and new addresses to NAADAC, 1001 N. Fairfax St., Ste. 201, Alexandria, VA 22314; phone: 800.548.0497; fax: 800.377.1136 or send an email to dcoord@naadac.org.
You Can Help Set the Agenda
NAADAC PAC to Hold Month-Long Fundraising Drive, Sept. 1 – 30, 2011
Chris Campbell, Director of Government Relations

From September 1 – 30, 2011, NAADAC PAC is hosting its third Political Action Committee (PAC) Drive. The NAADAC PAC was founded over two decades ago and is the oldest, most established PAC to focus exclusively on addiction policy issues. PAC donations are a unique advocacy tool that helps make the voice of addiction professionals heard on Capitol Hill. The PAC supports members of Congress who champion addiction services and addiction professionals. However, NAADAC PAC is only as effective as the support it receives from members.

In the past, NAADAC PAC has supported Members of Congress who have helped advance bills on issues like expanding treatment access to all Americans, ending insurance discrimination against addiction treatment and increasing funding for public treatment systems. NAADAC PAC also enables us to educate and build relationships with Senators and Representatives.
PACs are legal entities that can be established by groups like trade associations, corporations and labor unions, none of which is allowed to make political contributions directly from their general funds (it would violate campaign finance laws.) Instead, a PAC relies on contributions from its organization’s membership or employees.

Although NAADAC PAC cannot donate at the same level as the nation’s largest PACs, it gives addiction professionals (and, by extension, the addiction treatment community) a presence in Washington that they could not otherwise have. While there are many tools that treatment and recovery advocates can (and must) use to effect change — emails from grassroots activists, media attention, Recovery Month events and other efforts — our PAC creates unique opportunities for NAADAC. It enables our advocacy staff to spend time one-on-one with legislators and their staffs at fundraising events, talking about issues like insurance parity and protecting public funding for treatment. It helps NAADAC develop relationships with members of Congress and their aides, as well as ensuring that members of Congress who support our policies are re-elected. The PAC is irreplaceable and complements all other advocacy work.

Prizes for PAC Donors
There’s no better time to support the PAC than during the PAC Drive September 1 – 30, 2011!

- Every NAADAC member who donates $50 or more will be entered to win a free conference registration and airfare to the 2012 National Conference on Addiction Disorders, in Orlando, Fl.
- The NAADAC state affiliate that donates the most (on average per member) will receive a free NAADAC training in 2012.
- Each donor from the winning state affiliate will be entered to win one of 10 free NAADAC prizes.

Donations can be made online at www.naadac.org/advocacy (Please note that all PAC donations are optional and do not affect your membership in NAADAC. Donations are not tax deductible.)

For more information on NAADAC’s advocacy efforts, including NAADAC PAC, please visit www.naadac.org/advocacy, or contact Chris Campbell, Director of Government Relations, at ccampbell@naadac.org, or 800.548.0497.

Please note: As required by law, NAADAC PAC can only accept donations from current NAADAC members and their families. All donations will be screened.
Imagine having to do your job with a co-worker who only spoke Chinese. It sounds ridiculous, but a similar challenge faces addiction-focused professionals every day. With the different treatment modalities and approaches that professionals use in understanding and treating co-occurring disorders, a lack of understanding can impede the progress of clients.

NAADAC and Hazelden are spearheading an effort to hasten the movement toward evidence-based integrated treatment for co-occurring disorders by developing clear and consistent messaging that can be used by our partners throughout the mental health and substance use disorders professions. Both groups envision this initiative leading toward agreement on universal scopes of practice, outcome measurement and even workforce development.

While NAADAC and Hazelden have begun this process, they don’t want to go it alone. They are looking to other leaders in the behavioral health arena to help with the ongoing effort.

This effort is important because integrated treatment is associated with the following positive outcomes (SAMHSA):

- Reduced substance use;
- Improvement in psychiatric symptoms and functioning;
- Decreased hospitalization;
- Increased housing stability;
- Fewer arrests and
- Improved quality of life

In the near term, the goals of this initiative are to:

- Support the co-occurring disorders focus of the September 2011 Recovery Month through initiatives and events specific to growing awareness and understanding of the treatment of co-occurring disorders
- Create a mechanism for ongoing communication and coordination of efforts, and
- Begin to solicit the knowledge and experiences from partners and constituents across the behavioral health spectrum.

In the longer term, Hazelden and NAADAC envision:

- Partnering with state and local organizations to disseminate information about co-occurring disorders to their members and to provide in-person and distance education on co-occurring disorders and
- Bringing together key leaders to identify scopes of practice in co-occurring disorders which reflect evidence-based integrated treatment models.

For more information on this initiative, please contact Misti Storie at misti@naadac.org or visit the NAADAC homepage at www.naadac.org for periodic updates.

**Want to Know More? Here are Two Resources That can Help...**

**Integrating Treatment for Co-occurring Disorders: An Introduction to What Every Addiction Counselor Needs to Know**

This guide is a skill-based, training program that will help addiction counselors improve their ability to assist clients who have co-occurring disorders, within their scope of practice. This educational program is designed for those who do not have a significant background with co-occurring disorders and will discuss the many myths related to mental illness treatment, barriers to assessing and treating co-occurring disorders, relevant research and prevalence data, commonly encountered mental disorders, applicable screening and assessment instruments and issues surrounding medication management and coordinating with other mental health professionals. This educational program will also introduce the integrated model of mental health and addiction treatment services, outlining how to utilize current substance abuse treatment best practices when working with this population. Through the use of case studies, video clips and interactive exercises, participants will feel more comfortable and competent in addressing mental health issues with clients who have co-occurring disorders.

**Cost:** Manual Only: $75 for members; $125 for non-members

Independent Study Course w/Manual and Exam (6 CEs): $35

Visit www.naadac.org for information on both products.

**Integrating Treatment for Co-occurring Disorders Online Course**

This self-paced, interactive course includes case studies, interactive exercises and videos. Up-to-date information from the Dartmouth/Hazelden Co-Occurring Disorders Program, SAMHSA’s TIP 42, and other resources are pulled together in this thorough introduction to the integrated treatment of co-occurring disorders. The Participant Reference Guide and Workbook, developed by NAADAC and Hazelden, is included as a downloadable desktop reference. Other references include screening and treatment forms, a comprehensive glossary and other downloadable resources. Participants will:

1) Recognize and screen for the most frequent co-occurring disorders seen in a substance abuse setting
2) Apply knowledge of evidence-based practices currently used in the substance abuse field to treat clients with co-occurring disorders
3) Integrate substance abuse and mental health services within the scope of practices
4) Identify a client’s stage of change and stage of treatment to implement effective interventions
5) Discuss the clinical aspects of medication management for co-occurring disorders
6) Involve the family in the treatment process
7) Explore common misperceptions and biases regarding co-occurring disorders.

**Duration:** 6 hours  
**Cost:** $180
You’ve Got Mail!
The Dangers of Email

Adam Frank

What’s your email policy? If you don’t have one, now is the time to add it to your policies and procedures manual and communicate it to all employees.

For example, electronic communications must be consistent with the standards of ethical and proper behavior and conduct. You may not use electronic communications to create, forward, or display any offensive or disruptive messages, including photographs, graphics and audio materials.

The use of email can come back to haunt like a legal time bomb. For example, in the Microsoft monopoly case, much of the government’s case was built on the internal email among Microsoft’s executives.

Here are some necessary steps:

• Create a formal email policy that spells out the risks to employees of inappropriate emails and the language that should or should not be included. Make sure to include how long employees should retain email and the method to dispose them.
• Your electronic communication policy must refer to your policy on sexual harassment and non-discrimination.
• Communicate your email policy to your independent contractors.
• Publicize what the penalties are for violating the email policy.
• Treat email with the same respect you give to regular mail.
• Be aware of transmitting confidential information that may violate privacy laws. That information may have to be encrypted.
• If employees use their home computers for business email, their entire personal correspondence file can be subpoenaed in any action against the company.
• Include that you, as the employer, reserve the right, but assume no duty, to monitor all employee communications at all times during employment. You also reserve the right to block access to chat rooms or other inappropriate websites and can impose reasonable restrictions on electronic communications.

• To diffuse any invasion of privacy rights, all employees should sign off recognizing that all email is the exclusive property of the company.
• Employees must treat email with the same respect regarding customers and others.

Email lives in “cyber perpetuity.” Even though you may delete it, the original message lives on someone else’s computer. Each time any email message is handled by a server it makes a copy. By the time it reaches you or any recipient, several copies have been created and stored. For each additional recipient, the number of potential electronic copies of the document increases exponentially.

Upon receipt of the message, any recipient may delete it, but only the recipient’s copy will be deleted. Other copies will remain stored. Somewhere, unless all the copies are deleted, there will be a record. An attorney will search far and wide to find that record if need be…and the cost to do so can be overwhelmingly devastating.

An electronic media request can include email, correspondence stored on main frames, PCs, laptops, file servers, backup tapes and optical disks, “retired” hard drives and floppy disks, and yes, voice mail.

Don’t let email go unregulated. Train employees, not just how to use it, but how to communicate with it. Remember that electronic communication is litigation lurking around the corner!

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.
First Aid for Burnout
A Professional Passes Along Tips to Keep You Healthy
Ann M. Nothnagle, MA, LADAC

It’s like a perpetual cloudy day, a sense of gray that permeates your work. It is a feeling that all your efforts, countless hours spent counseling others on recovery strategies seem all for naught as yet another client relapses and appears on the front page of the local newspaper for some drug-related crime. Worse yet, you may read of a drug-related death of a client, suicide or accidental overdose. Grief and guilt whether unfounded or not can be oppressive. Sleepless nights, irritable days and general pessimism can become habitual. Some precursors to burnout are insidious, such as a tight work schedule which leaves you with the feeling that you are not giving the client the time he or she needs to help problem-solve. At the same time, you want to remain in good standing with your employer. Over time, these stresses and strains, both large and small, can accumulate like oily rags in an airless garage. One day it ignites in what appears to be spontaneous combustion and you are surprised. It ignites for you possibly in losing patience with a client and saying something regrettable. You may begin to snap at loved ones at home and dread going to work the next day. You begin to ask yourself if you really are cut out to do this work, if it is worth the emotional cost, if what you are doing is effectively helping the addicted person or should you find another profession. If that describes you at your job lately you are likely experiencing burnout. Addiction work is a mine field, setting us up for disappointment and frustration time and again. Despite all the best, newest, enthusiastic approaches to recovery, people in recovery just do not consistently respond the way you hope. The real trap is when you begin to blame yourself for their downhill spiral into relapse. You try so hard to give them the tools to stay drug-free and improve their life in other ways. You watch and listen week after week as they discuss attempts to put one foot in front of the other going to work, caring for family, going to meetings. Then one day the stress becomes too much, they feel they must get relief in the way that had become all too familiar, a remnant of the past presents itself in that seductive form and relapse follows.

In the fifteen years I have worked in the profession, I have researched this problem and found several effective ways that a counselor can combat burnout. I would like to share them with you in this article. Here is a concise way to remember the basic plan to follow to avoid burnout, or to work your way out of it if you find yourself in the midst of a burnout episode: 1) Talk it out, 2) Move about, 3) Take a break, and 4) Meditate.

Talk it out
Do talk to someone about the work stress. Seek out another counselor with whom you can discuss your frustrations. Choosing a supervisor to discuss these stressful issues may provide some seasoned and wise advice from someone who has “been there.” Talking through these work issues can bring relief just from the venting. It could be very beneficial to set up a regular time to meet with colleagues to discuss work related problems as this may prevent serious burnout before it happens. If you can manage to carve out some time during the work day, that is ideal. A work lunch once a month can really be useful to learn how others cope and/or to pass on your tried and true burnout remedies. If these options are not feasible, schedule a time to meet after work at a coffee shop or for lunch to share common work problems. You may be surprised to find how common burnout is and how others have dealt with its symptoms suc-
cessfully. At the very least, you will see how others are troubled in much the same way you are.

Move about
Burnout and depression are “kissing cousins” and so some advice that you give to clients to counteract depression during addiction recovery works well for your own experience of burnout. Physical exercise cannot be encouraged enough. Don’t fall into these excuses: “I’m just too exhausted to get into exercise after work;” “I have errands to run;” “I have a family to care for after work;” “It’s just not fun anymore;” and “I just don’t have the time.” Be as encouraging to yourself as you are to clients to make some lifestyle changes. Some great advice I learned in my training was not to ask a client to do anything you would not be willing to do for yourself. It doesn’t really matter so much what you do physically just as long as you do it! Think about what you used to enjoy. If it’s walking, running, swimming, hiking, bowling, dancing, aerobics, golfing, tennis, yoga — the possibilities are endless. The hardest part is getting started. Ask yourself: wouldn’t it be better to try an activity than to stay in the “burn-out barrel?” MAKE TIME FOR THIS. It may require some discipline if you have not been doing anything physical lately. But the payoff is so worth it. You might just enjoy it. You will feel better, more energized, less stressed and more in charge of your life again. You may find yourself looking forward to the healthy escape from work worries.

Take a break
Give yourself a break at work. Take a few minutes to just gaze out your office window with a few appreciative glances to observe nature: blossoming flowers or shrubs, birds in flight, the ever-changing sky. No window in your office? Have framed pictures of scenes which provide a momentary distraction, or family photos to remind you of your stable influences. Light a fragrant candle, squeeze one of those stress balls, or consciously take a few long slow deep breaths for a quick, relaxing response. If at all possible, get out of the office at lunch time, this assumes that you realize the importance of taking lunch! Eat your lunch outside if possible, take a walk, do an errand, window shop. Just getting away physically for a short time can revive you for the rest of the day. Any or all of these things can provide a welcome break from the heart-breaking problems which inhabit your office in the form of real life client stories.

Meditate
If you find you are “taking your client problems home with you” way too often and it is distracting to your private life, you might try using a visualization technique. I learned this years ago a few months into a very stressful job when a colleague with a similar stressful job passed along this advice. At the end of your work day, picture your clients’ problems written down in a book. See yourself closing the book and putting it up on the shelf until the next workday. You know you have done your best for the clients; the rest is up to them and now is your time for rest and relaxation in order to best meet their needs the next day when you open the book again. Guided Imagery books and CDs are plentiful and indeed do work if you make the time to experience them. It is a way to take your mind to a peaceful place of restoration. When you get comfortable utilizing this technique, you can use it effectively in group or individual sessions. We know our clients are burned out and stressed out in their transition from the drug life to new recovery life.

Like any other change we endeavor upon, these changes will take time to accomplish. If you start by changing a few things you may have better results than if you try to do all of them at once. Being overwhelmed by trying several things and not accomplishing any very well can lead you to be discouraged. You do not need a sense of failure piled onto your current state of burnout. Give yourself plenty of time remembering the situation did not start overnight and is not going to be ameliorated overnight. But I can assure you. if you stick with these solutions you will see results. Remember also in this journey away from burnout you will become a better counselor for your clients, a better employee, a kinder person in your personal life and most of all a happier person for your own wellbeing.

Ann M. Nothnagle, MA, LADAC, is a Licensed Alcohol and Drug Counselor and NAADAC member at Plateau Mental Health in Cookeville, Tenn.
Today’s world of recovery and psychology offers a plethora of treatment approaches, making the days of the purist over. As a result, any addiction professional who works with those in the recovering population needs to have many strategies and varied approaches in his or her toolbox to be effective. Continuing care is where recovering clients are beyond solely having gained physical recovery and are now dealing with the deeper underlying issues they struggle with. The following article addresses the distinctions between “First Stage Recovery” and “Second Stage Recovery” and the clinical interventions applied to both phases in the recovery process. For the purposes of brevity, “FSR” will be used for “First State Recovery” and “SSR” for “Second Stage Recovery.”

I started working in treatment in recovery in 1982. At that time, treatment centers were not addressing dual addictions, co-morbid disorders, historical trauma or relationship issues. Those were squarely considered “outside” issues and under the umbrella of the “ism” of alcoholism and only a component of the profile of the alcoholic. The majority of professionals working in the field of chemical dependency were focused on supporting the alcoholic to get sober in order to teach him or her about the disease of alcoholism and preventative measures to avoid relapse. That goal framed the treatment starting from the moment the alcoholic entered treatment until the day they graduated from treatment. Much of the clinical work that was done in treatment was for the primary purpose of peeling away the layers of denial that the patient carried.

Addiction professionals working in treatment kept their fingers crossed that they had pounded enough information into the dazed, newly sober person’s head within their 28-day stay to go home and find a way to adjust to family life, marriage and work. We would wave goodbye to the alcoholic and their family leaving rehab and send them into the arms of continuing aftercare treatment of AA meetings, participation in alumni events and perhaps a referral to an outside therapist for ongoing help. Family members might, or might not, have been handed an Al-Anon directory. No one was talking about “Second Stage Recovery” because we were still getting acquainted with what “First Stage Recovery” was.

Fast forward to 2011 and “SSR” is now a term that is quickly becoming a part of the nomenclature within the world of recovery professionals. But, do we really know what we are talking about? And, just as “FSR” has many definitions to it, doesn’t it make sense that would “SSR” as well?

In order to understand what “SSR” is, people obviously need to understand first what is meant by the term “FSR.” “FSR” might simply be defined as: “The addict or alcoholic puts down his or her addictions and starts on a path to regain physical, mental, emotional and spiritual health.”

**First Stage Recovery**

For the majority of people in “FSR” they are driven to stay sober merely out of the fear of losing anything more in their lives, or the very real fear of death. It is a time where the addict crawls in desperation off the playing field of addiction and crawls onto the playing field of recovery. For some,
has yet to face their unresolved issues and is still very susceptible to avoiding emotional pain by getting on the merry-go-round of secondary addictions or relapsing back into their primary addiction of choice.

So, what might we say about what defines “Second Stage Recovery?”

“SSR” is no longer about a recovering person trying to stay sober; it is now about sustaining mental, emotional and spiritual health and a conscious devotion to a positive and constructive way of life. Variables such as genetic loading, affective and mental disorder...
Stage, from page 9

ders, historical injury and trauma, socio-economic opportunity, availability of help and cultural influences may affect the brand of recovery one will be in and, perhaps, even the quality of it. The recovering person in “SSR” approaches their life with healthy motivation and passion, a quest for following a spiritual path of love and service and facing human suffering bravely. In other words, “SSR” is where the recovering person sees their recovery as something they are consciously doing and walking toward, rather than where they started from in “First Stage Recovery” by running from death and destruction. “SSR” starts the moment the recovering person chooses to believe that there is only one path for them to take, and that there is no going back to the old, familiar, unconscious, addictive way of life. This is the point in time where a person is willing to take total responsibility for their lives and the choices they are making.

The person in “SSR” not only uses the tools in their daily life that other recovering mentors have taught them, but they also pass on what they have learned to other recovering people as well. For some, moving into “SSR” can happen very quickly, and for others, very slowly. It is not the amount of recovering time that a person has that informs the stage of recovery they are in. It is the mentality, orientation and attitude that the recovering person carries, the way they behave, the attitudes they transmit and how much they give back to society.

Just as we can look at a child and identify which phase of developmental maturation they are in, the recovering person is also in phases of maturational development that are identifiable and predictable. For example, we can look at infants, toddlers and children from a developmental perspective. We agree that there is a spectrum of normal development. We diagnose pathology based on how on-time, or off-time, a child is on the spectrum of gross motor development, speech development, cognitive-intellectual and social-emotional development. If a child is not developing according to normal standards it is treated as a developmental delay. The recovering person also has developmental delays in their recovery. Dual diagnosis of mental illness or mood disorders can, and will, create a developmental delay. Trauma from child abuse can create a developmental delay. Learning disabilities can create a developmental delay. Like the growing child, addiction professionals should have a defined clinical framework that they are using as a lens to assess the recovering person.

addiction professionals and recovering people alike are entitled to experience recovery as a rich and rewarding path that offers an ever growing and meaningful framework to live within.

Second Stage Recovery Models and Interventions

1. The client overtly and consciously surrenders to working out unresolved past issues that arise on the path of recovery. **Intervention:** Psychodynamic therapy, somatic therapy.

2. Rather than acting out, the client actively works to gain a tolerance to be with the normal suffering those human beings endure through constructive means and actions. **Intervention:** The clinician actively works in the room to slow the client down and experience their feelings in a safe way. Clients participate in guided imagery and meditation.

3. The client surrenders to the help of others, and not through old addictive behavior(s). **Intervention:** Client reveals with honest assessment the people that they turn to in their program for support. Helping the client learn ways to make their needs be known to themselves and others that don’t feel humiliating, infantile, blaming or burdening.

4. The client works to create a proactive spiritual daily practice that regulates their mood. **Intervention:** Participation in 12-step meetings, prayer and meditation, biofeedback, neurobiofeedback, nutritional support, exercise, psychotherapy, group therapy or alternative medicine and working with sponsors.

5. The client is engaged actively and consistently in service to others and in a community of like-minded people. **Intervention:** Ongoing commitments. The clinician helps the recovering person know the difference between service and self-sacrifice. Service is defined robustly as a way for the rehabilitated person to honor their identity as a self-loving public figure and not an addict hiding in shame.

6. The client regulates suffering through a healthy relationship to self and others rather than through isolating or addictive behavior. **Intervention:** Share joys, successes and suffering openly with a sponsor or therapist. Clients consistently reveal suffering to entrusted support team. Secretive living is not only unnecessary, but feared.
addict’s maturation on the spectrum within “FSR” and “SSR.”

People can stay stuck in “First Stage Recovery” well after they have put down their addiction. They are abstinent, but their attitude is filled with wishful thinking, of escaping the normal suffering that goes with being alive and still hoping to be rescued by someone to fix the problems they face in their recovery. The transition from “First Stage Recovery” to “Second Stage Recovery” lies on a continuum and is not necessarily linear.

Unlike “FSR,” we can look at “SSR” as the developmental phase where the recovering person matures from being a child looking to be dependent and taken care of by others to being an adult aiming for interdependence and taking care of others.

The following is a model for “First Stage Recovery” and some of the clinical interventions that are used during this phase of treatment. This stage is where the clinician uses cognitive skill to scaffold motivation, insight and education for the client in order to create a solid foundation for sobriety and to prepare for “Second Stage Recovery.” A list of the models and corresponding interventions is included with this article.

1. The client identifies a desire, whether for themselves, the law or others, to put down their addiction.
2. The client is willing to learn the facts about their addiction.
3. The client is willing to identify with the label of addict.
4. The client has a desire to gain knowledge of a strategy for daily sober living.
5. The client has a willingness to let go of the people in their life who contribute to an addictive lifestyle.

Stage, cont. on page 12

Second Stage Recovery Models and Interventions (cont’d.)

7. The client actively forms a positive and rigorously honest relationship to all of their feelings and in their relationships.
   Intervention: The addiction professional helps the client define what healthy and unhealthy dependency looks like in a relationship. The client stays current with clearing out resentment with inventory work and relationship with sponsor.

8. The client is on a spiritual path that allows them to perceive life’s pain and suffering as a part of life to be embraced and learned from, not something to be avoided, ignored, resisted or denied.
   Intervention: Client makes internal vows of commitment to a conscious contact with a higher power and spoken vows of commitment in sharing these vows on a regular basis. A spiritual life is not a hidden life. It is claimed openly.

9. The client actively makes meaning out of their life experience in order to live life on life’s terms.
   Intervention: Writing, meditation, prayer, contemplation.

10. The client stays on a path of recovery out of a conscious vow. It is no longer a question of “if” I’m going to stay on a recovering path, but “how” I’m going stay on a recovering path. The decision is not made out of feelings, but out of a commitment.
    Intervention: Sustained, unbroken recovery away from addiction.

11. The client perceives his or her recovery as a vehicle for a meaningful and purposeful life and no longer as a victim with a life sentence.
    Intervention: Relationships with spiritual friends and mentors. Ongoing study of spirituality and philosophical stance that supports the vow.
6. The client has a willingness to remove him/her self from mental, emotional and psychological triggers that would lead to picking up their addiction.

7. The client is willing to make any changes in their lifestyle that promotes their ability to be self-supporting financially.

8. The client systematically increases physical self-care.

9. The client follows predictable and trustworthy behavior to engender the trust of family and friends through a program of recovery.

10. Talks about their addiction days as a past narrative and their sober living as a present and future oriented narrative.

Second Stage Recovery

“SSR” serves the purpose to create a conceptual framework for the newly recovering person, the long term recovering person, and the people who work with them. It is a map that helps to navigate the territory of a long term recovering life. The clearer the clinician’s understanding is of what a client looks like in “FSR” versus a client who is in “SSR” the greater the chance the recovering client has in being able to really understanding themselves with more depth.

It is human nature for people to need to make meaning out of their experience, and the recovering person is no exception. Without meaning there is no purpose, and without purpose, people feel hopeless. Without hope, there is no reason for staying away from the immediate relief of addictive behavior. The opposite is also true. When people find meaning and purpose in their recovery the suffering that accompanies the experience of being a human being in recovery is not just endured, but prevailed over. It is a journey where problems are seen as opportunities, and suffering is viewed as part of what it means to be human. Remember, this is not just a cognitive understanding but a very emotional one that the recovering person lives in on a daily basis, regardless of their circumstances. The key point here: “Regardless of their circumstances.”

Much of the recovering person’s experience of “SSR” is making purposeful meaning out of their ongoing experience. They are no longer depending on other people in the same way they did in “FSR” to make that meaning for them. They are no longer trying to change and control the world around them, but spend their changing the world within, and are happy to take on this responsibility for the rest of their lives.

“SSR” is the territory where facing the unresolved issues that were kept underground and anesthetized from substance abuse with ongoing help of resources such as: a sponsor, a therapist, another twelve-step program, a meditation group, group therapy, medication and many recovering friends in the community. It only ends with the ending of ones’ life.

The following is a model for “Second Stage Recovery” for professionals. A list of the models and corresponding interventions is included with this article.

1. The client overtly and consciously surrenders to working out unresolved past issues that arise on the path of recovery.

2. Rather than acting out, the client actively works to gain a tolerance to be with the normal suffering those human beings endure through constructive means and actions.

3. The client surrenders to the help of others, and not through old addictive behavior(s).

4. The client works to create a proactive spiritual daily practice that regulates their mood.

5. The client is engaged actively and consistently in service to others and in a community of like-minded people.

6. The client regulates suffering through a healthy relationship to self and others rather than through isolating or addictive behavior.

7. The client actively forms a positive and rigorously honest relationship to all of their feelings and in their relationships.
8. The client is on a spiritual path that allows them to perceive life’s pain and suffering as a part of life to be embraced and learned from, not something to be avoided, ignored, resisted or denied.

9. The client actively makes meaning out of their life experience in order to live life on life’s terms.

10. The client stays on a path of recovery out of a conscious vow. It is no longer a question of “if” I’m going to stay on a recovering path, but “how” I’m going stay on a recovering path. The decision is not made out of feelings, but out of a commitment.

11. The client perceives his or her recovery as a vehicle for a meaningful and purposeful life and no longer as a victim with a life sentence.

Most addiction professionals already have been working at the level of “SSR” without having called it that. But as addiction professionals we need to name it so that the recovering person can name it as well.

“SSR” is where the individual has acquired enough ego strength to face and overcome their demons, and struggle robustly with the narrow gap between the known and the unknown so that growth can keep continuing over a lifetime.

The more understanding that addiction professionals have in the clarifying differences between “FSR” and “SSR,” will increase effectiveness in the therapy room will create a common understanding across the professional community. Both addiction professionals and recovering people alike are entitled to experience recovery as a rich and rewarding path that offers an ever growing and meaningful framework to live within.

Beverly Berg, MFT, PhD, has worked with children and adult individuals and couples, in private practice for over 25 years. She has been active in the field of chemical dependency as a marriage, family and child therapist since 1982. Dr. Berg’s greatest advocacy is for the recovering couple in Second Stage Recovery. She can be contacted through her web site at http://consciouscouplesrecovery.com.
CE Quiz: What Is Second Stage Recovery, And How Do You Know You’re In It?

Earn continuing education credits by taking this quiz on the article that begins on page 8 of this issue. A grade of 70% or above will earn you a Certificate of Completion for three nationally certified continuing education hours. This is an open-book quiz. After reading the article, complete the quiz by circling one of the answers for each question. Please give only one response per question. Incomplete or multiple answers will be marked as incorrect. The quiz is worth three continuing education (CE) credits.

Send a photocopy of these two pages along with your payment of $35 for three CEs (NAADAC members) or $50 for three CEs (non-members).

Please complete the information sections below and print clearly.

1. The risk of relapse is high in first stage recovery.
   a. True
   b. False

2. Which of the following is NOT true in first stage recovery?
   a. People are often motivated by fear.
   b. People are vulnerable.
   c. People don't respond to therapy.
   d. People often have to face unresolved issues.

3. Which of the following is associated with second stage recovery?
   a. The client is willing to learn the facts about their addiction.
   b. The client is engaged actively and consistently in service to others and in a community of like-minded people.
   c. The client is willing to identify with the label of addict.

4. Second stage recovery is usually marked by an individual acquiring enough emotional strength to face and overcome his or her addiction.
   a. True
   b. False

5. Which model is associated with the first stage recovery intervention of further education on the disease of alcoholism is provided and an assessment for dual diagnoses or co-morbid disorder is performed?
   a. The client has a willingness to let go of the people in their life who contribute to an addictive lifestyle.
   b. The client is willing to make any changes in their lifestyle that promotes their ability to be self-supporting financially.
   c. The client systematically increases physical self-care.

6. Which model is associated with the second stage recovery intervention of the client actively makes meaning out of his or her life experience in order to live life on life’s terms?
   a. Relationships with spiritual friends and mentors.
   b. The addiction professional helps the client define what healthy and unhealthy dependency looks like in a relationship.
   c. The client reveals with honest assessment the people that they turn to in their program for support.
   d. Writing, meditation, prayer, contemplation.

I certify that I have completed this quiz without receiving any help in choosing the answers.

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NAADAC, The Association for Addiction Professionals, CE Quiz, 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314

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Make checks payable to NAADAC, The Association for Addiction Professionals. Please allow three to six weeks for notification of your results and your Certificate of Completion. You may want to keep a copy of this quiz as a record for your licensing board. NAADAC, The Association for Addiction Professionals is an approved provider for continuing education home study (Provider #189). NAADAC maintains responsibility for the program.
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!

American Professional Agency, Inc.

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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
Legislators Work to Prevent Underage Drinking

During Alcohol Awareness Month, Congresswoman Lucille Roybal-Allard (Calif.–34) introduced bipartisan legislation to reauthorize and bolster federal underage drinking prevention programs under the Sober Truth on Preventing (STOP) Underage Drinking Act. The legislation builds on the success of the original STOP Act signed into law in 2006, and seeks to reduce and prevent underage drinking in the United States.

Congresswoman Roybal-Allard was joined by Congresswoman Rosa DeLauro (D, CT-3), and Congressman Frank Wolf (R, VA-10) who co-sponsored this bipartisan legislation. U.S. Senator Frank R. Lautenberg (D, NJ) introduced the identical companion bill in the U.S. Senate.

“The reauthorization of federal underage drinking prevention programs under the Sober Truth on Preventing (STOP) Underage Drinking Act is the next logical step in our ongoing efforts to address the public health crisis of underage drinking in our country,” Congresswoman Lucille Roybal-Allard said. “Since the STOP Act became law in 2006, community efforts to address underage drinking have increased. While this is encouraging, the unfortunate fact remains that alcohol is still the primary drug of choice for our youth. We must build on our successful efforts to educate our society about the dangers of youth alcohol abuse in hopes of reducing the suffering, violence and death that far too often are caused by underage drinking.”

In 2006, Congress passed the Sober Truth on Preventing (STOP) Underage Drinking Act authored by Congresswoman Roybal-Allard. The legislation authorized: the establishment of an interagency coordinating committee to address underage drinking; a multimedia campaign to educate parents and communities about the dangers of underage drinking; federal research on underage drinking prevention; and the creation of community grants to fight underage drinking.

“In 2009, about 10.4 million, or 27.2 percent of teens aged 12 to 20 reported drinking alcohol in the past month. Approximately 6.9 million of these were binge drinkers, and 2.1 million were heavy drinkers,” Congresswoman Roybal-Allard said. “The original STOP Act was a bipartisan and bicameral effort to address the public health crisis of underage drinking. We must pass this STOP Act reauthorization to ensure that this landmark public health initiative continues.”

The legislation is supported by Mothers Against Drunk Driving (MADD), Community Anti-Drug Coalitions of America (CADCA), American Academy of Pediatrics and the United Methodist Church – General Board of Church and Society.
NEWS FOR PROFESSIONALS

TEXAS

Former NAADAC President Honored

Each year, the Texas Youth Advocates (TYA) for Legislative Change present their highest honor to a person who has demonstrated continuous support and mentorship to the organization, as well as serve on the front line of legislative advocacy on matters regarding substance abuse education, prevention and treatment, both in Texas and the nation. This year’s recipient is Patricia Greer, who is a licensed therapist, and former president of the Texas Association of Addiction Professionals (TAAP) and NAADAC, the Association for Addiction Professionals.

“Mrs. Greer has been an ardent supporter of ours, especially while serving as NAADAC President, offering suggestions around membership, expansion of Youth Groups to other states and helping to open doors when others thought we were just another group of kids,” states former TYA Chairman Clayton Goldberg.

TYA Executive Director Keith Liles noted, “This year’s selection was an easy one given the volume of time and effort that Pat has put forth year after year, ranging from hundreds of personal visits to elected officials, testifying both in Austin and in Washington on countless legislative initiatives, and for standing in the fire to fight for the respect of and benefits for the LCDC credential. The TYA were a personal pet project for Pat while serving on the TAAP Board and it was about time she was recognized for her passionate service to our industry.”

The Texas Youth Advocates are a non-profit organization that is part of the Texas Association of Addiction Professionals, whose mission is to advocate for increased funding for substance abuse education, intervention and treatment. They were formed over ten years ago, and since then we have made countless trips to Austin and Washington, D.C. to speak to hundreds of elected officials. For more information, visit the TYA website: www.texasyouthadvocates.org.

TENNESSEE

Legislation for Licensure Moves Forward

As reported in the Summer edition of the newsletter of the Tennessee Association of Alcohol and Drug Abuse Counselors (TAADAC), licensure legislation is moving ahead in the state legislature.

TAADAC President Paul Hart laid out the process, comparing it to the Academy Award-winning movie “The King’s Speech,” a film about King George VI of Britain, who had a stammer and couldn’t speak at times without stuttering.

“The idea is that we have a voice but we are not being heard in regards to our license and in treating those suffering with the illness of addiction throughout our state,” wrote Hart. “We have a stammer and until we recognize how to make our voice stronger and be able to articulate it, we are at a disadvantage and we are not being taken seriously.”

Arising from this process, the Licensure Board has asked that all counselors who are licensed as alcohol and drug counselors send their addresses and phone numbers to the Licensure Office within 30 days of moving to facilitate sending out renewal letters. For more information contact Hart at paul.hart@myinnervention.com.

Upcoming NAADAC Webinars

Earn continuing education credits and stay current on the trends in the profession. You can also access archived webinars and see what you missed.

Full registration details at www.naadac.org/education.

AUGUST 11: Strategies for Successful Test Taking featuring Linsday Freese, MEd, from the New Hampshire Technical Institute

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? 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
Recent statistics say that there are about 10 candidates for every one position. Although the employment report is grim, there are still jobs out there. What can you do to stand out and land THE job?

As a staffing professional and career consultant, I’ve worked with hundreds of hiring managers and thousand of candidates. Here’s what works today:

1. **The Power of Your Personal Professional Network**
   Nothing is better than a personal referral. If you haven’t done so yet, start telling people that you are now “in transition” and seeking your next opportunity. And know that being in “transition” is not déclassé — it’s actually much more common than you think.

   What to do first? Update your on-line profiles and start showing up at professional events around town. Reach out to associates from your past. Ask people to keep you in mind. Be visible!

   When you’re looking for a job, you’re really in sales and the product you’re selling is you! Read up on sales skills and interviewing techniques. Know where you are in the process.

   Take the initiative to circle back with everyone in your network on a periodic basis. Relationships are important and there’s nothing worse than being a fair weather friend. If you’re going to reach out and ask people for help, then take responsibility for circling back with your network regularly — even after you get the new job.

2. **The Power of Social Networking**
   Increase your sphere of influence. On-line social networking sites such as LinkedIn and Facebook allow you visibility and access. Be searchable. Update your profile with key words to reflect a “mini’ resume so that recruiters can find you. Start linking with as many people and groups as you can, especially on the business profile sites.

   Open a personal email account which you only use for job hunting for the rest of your career and keep a personal business card.

   Own your power when applying on-line to corporate websites: The Internet is the best tool ever for job hunters. When possible, don’t submit your resume through the job boards. Look for someone in your personal or on-line network who can introduce you to a manager in the company. Reach out.

3. **The Power of Focus**
   Focus your energy. You can waste hours trolling the web. Only apply to jobs which fit your skills, background and interests. This will increase your likelihood of success.

   Recruiters work on many searches at the same time. When submitting your resume, make good use of the subject line. Say in the subject line: PERFECT FIT for XYZ position — DIANNE GUBIN. You will get the call.

   You can make it easy for recruiters and hiring managers to remember you. Attach to your resume to all correspondence.

4. **The Power of Volunteering**
   NOW is always an outstanding time to grow your network. Every professional and non-profit association needs volunteers. Raise your hand, show up early and be visible. You’ll have the opportunity to exercise your talents and people will get to know you in a different light.

5. **The Power of Thought**
   Remember the power of intention and expectation. While networking and interviewing, INTEND and EXPECT positive outcomes. See your self working in the company where you’re interviewing. See yourself clicking with the hiring managers and the team. See yourself working at this new job every day. Think your way into a new story and watch it unfold.

   Apply these Power Tools for your career and watch your new job unfold.

   Dianne Gubin is a career consultant, recruiter and public speaker who addresses topics related to career, professional development and workplace issues. You can contact her via email at dianne@diannegubin.com or follow her blog at http://diannegubin.wordpress.com.

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### States with the highest concentration of Substance Abuse Counselors jobs

<table>
<thead>
<tr>
<th>State</th>
<th>Employment</th>
<th>Employment per thousand jobs</th>
<th>Hourly mean wage</th>
<th>Annual mean wage</th>
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</table>

Help Wanted
Selections From the NAADAC Online Career Center

For a full listing of jobs, please visit www.naadac.org/jobs

RESIDENTIAL DRUG ABUSE COORDINATOR
Winton, North Carolina
The GEO Group

The GEO Group, Inc. (GEO), a world leader in the delivery of correctional and detention management, medical and mental health rehabilitation services to federal, state and local government agencies, is seeking a qualified Residential Drug Abuse Coordinator in Winton, N.C.

This position administers and supervises the Drug Abuse Treatment Program’s policies and practices including planning, organizing, developing, implementing, coordinating and directing activities. This position ensures compliance with the Bureau of Prisons (BOP) standards, effective supervision of staff, clinical and administrative supervision of drug abuse treatment staff and the clinical quality of all drug abuse treatment programs in the institution.

For the full listing, visit www.naadac.org/resources/career-center/212

PROGRAM DIRECTOR
Manchester, New Hampshire
WestBridge Community Services

We have an immediate opening for a residential Program Director for our adult male program (The Commons). We are seeking an individual who thrives in a team-based work setting and who seeks a job requiring creativity, professionalism, communication, family treatment, customer service and initiative. WestBridge staff members provide evidence-based intervention and support to participants and families. The Program Director will participate in an On-Call rotation. Relocation assistance for appropriate candidate.

For the full listing, visit www.naadac.org/resources/career-center/212

CLINICAL SPECIALIST – CHEMICAL DEPENDENCE
Glen Burnie, Maryland
Baltimore Washington Medical Center

Baltimore Washington Medical Center (BWMC) is a comprehensive medical center that combines compassionate care with state-of-the-art medical technologies. Our 311-bed hospital, located in Glen Burnie, Md., is an award-winning facility with affiliations to the University of Maryland Medical System. With over 2,600 employees, and more than 600 physicians who have privileges at BWMC, our staff works collaboratively while creating an environment where learning and teaching is encouraged.

As a Clinical Specialist – Chemical Dependence, you will be responsible for the assessment of patients with addictive disorders. These patients are primarily in medical/surgical care units who require the development, evaluation, and modification of a specialized plan of care. This role provides care to patients based on theoretical knowledge of addictive and mental disorders, therapeutic interviewing and communication skills, implementation of the clinical counseling process, knowledge of external/community resources, and collaboration with other healthcare team members. Act as liaison to nursing and medical staff. Develop reviews and revise withdrawal protocols. Develop and implement educational opportunities, r/t identification and management of the addicted patient for hospital staff.

For the full listing, visit www.naadac.org/resources/career-center/212

SUBSTANCE ABUSE SOCIAL WORKER OR PSYCHOLOGIST
Continental U.S. and Hawaii
U.S. Army

The U.S. Army provides care, treatment, and rehabilitation of active duty and retired Army military and their families. Almost 45,000 civilians in various health care occupations work in our hospitals, clinics and facilities providing care to more than five million beneficiaries. We are especially committed to behavioral health issues encountered by soldiers and to their treatment and support through the professional care of experienced and well-trained Psychologists and Social Workers. We offer the opportunity to be challenged and to truly make a meaningful contribution — a critical difference in the lives of others.

Counseling Centers are located on Army installations throughout the U.S. and overseas. We are now hiring for immediate openings available in several locations. Locations include AL, AK, AZ, CA, CO, DC, GA, HI, KS, KY, LA, MO, OK, NC, NY, SC, TN, TX, VA and WA.

For the full listing, visit www.naadac.org/resources/career-center/212
UPCOMING EVENTS

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 Finnegan, BRI II, and Robert Weiss, LCSW, CSAT-S.
For more information, visit www.taap.org or contact 512.708.0629 or admin@taap.org.

July 29 – 31, 2011
Maine Conference
Walpole, Maine
For more information, please visit www.choopersguide.com/naadac-maap-conference-addiction-professionals.html.

August 19 – 20, 2011
The Recovery Transformation, a conference featuring CC Nuckols
Presented by the Montana Association for Alcohol and Drug Abuse Counselors
Helena, MT 59601
More details at www.naadac.org or e-mail angela@naadac.org.

September 1 – 30, 2011
Recovery Month
Events nationwide
For more information, visit www.naadac.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.
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 17 – 21, 2010
National Conference on Addiction Disorders
San Diego, CA
Earn up to 30 continuing education credits and hear from national speakers.

October 10 & 11, 2011
Thriving in the New Health Care Environment
Presented by the Association of Addiction Professionals of New York.
Saratoga Springs, NY 12866

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.

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.

MARK YOUR CALENDAR FOR 2012 EVENTS!

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

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.

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 email dkuehn@naadac.org.