

CONNECTIONS

The Newsletter for Addiction Professionals



President's Message

By Ron Chupp
LCSW, LCAC, NCAC-II, ICAC-II

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I recently returned from vacation in the Outer Banks of North Carolina. My mother-in-law rented an oceanfront cottage on Cape Hatteras for a week. We had a wonderful time with my wife's extended family at the beach where we enjoyed campfires, seafood, bodysurfing, sunburns, and visiting incredible lighthouses. Because I am landlocked in northern Indiana and an addictions counselor, vacations of this sort are a rare treat that are not usually within my means. While there, we had the opportunity to see an outdoor drama called "*The Lost Colony*" about Fort Raleigh on Roanoke Island. The fort was founded by Sir Walter Raleigh in 1585, and his dream was to establish Fort Raleigh as the first permanent English settlement in the "new world." Raleigh returned to England with two of the local chiefs to show the queen the friends they made in this strange "new world." He promised those who remained behind that he would return by Christmas with supplies for the fort.

Unfortunately, war with Spain ensued and Raleigh was forced into service by the queen without being allowed to return to the fort. The settlers were beset by grave hardships. Moreover, the governor's treatment of the natives, prior to his return to England, fostered significant unrest with members of the local tribe. Many of the settlers died in conflicts with the natives. Survivors suffered from near starvation without the promised provisions. Furthermore, the Spanish had landed on Roanoke Island and demanded that the English settlers at the fort surrender to them. The settlers options were as follows: to surrender to the Spanish and live, stay at the fort and die from starvation, be killed by the Spanish or hostile natives, or travel down to Croatian on Hatteras Island to live with a friendly group of natives. Differences existed among settlers regarding how to proceed with the options given, including the likely consequences. Some wanted to surrender to

the Spanish, some wanted to stay and take their chances in battle. Strong and courageous leaders emerged from the ragtag group of remaining settlers, took charge, and led the group out of the fort to make their way to Croatian rather than stay and starve, be killed, or surrender to the Spanish.

According to the drama, the groups left Fort Raleigh and were never heard from again. After the English defeated the Spanish Armada, Sir Walter Raleigh was imprisoned and hanged as a traitor. When the English finally arrived with provisions for the settlers they found the fort abandoned with no trace of the former settlers. The only clue about what happened to them was the word "Croatian" carved on a tree in the fort. The play leaves us without answers about what happened to the settlers: were they captured and imprisoned by the Spanish? Were they killed by the hostile group of natives? Did they make the journey to Croatian and assimilate into the Native American nation there? Did they simply starve to death?

The truly important question and the one most of you are asking is, "What does this have to do with addictions?" As I watched the drama about this early settlement unfold, I realized there are many parallels between the drama of Fort Raleigh and the addictions profession. At some point in our history, some 30 years ago in Indiana, some brave explorers created what would eventually become our profession. They were beset by hardships along the way. Often low on energy and resources, they persevered and moved onward. They had to deal with hostile "natives": those in the allied professions who did not view addictions as a legitimate field of research and treatment. Other professions wanted us to surrender or be assimilated into their disciplines. Some wanted us to simply die out and be gone forever. There were disagreements over how to proceed and what would happen to us.

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Out of this situation emerged some strong and courageous leaders, visionaries like Sir Walter Raleigh, who were not satisfied with the status quo. Leaders who would take charge and lead us out of the hostile situation into safety. Leaders who would work to guarantee our survival in the coming months and years. Leaders who would move us from a mere settlement (field) into a new nation (profession) growing strong and flourishing long onto the future. I applaud those brave men and women who had the courage and the vision to lead us to where we are today.

I hope someone is tracking all of the changes in our profession and recording the names of those brave men and women for posterity. Maybe someday one of us will have the time and energy to write a book or a play about the development of the addictions field into its present state as a full-blown profession. We certainly do not want to forget the courageous men and women who have brought us to where we are today, or the struggles they faced along the way. I am so glad that the book or play will *not* be titled "*The Lost Profession.*" I strongly urge all of you to join us in rallying behind these leaders by taking an active role in building our profession in the coming years.

Only our best!

 LCAC, LCSW

Ron Chupp, LCSW, LCAC, NCAC-II, ICAC-II
IAAP President

From the Desk of Albert Alvarez, Your Past President:

Lately I've been hearing or been asked about our state and national certifications no longer necessary, since we now have licensure. Please beware. I'm keeping my certifications because they are more permanent and show accountability to my fellow addiction professionals and to my clients. I worked long and hard to obtain these and there are still good benefits to me to keep them. So long as I don't do something unethical and so long as I keep up my continuing education, I keep my certifications with a professional organization that knows what I need as an addiction professional.

Licensure does not give me the good training and skills I need to stay an addiction professional. It is highly unlikely that NAADAC or IAAP are going to disappear, however, state legislatures can make and unmake laws or repeal or add or water down: licensure today and gone tomorrow. And if I move out of state then I automatically lose my license, yet I keep my certifications. Certain certifications are reciprocal and allow one to begin working in another state while obtaining the license in that state (if they have licensure).

The MAC is truly helpful when going to another state and in most cases speeds up the process of obtaining a license. Many facilities will allow a master level addiction professional to begin working if she or he has a MAC. So I'm staying with NAADAC, IAAP and keeping my certifications (especially my ICAC-II, MAC and CCS). It is a small price to pay to have peace of mind and security. I hope you do the same.

Transitions

By B. Kay Bontrager, IAAP Certification Committee Chair

What a dizzyingly busy time the past few months have been. It has been a time of great transitions for me as your new Certification Committee Chair. I was tapped to take over for Dr. Katti Sneed who became our new President-Elect. Dr. Sneed served admirably as your Cert Chair for the past few years, and the transition presented many challenges as I learned the ins and outs of the certification process. It felt like a baptism by fire, and I have profound gratitude for the spirit of help and cooperation extended by all those who aided in this transition.

The time was made more difficult by a transition in staffing at Central Office. Our beloved Casey took another position in May, which required Stephanie to take on all of IAAP's office work and duties. Stephanie has managed the transition beautifully, and we appreciate all she has done for us. We will all miss Casey, but are happy to have Stephanie on board. If you need to call Central Office, ask for Stephanie—she is our go-to person now.

It was a busy time for the Certification committee members and other IAAP Board members who stepped in to help with our major transition—the transition from certification to licensure. I am eternally grateful for those who made personal sacrifices during this time of need to handle the flood of requests we received for assistance with grandparenting into licensure by the July 1 deadline. We tried our best to ensure that everyone who was eligible and applied for licensure received it. We appreciate your patience during this transition.

Our profession is going through a major transition as well. When I entered this profession, many people believed that no person could be an effective addictions counselor unless he or she was in recovery. We now know that that idea was flawed, especially if the recovery was not balanced with relevant education. Some will argue that a college education is no guarantee that the graduate will be an asset to the profession, and that is true. However, we also know that years of recovery provide no assurances that the recovering person will effectively counsel those whom they treat. Ideally, a combination of recovery and education will produce very effective addictions counselors. This is especially true with the growth in awareness the effects of Trauma on the development of addiction and of Co-occurring Disorders. Those who have a combination of recovery and education have the opportunity to develop a special understanding of the implications for trauma on addictions, co-occurring disorders and treatment. Education becomes vitally important as we transition into full professionhood, a status that other disciplines have already accomplished. Achieving licensure in Indiana, with its clear academic standards, has had a profound effect on the growth and the future of our profession around the country, of which we can all be proud.

As of July 1, 2011, the requirements for licensure include:

Licensed Addictions Counselor—LAC

1. Bachelor's Degree in Addictions Counseling or a related Human Services area consisting of 40 semester or 60 quarter hours with course content that must include: Addictions Theory; Psychoactive Drugs; Addictions Counseling Skills; Theories of Personality; Developmental Psychology; Abnormal Psychology; Treatment Planning; Cultural Competency; Ethics and Professional Development; and Family Education. The Degree must include a 350 hour supervised practicum, internship, or filed experience in addictions counseling services.
2. Two years of supervised Addictions Counseling experience encompassing 150 hours of Clinical Supervision (100 hours must be Individual Supervision, 50 hours must be group supervision).
3. Pass the Licensure Exam.

Licensed Clinical Addictions Counselor—LCAC

1. Masters or Doctoral Degree in Addictions Counseling or related Human Service field area, with an additional 27 semester or 41 quarter hours with coursework that must include: Addictions Counseling Theories and Techniques; Clinical Problems; Psychopharmacology; Psychopathology; Clinical Appraisal and Assessment; Multicultural Counseling; Research Methods in Addictions; Legal, Ethical, and Professional Standards of Addictions Counseling and Therapy; Appraisal and Assessment for Interpersonal Disorders or Dysfunction; Theory and Practice of Group Counseling; Counseling Addicted Family Systems. The Degree must include a 700 hour supervised practicum, internship, or field experience in addictions counseling services, supervised by an LCAC with a minimum of five years of experience encompassing 280 hours of face-to-face client contact hours and 105 hours of supervision.
2. Two years of supervised Addictions Counseling experience encompassing 200 hours of Clinical Supervision (100 hours must be individual supervision and 100 hours must be group supervision).
3. Pass the Licensure Exam.

IAAP will continue to offer Certification to all of our members (see Albert Alvarez's article) and to those who have completed the academic requirements, but are still acquiring the requisite post-degree experience and supervision. I would like to extend an invitation for you to become part of the Certification Committee's work. We are seeking additional committee members who want to mentor others to achieve their career goals in our profession. The Cert Committee meets quarterly, and offers mileage reimbursement. If you are interested, please contact B. Kay Bontrager at 574-575-0636 or by email at bkbla@comcast.net. Please enter Cert Committee in the subject line, as I do not open emails from unknown sources. Thank you for your consideration.

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BENEFITS OF NAADAC/IAAP MEMBERSHIP

- 33 free CE's via NAADAC's web-site: www.naadac.org - (*Medication Management for Addiction Professionals: Campral Series and Blending Solutions*).
- Free access to NAADAC's online Career Center at www.naadac.org.
- Assistance with referrals concerning ethical or legal questions or complaints and two free hours of help on a Legal Assistance Hotline provided by NAADAC's liability company with malpractice insurance available through the Van Wagner Group.
- Free subscription to NAADAC's official magazine, *Addiction Professional*, which is published six times annually.
- Peer support and network opportunities through national and state conferences and workshops.
- Reduced rates for continuing education including the qualification course for the U.S Department of Transportation's Substance Abuse Professional.
- Reduced rates for publications such as the *Basics of Addiction Counseling: A Desk Reference and Study Guide*, used by experienced professionals and as a guidebook for preparation for certification exams.
- Access to the *NAADAC News*, the association publication only available to NAADAC members.
- Substantially reduced rates for professional Certification and re-certification as National Addiction Counselor (NCAC) or Master Addiction Counselor (MAC). *Please note that certification is not included in NAADAC membership but is a separate process. (Certification is not a requirement of membership in NAADAC.)*
- New avenues for job opportunities and advancement with higher levels of certification.
- A 20 percent discount on all Hazelden Publishing and Educational Services (PES) resources.

IAAP

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Save the Date!
*Annual Fall Conference
Women and Addiction
October 14-15, 2011
Indiana Wesleyan University
More information coming soon!*