Will That Friend Request Delete Your Career?

INSIDE: Achievement | Annual Conference | Facebook | CE Quiz | NAADAC ELECTIONS ISSUE

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Your world is shrinking, thanks to social media. People who we have lost touch with years ago are now easy to find with a couple of mouse clicks. Long forgotten photos from your past can carry — with positive and negative results.

There is no turning back the clock, so professionals have to understand what role social media will have in the clinical setting.

The excellent article by Frances Patterson, PhD, on page 7 tackles this trend and addresses some of the ethical issues that professionals need to be aware of.

Also in this issue is the second part of the article by Rebecca Berg, PhD, on what to refer your clients to other professionals, as well as the profiles of the 2012 NAADAC candidates for the Executive Committee.

I hope you enjoy the issue.

Donovan Kuehn
NAADAC News Editor

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NAADAC NEWS
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Editor’s note
Has our world become too small?

By Donovan Kuehn

“Social media is changing the way people communicate and interact. It’s no longer enough to just be present on social media platforms. Professionals need to actively engage and participate in conversations to stay relevant and effective.”
NAADAC Annual Conference

Come to Indianapolis for a Unique Educational Experience

August 12 – 15, 2012
Indianapolis, Indiana
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Leading the Way

The NAADAC annual conference, Leading the Way, will be held from August 12 – 15, 2012, at the JW Marriott in downtown Indianapolis, Indiana. NAADAC, the Association for Addiction Professionals, represents the professional interests of more than 75,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad.

Education You Need

Leading the Way will include workshops addressing prevention, trauma, legal concerns of addiction-focused professionals, co-occurring disorders, current research and outcomes, ethics, special populations, workplace/management issues, clinical techniques, alternative therapies, faith based approaches, clinical supervision and professional development.

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Leading the Way will include ▪ keynote speakers, ▪ daily plenary sessions and breakout seminars. ▪ August 11 will feature several all-day, pre-conference seminars. The conference will also feature an ▪ Awards Lunch which will honor outstanding addiction-focused professionals from around the nation and an ▪ evening event for the NAADAC Political Action Committee (admission by donation). Also included will be optional ▪ evening events, to allow you to earn more education credits or to enjoy your time in Indianapolis.

Explore Indianapolis!

Indianapolis hosted the 2012 Super Bowl and is an amazing center of sporting and cultural life. The conference site is blocks from three museums, Victory Field, the NCAA Hall of Fame, White River State Park, Lucas Oil Stadium, the Indianapolis Zoo and the heart of downtown. The city also boasts the Indianapolis Motor Speedway and a Children’s Museum. It’s a great spot for one last family vacation before the kids head back to school. For more information on attractions and events in Indy, check out the Indianapolis Convention and Visitor’s Association (www.visitindy.com).

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Scholarships are available. All scholarship applications must be received 60 days before the first day of the conference (June 12, 2012). Download a scholarship form by visiting www.naadac.org/education.
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Questions about room rates?
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Conference Refund Policy
A partial refund of 75% of registration cost is refundable 30 days before the conference. Thereafter, 50% of conference fees are refundable.
It’s not just about the money
NAADAC awards recognize outstanding achievement

By Donovan Kuehn, NAADAC Director of Operations and Outreach

Recognition: it is hard-wired into the human brain. From the time we’re children, seeking approval from our parents, to adulthood and our work lives — a positive comment or reward can help keep us motivated and striving for improvement.

Abraham Maslow, a psychologist from the mid-20th century, formulated a theory on the needs of human beings. This theory, later dubbed “Maslow’s Hierarchy of Needs,” laid out the basic components of life that people need to survive and thrive. His theory laid out five steps, with each component needing to be fulfilled before a person could move on to the next step. The progression of Maslow’s needs are as follows:

Physiological Needs
These are biological needs: oxygen, food, water and a relatively constant body temperature. These needs are the strongest needs because a person requires these things to survive.¹

Safety Needs
After all physiological needs are satisfied people then seek security. Adults have little awareness of their security needs except in emergencies, however children often display signs of insecurity and need to feel safe.²

Needs of Love, Affection and Belongingness
People seek to overcome feelings of loneliness and alienation by both giving and receiving love, affection and the sense of belonging.³

Needs for Esteem
When the first three classes of needs are satisfied, the need for esteem moves to the fore. Humans have a need for self-respect and respect from others and when this need is satisfied, people feel self-confident and valuable. When these needs are frustrated, people feel inferior, weak, helpless and worthless.⁴

Needs for Self-Actualization
When all of the other needs are satisfied, then the need for self-actualization becomes prominent. Maslow describes self-actualization as a person’s need to be and do what a person was “born to do.” “A musician must make music, an artist must paint, and a poet must write.”⁵

So how does this play out in the workplace for addiction professionals?

In 2001, NAADAC, the Association for Addiction Professionals, embarked on a three year program of study funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) called the Practitioner Services Network. One part of the study looked at counselors and what motivated them to select the addiction services profession.

The study’s findings indicated that personal reasons rather than structural or organizational factors were the primary reasons new career addiction professionals entered the profession. Thus, factors such as helping others in their communities, having friends or family with addiction problems and the challenging nature of the work were of greater importance than salary, benefits or employment opportunities.⁶ For example, 95 percent indicated that the challenging or interesting nature of the work was influential in their decision and 91 percent indicated that their decision was due in part to their desire to work in a helping profession. In contrast, only 16 percent indicated that salary or benefits were of great or very great influence in their decision. Similarly, only 19 percent were influenced by job availability in the field.⁷

Relating this to Maslow’s hierarchy, the counselors in the study seem to be motivated less by basic needs and more for something that creates personal fulfillment. Recognizing that people working in the addiction services profession are often motivated by things other than money, there are other rewards that people can receive.

An important way to recognize the critical work performed in the addiction services profession is through the NAADAC recognition program. It’s a way to recognize professional excellence, a way to benchmark your performance against other outstanding players in the profession and a chance to pause and celebrate the important work that practitioners do around the nation.

We all work for paychecks, and it is the compensation that helps us survive in society, but the opportunity to thrive and show our best side is an incredibly potent motivator. If you know of someone who deserves national recognition for their work, please nominate him or her for a NAADAC award.

More details are available online at www.naadac.org/about/recognition-and-awards or call 800.548.0497.

Donovan Kuehn serves as the Director of Operations and Outreach for NAADAC, the Association for Addiction Professionals, as Editor of the award-winning NAADAC News.

FEATURE ARTICLE

To Facebook or not to Facebook

Social networks are everywhere; consider the ramifications

By Frances Patterson, PhD, MAC

I often am asked questions regarding the ethical issues for counselors regarding social networking, specifically Facebook. At that point, I usually hear about a situation that has caused professional and personal problems for an addictions professional. In each scenario that follows names have been changed and situations modified to protect the identity of those involved.

Situation 1: Using Social Media to Monitor Clients

Danny is a substance abuse counselor who decided to join Facebook for a specific reason: he wanted to look up clients to see if they were posting information on Facebook that would indicate they were using.

What are the Ethical Concerns?

Client autonomy: Clients in treatment have a right to choose whether to use alcohol or other drugs. As a counselor, would you drive by a client’s house to see if that client is sitting on the front porch smoking a joint? Clients have a right to their personal lives outside of treatment, whether or not it is what we would choose for them.

Counseling relationship: Trust is a major component of the counseling relationship. A client could consider it a violation of that trust to “spy” on him on Facebook. Before the advent of Facebook, a counselor asked clients if they were using and conducted drug screens. Should our methods be any different today?

Do no harm: Is there the possibility that such actions could harm a client? We must always consider the possible outcomes of our actions when it involves client care. A client could possibly feel betrayed by her counselor if such “investigation” is pursued by the counselor.

Professional boundaries: One of our responsibilities as counselors is to have healthy professional boundaries. These boundaries can easily become blurred if, or when, we begin to intrude on the personal lives of clients outside the professional relationship. Just as we need to set appropriate boundaries with clients regarding our personal Facebook pages, we too should respect their boundaries.

 Situation 2: The Personal/Private Divide

Mary Beth was a counselor at a large addictions treatment facility. She is not in recovery from drug or alcohol addiction. She had recently returned from a vacation at the beach. A client of one of Mary Beth’s colleagues at the same facility mentioned during an individual session that he had been searching people on Facebook and found Mary Beth’s page. He stated, “I really liked those pictures of her vacation.” After the client left, his counselor looked up Mary Beth on Facebook to see what the client was referring to. To her dismay, she found that Mary Beth had no security on her page and all of her information was open to anyone who came across it. Additionally, she had posted pictures of herself in a bikini, holding a beer in her hand, with a male companion who appeared to be fondling her. Mary Beth was fired from her job. The agency maintained that she was not projecting a professional image and was negatively affecting the reputation of the agency.

What are the Ethical Concerns?

Counseling relationship: What did the pictures portray to clients and colleagues who saw them on her Facebook page? We have a responsibility to “safeguard the integrity” of our relationship with clients. (NAADAC Code of Ethics, Principle I) Part of this safeguard is to always being aware of perceptions and how those perceptions may change the professional relationship with a client.

Professional responsibility: If Mary Beth had put the security blocks on her page which would allow only invited friends to see her page, she would have been acting more responsibly. “The addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical accountability of living responsibly. The addiction professional recognizes that even in a life well-lived, harm might be done to others by works and actions.” (NAADAC Code of Ethics, Principle IV)

Discretion: Mary Beth’s actions in regards to Facebook appear to be poor professional judgment. She certainly has a right to her personal life and to enjoy herself. On the other hand, professional judgment includes how we conduct ourselves in public, even in our leisure time which includes what we post on a Facebook page for all to view.

Do no harm: Although Mary Beth is not in recovery herself, the posting of the picture of her drinking may cause undue influence on clients to assume that if it is OK for a counselor to participate in these activities that it must be acceptable for them also. Or clients may believe that Mary Beth is not “practicing what she preaches.” Again, often we are talking about perceptions which may not always be reality.

Situation 3: Information Sharing

Carla is in private practice working as a substance abuse professional. She recently joined Facebook and, being a very social person, enjoys the interactions each evening with her Facebook friends. One of those friends is a counselor at a local substance abuse in-patient facility. For the past few evenings Carla has noticed that her friend has begun to post information about clients she has seen that day, funny things they have done or unusual crises they have experienced. Although her friend is not stating client names she has told others where she works.

What are the Ethical Concerns?

Confidentiality: We are to make every effort to protect the confidentiality of client information. (NAADAC Code of Ethics, Principle III) Carla’s friend has stated where she works and now she is talking about...
clients of that facility. She is not honoring confidentiality, even though she is not stating client identifying information. She may inadvertently be giving enough information that someone could deduce to whom she is referring. This is also a violation of client rights and their expectation that their information will be protected.

**Due diligence:** We are to be conscientious and careful in all of our actions when it concerns clients and our professional life. We, as professional counselors, should make every effort to avoid “gossiping” about clients. It is possible that, unbeknownst to this counselor, a client may be a “friend of a friend” on Facebook and actually can see what this counselor is posting and recognizes that the counselor is telling her story.

**Legal concern:** Carla is bound under 42 CFR Part 2 and HIPAA to make every reasonable effort to protect client information. This type of behavior could result in litigation.

**Resolving ethical issues:** Carla has a responsibility to go to her friend and discuss the ethical and legal concerns she has regarding her friend’s behavior. If her friend is unwilling to change that behavior, Carla next needs to seek supervision and consider her licensure reporting responsibility. (NAADAC Code of Ethics, principle VIII)

### Situation 4: Venting Frustrations

Martin has been having a difficult time at work lately. It is increasingly more stressful with an increased number of clients who are exhibiting more severe symptoms, fewer staff and fewer resources. He has recently been having disagreements with his supervisor. He has also begun to post his “venting” on his Facebook page.

**What are the Ethical Concerns?**

**Discretion:** As professionals we have an obligation to use utmost discretion in all of our professional life. Ethically, Martin would be well served to seek other supervision or peer support in his stressful situation rather than venting on his Facebook page.

**Professional relationships:** Martin is not building, supporting or treating his professional relationships respectfully. As professionals, we are to respect other professionals by going to them when we have problems that are affecting us. I have heard many accounts of people losing their jobs as a result of airing their complaints about their jobs and employers on Facebook.

### Situation 5: Compromised Testimonials

A 12-step focused residential treatment facility developed a Facebook page as a means of advertising. It is also a means for keeping a connection with former clients. These former clients may also write comments on their experience with the treatment program. Recently the administrator contacted former clients requesting that they post testimonials on Facebook. A counselor conducting patient aftercare was made aware of the request and was concerned about confidentiality.

**What are the Ethical Concerns?**

**Informed consent and confidentiality:** In this situation, clients need to be fully informed about the risks of posting testimonials on Facebook. If they do post voluntarily, they should be informed of the risk of confidentiality being compromised.

**Due diligence:** This treatment facility, as well as the counselor who was made aware of the request, have an obligation to be diligent in the care of clients and sensitive client information.

**Exploitation:** Is the facility using client testimonials to help others who are suffering with addictions or are they using this to further their business and bring in revenue? The concern here is whether or not it is exploiting clients to ask them to help in marketing a program by posting personal testimonials about their treatment experience. Clients may not understand the far-reaching outcomes of this course of action. Treatment programs need to consider all aspects of their decisions to use media such as Facebook to market their programs.

**Reporting**

Often I hear professionals say that they hesitate to report unethical behavior because they are friends with the person or they don’t want to hurt the other person’s career. As licensed or certified professionals, we have an ethical and legal obligation to report unethical behavior that cannot be resolved or that is such an egregious violation that it is beyond being resolved.

As technology grows and becomes more and more available, we, as professionals, must always consider the ramifications of our actions when using any technology, including social network sites such as Facebook. When ethics are violated, we have an obligation to address the issue and report to licensure boards when necessary.

Be true to yourself, your profession and your colleagues.

**Frances Patterson, Ph.D., LADAC, MAC, BCPC, CCJAS, QSAQ, QCS**, has worked as a counselor and administrator for almost 25 years. She owns Footprints Consulting Services, LLC in Nashville, Tenn., and has conducted professional training for 20 years. Dr. Patterson is chair of NAADAC’s clinical issues committee, a member of the NAADAC ethics committee and trains other professionals nationwide on Ethics and Clinical Supervision. In 2006, Dr. Patterson was honored to receive NAADAC’s national Professional of the Year award.
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Take note, then vote
2012 candidates for the NAADAC executive committee bring a rich breadth of talent
By Donovan Kuehn, NAADAC News Editor

President-Elect
KIRK BOWDEN, PhD, MAC, LISAC, NCC, LPC
Gilbert, Ariz.
kirkbowdenphd@gmail.com

Philosophy statement of the nominee on the future of NAADAC
NAADAC must protect its members and the public by working to insure that state legislatures do not allow other behavioral health specialties such as social workers and psychologists to replace addiction counselors in the treatment of addictions. NAADAC must work with states to recognize addiction counseling as its own behavioral health specialty.

Other qualifications of the nominee for this office
• Addictions counseling professional for almost a quarter of a century, served in varied roles that include: frontline counselor, clinical supervisor, and addictions counselor educator
• Chair of the Addictions and Substance Use Disorders Program at Rio Salado College
• Director of Grand Canyon University’s Professional Counseling and Addiction Studies
• Chair of Substance Abuse Counselor credentialing (licensing) State of Arizona
• Board member of the International Coalition for Addiction Studies Education
• Editorial board of Substance Abuse (Journal of AMERSA)
• Subject matter expert for California Board of Behavioral Sciences
• Steering committee member of SAMHSA/CSAT’s Partners for Recovery
• Steering committee of SAMHSA/CSAT’s Higher Education Accreditation and Competencies expert panel
• Steering committee of SAMHSA/CSAT’s Scopes of Practice in the Field of Substance Use Disorder expert panel
• Former advisory board member for the Addiction Technology Transfer Center (ATTC)
• Former editorial board the Journal of Teaching Addiction
• BA in Interpersonal Communications, MA Counseling and PhD Psychology

EDWARD L. OLSEN, LCSW, CASAC, I-CADC, SAP
Lake Grove, N.Y.
elo50@msn.com

Summarize the nominee’s NAADAC activities
Dr. Kirk Bowden currently serves as the NAADAC regional vice president of the Southwest region. He served on NAADAC’s National Addiction Studies and Standards Committee — a group committed to establishing best practices for addiction studies programs and as a NAADAC continuing education auditor. He has also served on the editorial boards of both the Addiction Professional and Counselor magazines, NAADAC’s former national publications.

Dr. Bowden was honored by NAADAC at the 2011 National Conference in San Diego, Calif., with the 2011 President’s Award. He was recognized by the Arizona NAADAC affiliate, AzAADAC, as the Advocate of the Year for 2010. His history of service to AzAADAC includes state board member, ethics chair and Central Chapter president elect and president.

Summarize the nominee’s NAADAC activities
Ed has been a member of NAADAC for 15 years, and has served in a number of capacities with the New York State Affiliate, the NY Association for Addiction Professionals (AAPNY), as Chairman of the Public Policy and Membership Committees, First and Second Vice President and President of AAPNY.

On the nation level, Ed has served as the Chairman of the Awards and Ethics Committees and served on the Personnel and PAC Committees for NAADAC.

What do a program director, a business major, a former probation officer and a college professor all have in common? They want to serve on the NAADAC national Executive Committee. This year, 10 well-qualified individuals have put their names forward as candidates for NAADAC leadership.

Every two years, members of NAADAC have the opportunity to select the officers who will determine the direction of the association. In April of 2012, NAADAC members will be voting for two officers of the Executive Committee, as well as one Regional Vice President. This year the Treasurer and three Regional Vice Presidents have been acclaimed.

Look below for more information on this year’s candidates. All 2012 terms begin at the end of the 2012 NAADAC Board of Director’s meeting on August 11, in Indianapolis, Ind.
For two years, Ed was the Northeast Regional Vice President and then elected Treasurer of NAADAC in 2010. As Treasurer he is also the Chairman of the Finance Committee. This past year, Ed served as one of the Commissioners of the National Addiction Studies Accreditation Commission (NASAC). Olsen is also an Adjunct Professor at Suffolk Community College on Long Island.

**Philosophy statement of the nominee on the future of NAADAC**

NAADAC continues to be the driving force in our profession. As such, NAADAC needs to continue to be the “go to” organization for our profession.

NAADAC is, first and foremost, a membership organization that needs to continue to be sensitive to the needs of our constituents in the areas of education, public policy on the national and state levels and recognition as a profession and, as the experts in the profession of Addiction Treatment.

Despite some economically difficult times, NAADAC has survived thanks to our dedicated members.

Going forward, and in the face of drastic national changes as to how we practice, NAADAC must, and will remain THE strong national voice for our membership and the people we serve.

**Other qualifications of the nominee for this office**

Olsen has been a program Director for the past 20 years overseeing both clinical and fiscal operations. Ed also serves on a number of boards: The Second Road, Help End Violence Now, and Long Island Recovery Association. Ed is also on the Governors Counsel on Underage Alcohol Consumption.

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**Secretary**

GLORIA BOBERG, LSAC, CAC

Sandy, Utah

GBoberg@ArkRecovery.com

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**Summarize the nominee’s NAADAC activities**

Gloria has been a practicing Licensed Substance Abuse Counselor since June of 1998 and has actively supported NAADAC as a member and served as President of the Association of Utah Substance Abuse Counselors from June, 2007 to June 2009.

**Philosophy statement of the nominee on the future of NAADAC**

I would not be in this field had I not had my experiences with NAADAC, and the wonderful professionals who have been an example and inspiration to me. I believe NAADAC to be the source of new and current research, laws, treatment modalities and resources that make it possible to be a great counselor and professional. I have been a member of NAADAC for several years and have proudly represented this organization to the Department of Licensure for the State of Utah, who now uses the NAADAC testing for those who wish to become professional Drug and Alcohol counselors.

NAADAC is and will continue to be a powerful resource for addiction professionals. As the organization continues to evolve, it is vital to maintain close associations with other behavioral health and medical fields. It is also necessary to continue working with prevention and research.

**Other qualifications of the nominee for this office**

Gloria is the founder and executive director of the Ark of Little Cottonwood — a private, non-profit residential treatment program that serves adults who suffer from mental health disorders, chemical addictions and behavioral addictions. She was nominated as one of the recipients for the prestigious *Outstanding Leadership and Woman of the Year* in 2010 and was instrumental in bringing the NAADAC *Sowing the Seeds of Recovery* conference to Salt Lake City in 2009.

Among her greatest joys and accomplishments are her friendship to her husband Joe, their six children (and spouses), 30 grandchildren and one great grandchild.
THURSTON S. SMITH, CCS, NCACI, ICADC
Memphis, Tenn.
teesmith1@hotmail.com

Summarize the nominee’s NAADAC activities
Thurston has served NAADAC faithfully for nearly 18 years and was a former candidate for President-Elect. He has served on both the organization’s personnel and finance committees, has fulfilled two terms on NAADAC’s Executive Committee, as the Southeast Regional Vice President (2000–2004), and fulfilled a previous appointment as National Membership Committee Chair (1998–2000). He has also served on both the Peer Assistance and International Committees of NAADAC, and as the Southeast Regional Conference Chair (2000). Moreover, he has been frequently sought after to represent the organization at various symposia and legislative events throughout his tenure of NAADAC membership and service. He’s had an extensive record of service on the Board of Directors of the South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADC), and historically, has maintained dual NAADAC memberships, encompassing the states of Georgia and South Carolina. Thurston has also received commendations by both the Governor of South Carolina and U.S. Congressional Representative for his tireless work in health and human services.

Philosophy statement of the nominee on the future of NAADAC
Since its inception, NAADAC has affirmed its commitment to the field of addictions, placing advocacy, access to treatment, and excellence through professional development, ethics, and education as its top priorities. Likewise, in its mission to lead, unify and empower addiction focused professionals, NAADAC is continuously challenged to maintain its place as “leader” among allied health care associations, as well as improve the earning potential, visibility, and status of its members. In this respect, my vision for NAADAC will encompass the following strategies.

• NAADAC must make every effort to advocate for, and protect the individuality of addiction-focused professionals as “viable experts” in the treatment of addictive disorders; thereby, ensuring adequate compensation and third-party reimbursement for services are realized.

• With professional ethics in mind, NAADAC must continue to develop its membership through training, workforce development, and legislative initiatives that emphasize the value of research, prevention and evidenced-based practices in behavioral health treatment.

Other qualifications of the nominee for this office
Thurston has been in civil service for nearly 14 years and is employed by the Veterans Health Administration as an outpatient chemical dependency center program manager. He has held numerous leadership roles within his community and in the addictions profession. He is the former Director for Client and Prevention Services for the ACCESS Network, and is the 1998 graduate of Leadership Beaufort, a civic program of Beaufort, South Carolina’s Chamber of Commerce. Thurston received the “Key to the City” from the late Mayor Larry Abernathy of Clemson, S.C., was appointed to the Nancy Moore Thurmond Alcohol and Drug Abuse Policy Initiative, was a former candidate for city council and presidential delegate in November 2005, and has provided oral testimony before the U.S. Congressional Black Caucus Political Education and Leadership Institute. He has served as a field reviewer and technical consultant for the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (SAMHSA/CSAT); the S.C. Department of Alcohol and Other Drug Abuse Services (SCDAODAS); IRETA, the Institute for Research, Education and Training in Addictions — the Northeast Addiction Technology Transfer Center; and as the S.E. Liaison to the Southeast Addiction Technology Transfer Center (SANC-Morchead School of Medicine).

Regional Vice President: Mid South
Please note only NAADAC members from Arkansas, Louisiana, Oklahoma and Texas are eligible to vote for the Mid South Regional Vice President.

SHERRI LAYTON, MBA, LCDC, CCS
Boerne, Texas
slayton@lahacienda.com

Summarize the nominee’s NAADAC activities
Sherri Layton is a strong advocate for the addiction counseling profession, NAADAC and the Texas affiliate, TAAP. She continues to engage in local, state and national legislative activities that promote treatment and protect our credentials and has served on NAADAC’s Public Policy Committee since 2008. Mrs. Layton has worked in the profession for 35 years and currently serves on the Board of Directors for TAAP. She serves on the TAAP annual state conference committee and is part of the national outreach effort to develop membership in the three adjoining states that form the Mid-South Region with Texas. Mrs. Layton has always demonstrated exceptional organization skills and is a team player, never losing focus of NAADAC’s mission to educate, develop and serve addiction professionals. She possesses the energy and passion to accompany her great ideas in improving the profession and collaborating with others.

Philosophy statement of the nominee on the future of NAADAC
Having been a TAAP and NAADAC member since the 1980s, I have seen many changes in our association and have never been more supportive of the work NAADAC is doing than I am right now. We have well established priorities and have become a go-to organization on policy issues for treatment and counselors at the national level. Our focus on advocacy with all relevant agencies and organizations should remain a priority. With a large majority of our membership over 50 years old we must concentrate on bringing new people into our field and pay special attention to replacing our leaders. Workforce development and leadership
development should be continued priorities for NAADAC. (My commitment to this prompted me to complete an MBA with an emphasis on leadership in 2009.) At the regional level, we will work to reach out to other states in our region to develop more national affiliates.

Other qualifications of the nominee for this office
After many years of clinical work, my career path led me to supervisory and administrative roles. In addition to being a licensed counselor and certified clinical supervisor, I completed a MBA degree, with an emphasis on leadership, to better prepare me for the leadership roles I am in. I will bring a rather unique blend of skills, training and education to the office of Regional Vice President. While I remain passionate about quality clinical service, I also see the importance of advancing our profession through involvement outside the clinical arena. I have been active in NAADAC’s legislative advocacy efforts since 2003, as well as advocacy work in Texas, and have served TAAP in a variety of roles, both statewide and in my local chapters, since 1984. I am known for integrity and hard work and strongly believe association membership and active involvement are important components in an addiction professional’s career.

TRICIA HANSON SAP, Certified Prevention Specialist, Certified Criminal Justice Addiction Professional, B.S Criminology and Corrections, Social Work
Fort Worth, Texas  
tsapp716@yahoo.com

Summarize the nominee’s NAADAC activities
Tricia Hanson Sapp has extensive involvement with the Texas Affiliate since 1999 serving as a Board of Director and serving on the Executive Committee since 2004 and will continue her contributions to serve the NAADAC members through advocacy work, professional development, and unification of professionals. As President of TAAP, her focus on goals resulted in a substantial increase in revenue, increase in membership, development of the student committee, a close working relationship with the Department of State and Health Services involving the Coalition for Workforce Development along with the coordinating and chairing the largest legislative conference and historical legislative year for addiction professionals.

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Tricia has actively worked with NAADAC on the first national/state conference coordination, Membership Task Force, Bylaws Committee and is currently chairing the Awards Committee. In addition she has participated in each Advocacy in Action Conferences held since 2002 and presented during NAADAC conferences.

Philosophy statement of the nominee on the future of NAADAC

My passion and leadership in the field of addiction will enable NAADAC to bring together state and national organizations working towards legislative changes that will help those suffering from the disease of addiction, as well as influence policy regarding issues that affect our profession. We need to continue to build alliances and develop partnerships for advocacy to be truly effective. NAADAC needs to continue efforts toward reducing the stigma of persons with addictive diseases, and educate our community, legislators and healthcare professionals about chemical dependency, the value of funding treatment, and the professionals who provide it. Our membership is our future. By increasing our membership, utilizing the individual assets of our membership and continuing to develop a unified profession we will have a lasting impact on the success of the organization.

Other qualifications of the nominee for this office

Tricia Hanson Sapp has worked in the addiction profession through the Criminal Justice System for over 28 years. She started as an Adult Probation Officer and spent 20 years managing and coordinating substance abuse programs for over 20 Criminal Courts. As a clinician and coordinator, she trained counselors, interns, and probation officers. She was responsible for the Treatment Alternatives to Incarceration Program, including drug education, screening, assessment and referral process for over 25,000 offenders. Tricia developed several grant programs including residential treatment aftercare and high risk youthful offender program; in addition, she managed a Alcohol Recovery Center that served 2,000 DWI offenders each month, and implemented specialized group therapy for victims of violence, sexual trauma, developmentally disabled, and co-occurring disorders. Tricia has served on many boards and advisory councils including Texas Certification Board of Addiction Professionals, Texas Addiction Professionals Peer Assistance Network, Attorney Generals Violence Task Force, Texas Recovery Initiative Task Force, Governor’s Advisory Workforce Committee. She has also been responsible for coordinating over 30 conferences for the addiction and criminal justice professionals. Tricia currently serves as the Director of Texas Recovers! which involves reducing the stigma of addiction through educating the community, and celebrating recovery with faces and voices of those in recovery and their loved ones.

Acclaimed Candidates

Treasurer

JOHN LISY, LICDC, OCPS II, LISW-S, LPCC-S
Cleveland Heights, Ohio
jlisy@msn.com

Summarize the nominee’s NAADAC activities

John Lisy currently serves as the Chair of the NAADAC Ad Hoc Committee on EC/Board Organization and Regional Structure. He served NAADAC as Mid Central Regional Vice President, September 2007 to

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**ELECTIONS, continued from page 13**

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September 2011 and as a Regional Vice President served on the Finance Committee. A committed advocate for the field he was a member of the Public Policy Committee, October 2000 to November 2007. John was awarded the Advocate of the Year by NAADAC at the Leadership Conference in Washington, D.C. on March 8, 2005. He also coordinated the NAADAC Alcohol and Other Drug Workforce Development Project in Ohio from March 2004 to January 2008.

His involvement in the Ohio Association of Alcoholism and Drug Abuse Counselors (OAADAC) includes the Presidency, State Legislative Chair, and the recipient of the August Martin Meuli Humanitarian Award. John was a founding member and an OAADAC representative on the Coalition for Chemical Dependency Licensure.

Philosophy statement of the nominee on the future of NAADAC
NAADAC faces two very significant challenges in the future: membership and finances. I believe I will bring skills that will contribute to addressing these core issues.

Finances – I bring over 16 years of experiences being responsible for the finances of a non-profit organization, through good funding cycles and bad. Currently the agency has 45% of our yearly budget in reserves, up from less than 20% when I became Director. This allows us to deal with cash flow issues and weather unexpected issues that may arise.

Membership – The Four Pillars have served to focus NAADAC on our core mission and provide a roadmap to achieve our mission and increase membership. I believe my experience in professional development through the workforce development project, public engagement through my advocacy and professional services through numerous NAADAC/OAADAC projects qualify me to communicate the mission through actions which are stronger than words.

Other qualifications of the nominee for this office
John Lisy is the Executive Director of the Shaker Heights Youth Center. While serving in this position since 1996, he has been responsible for a 300% increase in funding and a 450% increase in services. More important than the increase in services is the excellent quality of service the Center provides to its consumers. The Center received the Exemplary Prevention Award from the Ohio Department of Alcohol and Drug Addiction Services three times. The Center received the Matthew Dunlop Prevention Services Award and John received the Calvin Thomas Community Leadership Award. He is a graduate of Leadership Ohio, class of 1997.

He has a Masters in Social Work from Case Western Reserve University. John was the Co-Chair of the Social Welfare in Jamaica Conference celebrating the 30th Anniversary of Collaboration between Case Western Reserve University and the University of the West Indies.

Regional Vice President: Mid-Atlantic
Please note only NAADAC members from Delaware, the District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia and West Virginia are eligible to vote for the Mid-Atlantic Regional Vice President.

RON PRITCHARD, CSAC, CAS
Virginia Beach, Va.
ronpritchard@verizon.net

Regional Vice President: Mid-Atlantic activities
Ron Pritchard has been active at the affiliate level, serving as a delegate to the NAADAC Board of Directors and President of VAADAC, the NAADAC Virginia affiliate. He helped bring together VAADAC and representatives from many of public and private prevention organizations and recovery-focused groups to participate in the Virginia Summer Institute for Addiction Studies. He represented NAADAC at Mid-Atlantic TRICARE marketing meetings, instituted discounted state membership fees to new NAADAC applicants at annual training events and promoted NAADAC at the annual Oxford House conference.

Pritchard has attended last three NAADAC national conferences, providing input to policy makers regarding NAADAC constituents in Virginia. He designed, edited and published the VAADAC Views newsletter for three years.

Philosophy statement of the nominee on the future of NAADAC
NAADAC represents the recovery work force. NAADAC has a key seat at the table to ensure the value of the vast and unique knowledge of the addiction/recovery professional is incorporated into treatment. We must:

• expand beyond “detox and release;”
• be trained, certified/licensed to whatever extent to practice in a multi-disciplinary treatment environment;
• be conversant with techniques of team peers;
• see that care is provided for the whole person;
• be informed and involve ourselves in legislative/policy matters at the local/state/national level;
• be proactive in ensuring policy makers are well informed on the potential impact specific policies and procedures or proposed legislation may have on our clients or profession;
• be positively represented in academic institutions to emphasize maturing a clinical workforce adequate to the uniqueness of the recovery community; and
• keep membership informed of developments that may affect our profession and initiatives NAADAC suggests to enhance our position.

Other qualifications of the nominee for this office
• Author of Bylaws/Articles of Incorporation for three 501(c)3 organizations providing education, training, advocacy for care of both professional and medically indigent clients.

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Watch your e-mail for your online ballot. QUESTIONS? Contact Donovan Kuehn at donovan@naadac.org.
• 28 years Active Duty USN, ten years in Addiction Medicine at Portsmouth Naval Hospital (six as Head, Addiction Medicine Program).
• Developed/managed public sector Homeless Outreach Program – City of Norfolk.
• Currently on Governor’s Council for substance abuse in Virginia, third-time Chairperson for Virginia Summer Institute Addiction Studies.
• Director Addiction Program Consultants. Recipient of VADAP “Ginger Acey” counselor award, VAADAC “Walter Klotzke” award for advocacy, VAADAC “Counselor of the Year” award and “JCAHO Gold” following 2009 Hospital Accreditation.
• Designed and chaired Impaired Provider Program at NMCP Portsmouth.

Regional Vice President: Northeast

Please note only NAADAC members from Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont are eligible to vote for the Northeast Regional Vice President.

BARBARA “BOBBI” FOX, LADC
(Licensed Alcohol and Drug Counselor)
Manchester, Conn.
bkftjj@gmail.com

Philosophy statement of the nominee on the future of NAADAC
When I first began my tenure as the NE Regional Vice President I had some concerns for our profession. Now, after serving for two years as the region’s vice president, I have witnessed the adoption of the Scope of Practice and Career Ladder for Substance Use Disorder Counseling and the creation of the National Addiction Studies Accreditation Commission. Both of these measures have given me a degree of confidence that our profession is evolving, in a very short time, to a level of maturity where we are claiming the respect and esteem we have labored so hard to acquire. I am very proud to be part of this transformation and would like to serve another two years because we, the community of addiction professionals, still have work to do. Hopefully, in the coming years we’ll be focusing on issues like state licensure and recruitment of students to our profession.

Other qualifications of the nominee for this office
For the past 10 years I’ve been the director of a two-year associate degree program in addiction counseling, one of only four in the entire state of Connecticut. I’ve also helped my alma mater, Central Connecticut State University, develop an addiction counselor track in their master’s degree program in professional counseling. Over the years, I’ve sat on various boards of directors, councils and consortiums dealing with workforce development, counselor education and prevention. All of this was done as a result of experience and familiarity with clinical work in addictions and mental health that I did for 13 years before becoming an addictions educator. I bring all of this understanding to my role(s) at NAADAC and hope to be elected to a second term.

Regional Vice President: Northwest

Please note only NAADAC members from Alaska, Idaho, Montana, Oregon, Washington and Wyoming are eligible to vote for the Northwest Regional Vice President.

GREGORY J BENNETT, LAT
Powell, Wyo.
180degreedifference@gmail.com

Philosophy statement of the nominee on the future of NAADAC
I believe the Addiction Profession has made great strides due to the diligent work of NAADAC, its staff, Board of Directors and Executive Committee. NAADAC will continue to make progress towards professionalism through leadership and advocacy efforts. As members of NAADAC, we are speaking on behalf of those who believe they have no voice!

Other qualifications of the nominee for this office
• Master of Arts in Addiction Therapy, Professional Counseling and Educational Psychology.
• Licensed Addictions Therapist and Clinical Director of Northwest Wyoming Treatment Center.

Summarize the nominee’s NAADAC activities
In the summer of 2006 a group of concerned addiction professionals revitalized the NAADAC Connecticut affiliate and, in the fall of 2006 this group, along with Connecticut NAADAC members, elected me as their president. I served as president for two terms until 2010 and helped in organizing the affiliate’s involvement in Recovery Month events. While President I also served as NAADAC’s awards committee chair and represented the affiliate on NAADAC’s board of directors. In 2010, I was elected as the Northeast regional vice president for NAADAC and currently serve on their executive committee as well as their student membership and the military and veterans membership committees. I was also appointed to serve as a commissioner, representing NAADAC, on the newly formed National Addiction Studies Accreditation Commission.

With ongoing advocacy efforts within the profession. Gregory is the co-founder of the student organization, Coalition of Addiction Students and Professionals Pursuing Advocacy, which was awarded the Emerging Leaders of the Year. Gregory served on the Public Policy Committee, Political Action Committee and the Student Affairs Committee. Gregory re-affiliated the Wyoming Association of Addiction Professionals and served as the President for three years. Gregory was seated as the Northwest Regional Vice President in September of 2011 to the present time.

Summarize the nominee’s NAADAC activities
Gregory Bennett has been a member of NAADAC since 2005 and has been actively involved with ongoing advocacy efforts in the profession. Gregory is the co-founder of the student organization, Coalition of Addiction Students and Professionals Pursuing Advocacy, which was awarded the Emerging Leaders of the Year. Gregory served on the Public Policy Committee, Political Action Committee and the Student Affairs Committee. Gregory re-affiliated the Wyoming Association of Addiction Professionals and served as the President for three years. Gregory was seated as the Northwest Regional Vice President in September of 2011 to the present time.
In my last article we discussed the complex needs of patients and the risk to your client (and your reputation!) if you are not working closely with others in a referral network.

The saying “it takes a village” is a cliché because it is true. More and more we are seeing in private practice the dually diagnosed client who needs to address more than the childhood from which he or she came from, and more than the future he or she is trying to create. He or she needs to have their eyes put on the present, and educated when what they are presenting in your office, through their own revealed narrative, a need for intervention to inpatient treatment. It is our job to be able to spot both arms of addiction and co-morbid disorders that your client is struggling with, and offer the appropriate framework to contextualize the suffering for proper treatment.

On another note, how many times have you sat with clients who have been misdiagnosed by a previous therapist? It can be a very frustrating experiencing, not just for you, but for the client as well, when you have to correct the distorted narrative that they have been carrying about them as a result of the diagnosis? Here are a few examples of what I mean:

1. You start working with a client whose last shrink was treating their addiction or alcoholism as a psychological disorder and not as addiction.
2. Your client’s last shrink used cognitive behavioral therapy to treat their anorexic condition while they continued to live dangerously underweight.
3. Sitting with parents who have been told their child has an oppositional defiant disorder when, in actuality, the child has ADHD and a co-occurring learning disability.
4. Adult patients who have been told they were passive-aggressive by one therapist after another when what they really were suffering with an undiagnosed adult attention deficit disorder and a co-occurring anxiety disorder.

Trust me, there are too many examples I could list, but I’m going to leave that to someone who wants to write a book about them. I don’t know how it makes you feel to have to weed through other clinicians’ diagnostic errors, but for me, it frustrates me, saddens me, and scares me. The point is, it is our responsibility to know what we have expertise in treating, and what we don’t know. In other words, if you can’t get a clear cut diagnosis for yourself, don’t ignore that, get help!

It may seem like I am stating the obvious, but because clinicians are not held to fact-based evidence of their treatment the way a physician is, they can get away with continuing treatment with a client with no evidence that treatment is making a difference outside of the therapy room. In other words, your relationship with your client is not the evidence of treatment being effective. You can have a great relationship with your client and he or she could be dying of untreated addiction at the same time that you are enjoying each other’s company.

**Time to Reach Out**

So, what are the signs and symptoms of a clinician who is working with a client out of their scope of treatment? When is it time to reach out to treatment facilities and get your client further, more intensive help then what you are offering in private practice? Here are the criteria:

1. Feelings of overwhelm and anxiety, both when with the client in the therapy room and after she leaves your office.
2. When a client cannot stop addictive behavior that is affecting the successful outcome of psychotherapeutic treatment.
3. Pervasive confusion about what exactly you are treating in a client.
4. A nagging feeling that this person needs more than what you are offering them, and you know it isn’t another private practice clinician who does what you do.
5. An “uh-oh” feeling in your gut that you are going to have to let go of your client for a while to send them into treatment to get the right help, and a resistance to doing that. Also known as therapist denial.
6. Feeling bummed out that your relationship with the client, and the therapeutic bag of tricks that you carry, just aren’t doing the trick.
7. Knowing full well that the illness you are dealing with needs a team approach, a group approach, a community approach, and it is time to be an advocate for the client rather than the hour being filled in your practice.
8. Addictive behaviors that the client cannot stop doing for 30 days after you have agreed together with the client to do that. I know that business is tough out there. I know that clinicians get overly bonded with their clients and don’t want to put them in other people’s hands. But, that is no excuse for not saying, “Uncle.”

**What are other signs you are probably working out of your scope of treatment?**

1. If you do not know the difference between problematic use and addiction, you are out of your scope of treatment to treat addiction.
2. If you do not know the difference between an anxiety disorder, bi-polar disorder, and ADHD, then you are out of your scope of treatment to treat co-morbid disorders.
3. If you do not know when to refer your client to inpatient treatment, you are out of your scope of treatment as a clinician. Pure and simple.
4. If you are not willing to make relationships with specialists to turn to when you are out of your scope of treatment, then you are working at a deficit as a clinician.

More and more, in this culture we are seeing strange and idiosyncratic addictive behavior that very few people studied about in graduate school. But there are lots of people who specialize in treating these behaviors. Find them. We are also seeing plenty of different kinds of process addictions that are difficult to detect and easy to normalize. Again, there are plenty of people who know how to address those as well.

In the end, what goes around comes around. Have no ego investment in being right; have an ego investment in being a good, ethical, humble clinician; and I can promise you, your practice will always be full, and you will have the respect of your community around you. We are good people, trying to do right by our clients; the way to go in this day and age is through community effort, not solo effort. It is too hard on the clinician, and not right for the client.

We are in a spiritual age where our higher power is our employer, not our clients; and abundance is everywhere. So, again, know what you don’t know, treat what you know, know when the time is right to steward a client into inpatient or outpatient treatment, and have the skills to finesse that to happen. Even if you can’t get a client to cooperate with going to inpatient treatment for revealed addictions, they should know that you think they should and that you will help them get there when the time is right.

If you have a client who is obviously struggling with a secondary addiction that they are avoiding dealing with, speak up. You may lose a client or two in the process of holding that position, but you will gain self-respect, and the respect of your colleagues around you. There are plenty of clients for everyone out in the ether, so don’t let the fear of losing a client deter you from saying what you see when you see it, even if you can’t treat it yourself.

Even the most seasoned clinician is vulnerable to misreading a client’s differential diagnosis between ADHD, anxiety disorder, bi-polar disorder; knowing when addictive behavior has crossed the line from problematic to true addiction; and whether what you are looking at is a result of attachment history, character, temperament, genetic loading, brain behavior, or trauma. One of the greatest tools clinicians can carry in their toolboxes is just the sheer ability of knowing clearly what is within their scope of treatment, and what is not. Let’s face it; it never is one stop shopping for the client who has a complex diagnostic profile. These types of clients can end up needing many different professionals to help them in their struggle to get well. Professionals who have the right clinical maps to compensate for the ones the private practice clinician don’t have. In case you’re wondering, this point of view is not coming from perfectionism on my part; it is just the standard of care that any client deserves when they walk into any mental health or addiction professional’s office for treatment.

In order to be completely protected, every private practice clinician should have an active relationship with at least two referring psychiatrists who specialize in addiction medicine to refer their client to for a second opinion. They should also have an active relationship with inpatient treatment centers that treat for alcoholism, drug addiction, sex addiction, eating disorders, or gambling addictions, etc. is essential to have your fingertips. You need it and you are entitled to have it. If you are a private practice clinician who can say a resounding “Yes!” to having these outside support systems already in place, then you deserve a round of applause. There is a multitude of treatment available for every type of addiction that exists, as well as every mental health issue.

So, I say, “Lord help the clinician who sits alone without outside help!” After thirty years of working in the field as an individual, marriage and family therapist as a chemical dependency professional, I’ve had my butt kicked enough from trying to treat the untreated addict by myself in private practice or a mental health patient that truly needs an evaluation for medication with a psychiatrist. It shows expertise when clinicians can admit that they need a team of support around them to deal with the client coming in with mental health issues that needs medicine or addiction that needs rehab. Trust me, I’m not interested in demonizing clinicians whose treatment skill is not perfect. What I’m trying to do is to put innocent or naïve clinicians on alert to how often they might be trapping themselves into being all things to all of their clients, and to be able recognize when it is happening! Learn when to say “uncle!” and reach out to the community to take over with the right treatment that you might be unable to offer the person sitting in front of you on the therapy couch in your office.

Personally, I enjoy being able to go to sleep at night knowing that I don’t need to overestimate what it is that I have to offer in private practice. I feel secure in knowing when it comes to the complicated profile client, that I don’t have to try to be one stop shopping for any client, that I can stop midstream and re-evaluate my clients, and, most importantly, I don’t need to be afraid to send clients away who are trying to hide behind the skirt tails of my private practice rather then get the treatment they need for their complicated profile. I can’t imagine that any hard working mental health or addiction professional in private practice wouldn’t want to feel the same.

Beverly Berg, PhD, has worked in private practice since 1982, working with individuals, couples and families dealing with both mental health and addiction issues. She has worked top addiction specialists, including UCLA professor Dr. Harvey Sternbach, Dr. Garrett O’Connor (Betty Ford’s head psychiatrist) and Dr. David Sack (founder of Promises and Elements).

References

Recommended Reading List
The Dual Diagnosis Recovery Sourcebook: A Physical, Mental, and Spiritual Approach to Addiction with an Emotional Disorder (2001). Author: Dennis Ortman, PhD. Publisher: Contemporary Books
You need it, we have it!

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Addictions Outpatient Program Manager - Albany, New York

St. Peter’s Addiction Recovery Center (SPARC)
St. Peter’s Addiction Recovery Center (SPARC), located in Albany, NY, offers individuals and families a comprehensive range of care and services for people affected by drug or alcohol abuse. More than 5,000 people with drug and alcohol problems are treated each year at SPARC’s eight Capital Region locations. Established in 1972, SPARC is a national leader in addiction education and training. SPARC is licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and is accredited by The Joint Commission on Accreditation of Healthcare Organizations.

SPARC is seeking an Addictions Outpatient Program Manager for its Central Avenue location. The Clinic Manager oversees the daily operation of the administrative and clinical aspects of programming at the Central Avenue site. The manager is responsible for supervision of staff, scheduling, adherence to regulatory standards, unit based QI program planning, monitoring of budget and other duties as assigned.

A qualified candidate would have:
- Qualified Health Professional (QHP) with a Bachelors Degree required; Masters Degree preferred in related field (i.e., Social Work, Psychology, Nursing), Licensed Social Worker is preferred.
- A minimum of 3 years administrative experience with at least 3 years in chemical dependency treatment services required.
- Mental health experience is added plus!
- Additional consideration will be given to candidates who can demonstrate experience working with a multi-cultural client population or have personal knowledge of multi-cultural issues.

St. Peter’s Addiction Recovery Center is part of St. Peter’s Health Partners. This premier healthcare organization offers competitive salaries and excellent benefits. Qualified candidates can express interest on line at www.sphcs.org/jobs.

Questions can be directed to nserge@sphcs.org or 518.525.2386.

posted March 15, 2012

Primary Counselor - Seabrook, New Jersey

Seabrook House
Seabrook House, a nationally recognized drug and alcohol rehabilitation facility, is currently seeking a full-time Primary Counselor at their Westfield, Pennsylvania Transitional Living Facility (Seabrook West) located in the Twin Tiers of Pennsylvania. This position will perform bio-psychosocial interviews, diagnostic evaluations, individual counseling, group counseling, to assist and provide support to patients during recovery. Requirements include a Bachelors Degree in a related field (Masters Degree preferred); must be a CADC or CAC and possess at least 3 years of experience as a clinician in an organization providing services to populations seeking drug and alcohol rehabilitation and utilizing the 12-Step principles of recovery; must possess a valid driver’s license. We offer excellent compensation and benefit packages including some relocation reimbursement.

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

posted March 5, 2012

Assistant/Associate Professor of Human Services - Addictions Counseling Emphasis - Topeka, Kansas

Washburn University Department of Human Services (Recruitment Number 90020212)
Washburn University’s Department of Human Services invites applications for a 9-month tenure track position beginning August 1, 2012 or as soon as possible thereafter.

Qualifications
Required: ABD in a helping profession (e.g. human services, social work, psychology, counseling, etc.). 5 years of experience in addictions counseling, ability to teach in department core curriculum and eligibility/license as a clinical level service-provider (e.g. licensed clinical addictions counselor, licensed clinical social worker, licensed psychologist, etc.).

Preferred
Earned Doctorate, evidence of ability to teach online, interest and experience in higher education administration or program coordination.

Responsibilities
Teach 12 credit hours per semester as assigned in the core human services curriculum and content areas at the undergraduate and graduate levels, student advising, curriculum development, committee assignments, professional and community service and scholarly activity. Salary commensurate with qualifications and experience.

Application review begins March 15th and continues until suitable candidate identified. Submit application letter, curriculum vita, transcripts and contact information for three references to:
William S. Dunlap, PhD
Dean and Professor, School of Applied Studies
Washburn University
1700 SW College Ave.
Topeka, KS 66621
785.670.2111

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posted March 5, 2012
Congressional briefing on medications development
Addiction needs to be a priority for the medical community

By Victoria Walker, NAADAC Government Relations Intern

The Friends of NIDA (the National Institute of Drug Abuse) sponsored a Congressional briefing entitled, Developing Medications to Treat Addiction: Challenges for Science, Policy and Practice, in March 2012. The purpose of this briefing was to highlight research that shows the effectiveness of medications that are currently used in certain kinds of addiction treatment.

The briefing also introduced other findings on some of the biological and neurological components of addiction and ways that medications can be effective when targeting specific brain functions. Lastly, the discussion explored some of the various barriers to medications development.

The key feature of this briefing was the scientific support for the use of medications in treatment plans for addiction, despite the major obstacle of the perception that addiction is solely a behavioral disorder. Members of the addictions community should continue to fight to make addiction a priority for the medical community that is treated with the same degree of importance and urgency as other medical diseases.

The session opened with a presentation to lawmakers by the current Director of the National Institute of Drug Abuse (NIDA), Nora Volkow, MD. Her presentation focused on the scientific research that supports the use of medications in the treatment plans for alcohol, nicotine and opioid addictions. Dr. Volkow outlined the fact that many medications are developed to target specific receptors in the brain that are affected by substance addiction. This same strategy could be employed to develop medications to treat addictions for other substances such as marijuana, cocaine and methamphetamines.

Panelists felt that one of the major barriers is the pharmaceutical companies’ unwillingness to develop medications because of the expense involved with development. The panelists also explored various ways to incentivize participation such as market exclusivity or a fast-track for FDA approval. The stigma that surrounds addiction is another hurdle to medications development. Society views addiction as a behavioral disorder and physicians reinforce this notion. The addictions community should engage state medical boards and push for the inclusion of addiction treatments in medical school curricula.

Seven lawmakers attended the event, including Senators Dan Coats (Ind.), Mike Lee (Utah) and Diane Feinstein (Calif.) and Representatives Corrine Brown and Dennis Ross (both from Fla.), Michael McCaul (Texas), Steven Stivers (Ohio), Todd Akin (Mo.) and Paul Tonko (N.Y.).

This Congressional briefing was organized in conjunction with the Addiction, Treatment and Recovery Caucus and a number of other cosponsoring organizations (including NAADAC).

Victoria Walker is from Stafford, Va., and is currently enrolled in the JD/MPP program at George Mason University in Arlington, Va.
Continuing Education Quiz
To Facebook or not to Facebook

Earn continuing education credits by taking this quiz on the article on page 7 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 this page 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.

**PLEASE PRINT CLEARLY AND MAIL WITH PAYMENT TO:**
NAADAC, The Association for Addiction Professionals, CE Quiz, 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314

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

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1. In situation 1 outlined in the article, which of the following ethical principles are addressed by using social media to monitor clients?
   a. Selection of social media.
   c. Acceptable professional boundaries.
   d. Adopting a “cookie cutter” approach that applies to all patients.

2. Which of the following are examples of unethical use of social media when used in relation to counseling?
   a. Venting frustrations.
   b. Monitoring clients.
   c. Compromised testimonials.
   d. All of the above.

3. Which of the following is an acceptable application of professional boundaries?
   a. Keeping the relationship with the client focused on clinical outcomes.
   b. Intruding on the personal lives of clients.
   c. Establishing relationships with clients outside of the clinical setting.
   d. Tickle fights.

4. Which of the following is an acceptable resource to help assess if a situation violates a client’s privacy?
   a. Health Insurance Portability and Accountability Act
   b. The NAADAC Code of Ethics.
   c. Common sense.
   d. 42 CFR Part 2
   e. a, b and d.

5. The Facebook Terms of Service agreement is a useful guide for counselors in making clinical decisions about using social media.
   a. True
   b. False

6. Which of the following ethical issues is NOT addressed by counselors’ use of social media?
   a. Client welfare
   b. Informed Consent
   c. Social and Political Action
   d. Preventing Harm

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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.
**Join NAADAC Today!**

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**Member Categories** (please check the category you wish to be enrolled as):

- **PROFESSIONAL**: Open to persons who are engaged as an addiction professional.
- **ASSOCIATE**: Open to those individuals working towards qualification, licensure or certification in the addictions profession and have less than five (5) years experience in the field of addiction. This may be used as a counselor in-training category. Non-clinical professionals who wish to join NAADAC (e.g. probation officers, marketing representatives, public health workers, etc.) will also be eligible for membership as Associate members.
- **STUDENT**: Open to those individuals currently enrolled in a college/university or state government approved training facility with a minimum of three (3) credit hours in addiction studies and not currently practicing as an addiction professional.

Please note: to receive NAADAC’s announcements, please include an email address.

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UPCOMING EVENTS

2012
1–30 April
NAADAC Election Period
Nationwide
For full details on NAADAC elections, please visit www.naadac.org.
15 April
Application Deadline for June 2012 NCC Examinations
Testing locations nationwide
More information at www.ptcny.com/clients/NCC
30 April
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

2–9 June
Certification Examinations for Addictions Counselors, Level I, Level II and MAC
Testing locations nationwide
More information at www.ptcny.com/clients/NCC
15 July
Application Deadline for September 2012 NCC Examinations
Testing locations nationwide
More information at www.ptcny.com/clients/NCC
11 August
Leading the Way – Pre-conference
Indianapolis, Indiana
Earn 6 education credits.
For more information, visit www.naadac.org/conferences
12–15 August
Leading the Way – NAADAC Annual Conference
Indianapolis, Indiana
Earn over 30 education credits.
For more information, visit www.naadac.org/conferences
1–30 September
Recovery Month
Events nationwide
For more information, visit www.naadac.org
3–6 September
Journey Together Conference
Nashville, TN
Middle Tennessee Association of Alcoholism and Drug Abuse Counselors.
More details at www.mtaadac.org/journey_conf.html
8–15 September
Certification Examinations for Addictions Counselors, Level I, Level II and MAC
Testing locations nationwide
More information at www.ptcny.com/clients/NCC
15 October
Application Deadline for December 2012 NCC Examinations
Testing locations nationwide
More information at www.ptcny.com/clients/NCC
1–8 December
Certification Examination for Addictions Counselors, Level I, Level II and MAC
Testing locations nationwide
More information at www.ptcny.com/clients/NCC

What to Watch for in 2013
NAADAC Workforce Development Summit
Creating, Sustaining and Retaining the Addiction-Focused Workforce
For more information, visit www.naadac.org

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.