



ATTC

Unifying science, education
and services to transform lives.



In My Own Words. . .

*Honoring the Work of Addictions Treatment
and Recovery Services Professionals . . .*

A compilation of essays and leadership profiles

www.ATTCnetwork.org

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Published in 2008 by the
Addiction Technology Transfer Center (ATTC) National Office
University of Missouri — Kansas City
ATTC National Office
5100 Rockhill Rd.
Kansas City, MO 64110

This publication was prepared by the Addiction Technology Transfer Center (ATTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). All material appearing in this publication except that taken directly from copyrighted sources is in the public domain and may be reproduced or copied without permission from SAMHSA/CSAT or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the ATTC National Office. For more information on obtaining copies of this publication, call 816-235-6888.

At the time of publication, Eric Broderick, D.D.S., M.P.H, served as the SAMHSA Acting Administrator. H. Westley Clark, MD, JD, MPH, served as CSAT Director, Jack B. Stein, LCSW, Ph.D., served as Director of CSAT's Division of Services Improvement, and Catherine D. Nugent, LCPC, served as the CSAT Project Officer.

The opinions expressed herein are the views of the ATTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA or CSAT. No official support or endorsement of DHHS, SAMHSA or CSAT for the opinions described in this document is intended or should be inferred.



ATTC Unifying science, education
and services to transform lives.

The purpose of the Addiction Technology Transfer Center (ATTC) Network is to develop and strengthen the workforce which provides addictions treatment and recovery services to those entering the treatment system. There are 23.6 million Americans age 12 and older who need treatment for alcohol or illicit drug problems, and only 10% who actually receive treatment.(NSDUH, 2005) As part of the United States Federal Government's effort in drug control, the Network is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).

In partnership with Single State Authorities, treatment provider associations, addictions counselors, multidisciplinary professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTC Network assesses the training and development needs of the substance use disorders workforce. To meet the identified needs, the Network develops and conducts training and other technology transfer activities, especially targeting the frontline counselor. Particular emphasis is on raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices for the purpose of changing practice.

Established in 1993, the Network consists of fourteen Regional Centers and a National Office, which serve all 50 states, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands.

Together we take a unified approach in delivering cutting-edge products, services and resources to support a powerful workforce...a workforce that has the potential to transform lives.



*raising
awareness
building
skills
changing
practice*

Letter from Dr. H. Westley Clark

Director
*Center for Substance
Abuse Treatment*

Congratulations to the winners of the "In My Own Words..." Essay Contest, as well as those chosen for the Top 20 group! You represent thousands of addictions treatment and recovery specialists who find their way to the field through varied circumstances, and despite the many difficult challenges facing our workforce today, continue to remain motivated and inspired by their life-changing work. Every day addictions professionals like you are making a difference in the lives of individuals and families affected by the disease of addiction.

In 2000 a total of 61,000 individuals were employed as substance use disorders treatment counselors. By 2010 there will be a need for an additional 21,000 practitioners. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), including the Addiction Technology Transfer Center (ATTC) Network, have made workforce development a top priority. We will continue to strive toward improving the skills of our workforce, as well as advocating for and carrying out initiatives enhancing the addictions profession.

Today's professionals need to recognize growth opportunities and to be innovative and imaginative when thinking about career development. A key issue for the addictions field is to make sure we're passing the baton to others moving up into supervisory and leadership roles. It's important that those new in the field see others succeeding, and that those of us who have been here a while leave a legacy for the next generation. CSAT has been at the forefront of these leadership challenges. For example, the ATTC/Partners for Recovery (PFR) Leadership Institute is an intense, six-month leadership development program designed to help ensure the advancement and retention of emerging leaders. Over 400 individuals have already graduated from the ATTC/PFR Leadership Institute since 2004.

Please read the following compilation of essays and profiles to honor those who are making a difference. We benefit from the experience of others, and these personal journeys reflect the resiliency, adaptability, and commitment needed in our profession today. Thanks to all who submitted essays, and congratulations to the winners.



H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

Director

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration

Letter from Jeff Wilbee

President
IC & RC

Winston Churchill said “You can measure the civility of a nation by how it treats its most vulnerable of citizens.” Addiction clients and their families are among the most vulnerable in our society. Therefore, those of us working in the addiction/recovery profession do noble work. We are dealing with a complex, chronic and many times fatal disorder. There is, to my mind, no greater way to serve our fellow citizens than to dedicate our time and energy to this client group. It is easy to love the lovable. We are being called to love those who are not always viewed as lovable. By love I mean having a compassionate concern. So, be proud that you have chosen our field.

I will always be grateful that over thirty years ago competent addiction counselors were able to get through to me and they virtually saved my life. You know, if you have the ability to help someone put the cork in the bottle, take the syringe out of their arm, or throw the spoon away that is of equal value to the surgeon’s skills and scalpel.

To those whose essays were chosen for this publication I say “thanks” and I extend my hearty congratulations. For those of us reading this booklet, may we never forget that all of us can change. No one is beyond hope and help. So, I wish you all every success in this most noble of professions.



President
International Certification & Reciprocity Consortium (IC&RC)

IC&RC sets the international standards of practice in addiction counseling, prevention and clinical supervision through testing and credentialing of addiction professionals.

Letter from
Cynthia
Moreno Tuohy

NCAC II,
CCDC III, SAP
Executive Director
NAADAC

One of the privileges of working in the addiction profession for a number of years are the opportunities I've had to meet people who have made an indelible imprint on our vocation. One of those people is Mel Schulstad, a decorated retired U.S. Air Force Colonel who served as the first President of the National Association of Alcohol and Drug Abuse Counselors (NAADAC). He brought professionalism to the addiction services profession through his vision, dedication, passion and inexhaustible energy as he co-founded what is today the largest professional association for addiction counselors. Though he is retired, he has continued to mentor many struggling with chemical addiction as well as professionals who are interested in moving into leadership positions.

Schulstad, who is now ninety, made a final public address to the NAADAC conference this summer – and I found something very reassuring about his remarks. He said: “One: I respect you, Two: I honor you and Three: I love you.” You might ask, ‘why is that?’ It is because you have the courage to take on this new, wonderful and unique profession, the profession of counseling, healing, recovery and providing new life to those who come to you for help as they struggle with their addictions. You perform miracles!

I have learned and I believe that you will find you are most effective in healing your patients when you give them your love. In order for you to do this, you must first forgive yourself, respect yourself and honor yourself, as I do. Then, and only then, I believe will you be prepared to give away with God's healing grace the ability for your patients to learn to love themselves. And there is the secret, and in that way they will find a new life! A new life which they can enjoy as long as they continue to give their love to others. This is the real secret of sobriety and recovery. Take it on the path you follow and carry it in your heart for those times when you are tired and worn from the work. Remember it for your patients and allow it to give you a freshness of spirit and soul so that you may go and do the work that you have been given to do.

Together, we are making a difference!



NCAC II, CCDC III, SAP
Executive Director of NAADAC, the Association for Addiction Professionals

NAADAC's Mission is to lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.



Believe
Hope

In My Own Words...

“If anyone were to ask me what I want out of life I would say — the opportunity for doing something useful — for in no other way, I am convinced, can true happiness be attained.”

Eleanor Roosevelt

Annually in the United States, over 1.6 million friends and family members receive treatment for the abuse of alcohol and drugs.¹ Addiction treatment and recovery services professionals play an integral role in guiding people toward the miracle of recovery. No matter what their personal or professional background— counseling, nursing, personal recovery journey, psychiatry, education, or something else—addictions professionals help transform lives and improve communities each and every day.

In recognition of Recovery Month 2008, the Addiction Technology Transfer Center (ATTC) National Office developed the “In My Own Words . . .” Essay Contest to celebrate the work of the addictions workforce. Although there are many pathways to recovery, the National Office recognizes the vital role a qualified team of professionals plays in the recovery of those suffering from addiction. It could literally mean the difference between life and death! The essay contest offered a unique portrayal of this important work through deeply personal stories. Each entrant was asked to describe their career by completing two phrases: “The path which lead me to join the addiction treatment and recovery services field...” and “Throughout my journey, I have stayed in the field of addiction treatment and recovery services field...”. The response we received from the field was overwhelming!

Within this Essay Booklet you will find the first, second and third prize-winning essays chosen by an Expert Review Panel, as well as 17 additional essays receiving honorable mention from the National Office. It was a difficult task selecting the contest winners from the rich pool of 89 essays received. We are grateful to all of the professionals who took time out of their busy days to share their very personal experiences with us. In turn, we hope these stories will either encourage you, the reader, to continue striving to improve the lives of those with substance use disorders or consider joining us in this challenging, but noble profession! They have certainly inspired us.

¹ Substance Abuse and Mental Health Services Administration. (2008). Results from the 2007 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

Lew Warren

Alleghany
Highlands CSB
Clifton Forge, VA

The path that led me to join the addictions treatment and recovery services field was long and treacherous. I am hard headed and was full of denial. There was a long series of DUIs, DIPs (drunk in public), failed marriages, and abandonment of family and friends.

At the age of forty-nine, I received my last DUI on a moped. I plead guilty and asked for an alcohol evaluation. I was sent to the local Community Service Board (CSB). I lied about everything. Fortunately my intake counselor was an alcoholic and completely understood the situation. I entered and completed their Intensive Outpatient Program, and attended the local AA meetings.

At one year sober I received my driver's license and began transporting people to treatment centers. At five years sober I was asked to work part-time speaking to recovery groups. Now being eight years clean and sober, I co-facilitate various substance abuse groups at the CSB. I am also a Certified Substance Abuse Counselors Assistant, and I continue to attend AA/NA.

Throughout my journey, I have stayed in the addictions field helping others because I have the luxury of watching the miracle of recovery. It is a miracle to see the different phases; "storming to norming" and how some people make it to complete recovery. It took what it took to get me into recovery and it is taking what it takes to keep me here.

*coming
to terms*

Anna Irwin

Green County
Behavioral Health
Services
Muskogee, OK

The path which lead me to join the addictions treatment and recovery services field was second hand experience. I witnessed several peers experiment with mind and life-altering substances, my grandfather died of alcohol related issues, and my grandmother from emphysema.

Pursuing the field of psychology, **I was fascinated by the power of the human mind and the various explanations for human behaviors.** My graduate program taught me to value diversity, to take the student perspective when working with clients whose background is unfamiliar, to use the bio-psycho-social-spiritual model when assessing a client, to see the person before the “problem”. My journey in the addictions treatment and recovery services field has been brief, just 3 years now working full time at a local community mental health agency in Muskogee, Oklahoma where the vast majority of clients have a co-occurring diagnosis. I am pursuing my LADC currently and have gained valuable insight and knowledge through supervision. I began a weekly co-occurring group, and have grown to admire the strength, resiliency, and courage that each group member possesses. We use the metaphor of climbing a mountain to discuss recovery; the importance of gaining knowledge from other mountain climbers, being prepared with the right tools to make the climb, taking one step at a time, realizing it’s a life long climb to recovery, and the view is worth it. This is also a life long climb for me, to instill hope and to walk along side those with addictions and in recovery.

Jennifer Leclaire

Phoenix House
of New England
Springfield, MA

1st Place Recipient

The path which lead me to join the addictions treatment and recovery services field was that of rough terrain and unfamiliar scope. My path was wooded and unsure. I crawled through valleys of despair and up steep mountains of false pride. I was graced with the undeserved opportunity to receive treatment for my demons.

I encountered warm souls that possessed an innate ability to empathize with my pain. They recognized my disparity; they understood its source. The addictions professionals offered resources and information unlimited. Most importantly, they offered me hope. These professionals believed I was capable of so much more than dishonesty and disappointment. They introduced a new path to consider.

My journey continued on a new tread, well worn by experience and determination. I supplemented my education and confidence in pursuit of becoming one of those people— the offerers of hope, the restorers of dignity. I do what I do today because I am living testimony of one life that was touched by addictions professionals. **Throughout my journey, I have stayed in the addictions treatment and recovery services field in an earnest attempt to be a beacon of hope.** I humbly offer an understanding ear, as a common nomad on the path of survival. May my footsteps help pave the road of hope for the wary traveler. As was so simply applied to me, I offer my experience as assistance to someone else's journey. When another is capable of choosing a new path for life, my heart is truly rewarded.

Eric D. Brown

Virginia Beach
Psychiatric Center
Virginia Beach, VA

The path which led me to join the addictions and recovery services field began at birth. I did not know where that path would lead when my journey began. My father was an alcoholic when I was born, so I witnessed the negative consequences of alcohol abuse. I swore to never be like him. The disease of alcoholism did not allow me to keep that oath. When my father put the bottle down, I picked it up. Alcohol led to other drug use, and with that came problems and failures. In my first attempt at college, I could not pass Beer Drinking 101, and I kept repeating the class. Years later, I returned to college knowing that helping others overcome substance abuse problems would be my calling.

Throughout my journey, I have stayed in the addictions treatment and recovery services field because I get great satisfaction from helping others overcome substance abuse. I did not have the advantage of formal treatment. Through AA meetings and determination, I was able to get clean and sober. My understanding of the client's issues gives me a leg up on other clinicians. I can connect better with the clients, and this makes them more comfortable and open. There is a selfish reason for my staying in the recovery field, too. Occasionally, I will see someone that has relapsed after a long period of sobriety. This is a firm reminder that even after my seventeen years of recovery, there are no guarantees with sobriety.

Glenda Johnson

Advantage
Behavioral Health
Systems
Athens, GA

The path which lead me to join the addictions treatment and recovery services field was my inability to cope with my emotions. After the death of my mother, my life experiences took me on a journey of using drugs to mask my feelings. During this time I lost myself to drugs, as well as my self esteem, self worth and self image. At the end of this downward spiral, all I had left was my life, 3 children, and a family that still loved and supported me as I began a life of recovery.

I soon realized, as I was getting my life back, I wanted to help others live with a purpose and not merely exist. At that time, I began to pray that God would show me how to help others who were going through what I had gone through. In August 1998, I interviewed for a position in an addictive treatment services agency and felt confident that I would get the position. I was offered and accepted the position the following month.

Throughout my journey, I have stayed in addictions treatment and recovery services because it provides me with the opportunity to see lives being transformed, behaviors being changed, areas of resentment being worked through, children reunited with families and families understanding addiction as a disease. Working in the addictive treatment field also provides me the opportunity to grow professionally as I continue to work toward becoming a Certified Addiction Counselor.

Gloria Gurwell

Northern Hills
Alcohol and Drug
Services
Sturgis, SD

My path into alcohol and drug services was not straight as an arrow but more like a labyrinth, round and round until it centered. I was married for 32 years to a man who “drank too much.” Like many alcoholics he had a Dr. Jekyll/Mr. Hyde personality. Our story ended tragically. He was drunk, tried to drown me and I shot him. My story began there, 6 1/2 years in prison where I finally began to accept the idea he was an alcoholic. Talk about denial!

While on parole I earned an MS in counseling with the idea of working with women coming out of prison. Because of my crime, doors were shut in my face. I called Northern Hills Alcohol and Drug Services in Sturgis, SD. Two weeks later I was asked to facilitate aftercare groups and here I am today.

Though I am 68 years old and think about retiring, I stay at this work. From personal experience and other’s stories, I know the pain addiction causes our families, communities and our souls. **I believe the best tool we have to combat our many social problems is education.** In my group work and DUI classes, I can educate those locked in addiction to find the key they need to be free.

My surprise ending is I now have the opportunity to fulfill my goal, working with women (and men) who are coming out of prison. You might say, I reached the center of my labyrinth.

*tool of
educa-
tion*

Trinka Porrata

Project GHB
Phoenix, AZ

The path that led me to join the addictions treatment and recovery services field began as an LAPD narcotics detective and wound through learning about the virtually invisible drug Gamma Hydroxybutyrate (GHB), writing legislation to criminalize it and then countless hours helping victims and families of those raped, overdosed, addicted to or dead because of GHB. I've worked 12 years with a handful of doctors and researchers committed to this issue and have even compiled a book about how to treat and hopefully beat this deadly addiction. It's a lonely path as treatment centers truly know little about "G."

I'm "unofficial" in the field, volunteering via www.ProjectGHB.org. And, my "guys" (and gals) live in shadows. They often don't tell doctors about GHB, but may present as Benzo addicts or alcoholics, assuming that no one will know about "G." They are stunned, and fascinated, that I— a cop, never a user— understand them so completely and care enough to help them. The struggle is prolonged; relapses are virtually guaranteed; sadly not all make it. The ones who do are rejuvenating.

I don't get paid in cash for the hours of email and telephone work I have done 24/7 with more than 2,000 GHB addicts in 18 countries. **The pay is simply their messages thanking me for being their angel in their darkest hour.** But the shadows of those I couldn't help stay with me too. They remind to keep going to catch up to the next one on the path ahead.

keep
going

Karen A. Finke

Southwest Center
Milford, UT

The path which led me to join the addictions treatment and recovery services field includes a synchronicity of pivotal people and experiences in my life. My path's origins are rooted in growing up in an alcoholic/dysfunctional family system followed by my personal counseling and recovery experience starting twelve years ago. It is a path that includes an odd and wonderful shift from the left hemisphere of my brain to the right hemisphere. The left side of my brain includes two degrees in engineering and sixteen years in the engineering field. The right side of my brain includes my personal counseling and recovery process, a rigorous self-inventory, a startling soul searching for my purpose in life, learning to let go (i.e., learning to get out of "my" way), followed by the attainment of my Master's Degree in Mental Health Counseling. The path includes an awareness and respect of unwavering faith in life's journey.

Throughout my journey, I have remained in the addictions treatment and recovery services field for several reasons. The first reason that comes to mind is that when I am at work I do not feel like I am working. I also can be myself. This allows me to be congruent with clients to provide a safe environment for them to heal past traumas, grieve incomplete losses, and learn about their addiction thereby transforming lives. **Another reason I stay in this field is not to help clients, but to help clients learn how to help themselves.**

Laurie A. Leonard

Crouse Chemical
Dependency
Treatment Services
Syracuse, NY

The path which led me to join the addictions treatment and recovery field is different than most professionals.

I lead a colorful life, peppered with many new experiences and challenges. My nursing career has provided me opportunities to work with many different populations and services, such as adult medicine, oncology, gynecology and surgical outpatients. A colleague mentioned she was searching for a nurse to perform health assessments for day and evening treatment programs. I jumped at the chance to try a new venue.

This has been an amazing, thought provoking and service oriented path, which I now follow.

Throughout my journey, I have stayed in the addictions treatment and recovery services field because it fills my heart. I bear witness to the pain and despair which my clients have experienced and suffered. **Each day, I am blessed with observing and interacting with those reaching for a wholeness and newness.** I am humbled by the steps my patients tread to remain clean and sober. I admire the strength and courage they exhibit "one day at a time." I am gifted and proud when they introduce me as "my nurse."

Always, my desire has been to inspire those around me. My days are now filled with those in recovery who honor me with their stories, hope and trust and I am truly inspired.

Kelly
Watson

University of
Colorado Health &
Sciences Center
Denver, CO

The path leading me to join the addictions treatment and recovery field commenced when I worked with inmates in Connecticut. To my dismay, over half of the inmates were incarcerated due to drug charges. This alarming picture made me aware of how much of drug addiction is a dilemma in the United States. These individuals are being thrown in jail, left to de-tox on their own, no help whatsoever, thus fueling the problem instead of getting the root cause. Two years ago, I was offered a wonderful opportunity to work with injection drug users and see first hand what these individuals go through, hear their stories about their day to day life, and have the prospect to impact their lives in a positive way.

Throughout my journey, I have stayed in the addictions treatment and recovery services field because I have seen the optimistic impact treatment and recovery makes on people's lives. There is one individual that comes to mind. This person was a heavy methamphetamine user, had no where to go and life was spinning out of control. This individual completed our program and has been sober for over a year. Methamphetamine is a very difficult drug to beat and the fact this individual did it successfully demonstrates to me that treatment and recovery indeed works. And because I have seen it work for many others, it provides me the drive and inspiration to continue to work in this daunting and sometimes discouraging field.

*path of
inspiration*

Amina Porter

Rockdale County
DUI Court
Atlanta, GA

2nd Place Recipient

The path which led me to join the addictions treatment and recovery services field...began with many hours working in my mother's community center when I was growing up. The center was located in an economically-distressed, inner-city neighborhood. **I saw in vivid color the profound devastation that drugs— specifically the advent of crack cocaine in the area at the time— had on the residents and their families.** My choice of psychology as a career path gave me a venue through which to express my desire to make a positive difference in the community.

Throughout my journey, I have stayed in the addictions treatment and recovery services field... because unfortunately, the need is there. There is no shortage of drugs of abuse, and no shortage of willing consumers lining up to use them. Another reason is far more personal. I actually believe that working professionally in this field is character-building. It demands altruism. It forces me to be on my best clinical game with the full acceptance that I may not see my client change. It forces me to keep a positive attitude despite the reality that many clients are openly hostile and resistant, or passive-aggressively rebellious. And I certainly can't fail to mention my admiration for the clients themselves, who, facing addiction, a phenomenon that persistently chips away pieces of their lives, have the resilience, courage, and strength to put things back in place.

So this is how I got here, and this is why I stay.

The path that led me to join the addictions treatment and recovery services field was governed by my ego absorbed addiction. We all gathered around the bar. Someone would call out the name of a popular shot. The seasoned bartender and I would both make our version. Whoever got it wrong had to drink their concoction. The next thing I remember was the trip to the treatment center. Teri handed me a joint and a bottle of vodka. I took a long draw on the bottle and lit the joint. The car stopped in front of the treatment center Teri opened the door and said, "I got you here now you have to find your way home." Nineteen years later I embrace the woman inside me who was hell bent on killing me.

Throughout my journey, I have stayed in the addictions treatment and recovery field, by struggling through my psychology degree and the crazy state certification process. I have never been so happy in all my life. I am in my class room at a state prison teaching offenders about the consequences of substance abuse. **We focus on the life skills that they missed learning as they were growing up due to their chemical involvement.** This weekend I will be joining hands with several ex-offenders across the Chain of Rocks Bridge to celebrate our recovery, get some free food, take a stand and show the world that recovery works and WE ARE RECOVERY!

Richard Gross

Alexandria
Community
Services Board
Alexandra, VA

The path which lead me to join the addictions treatment and recovery services field started with a simple statement: "Sometimes good people behave in not-so-good ways." My mother was referring to a young man who had been disciplined for fighting. I was confused because I knew the person as friendly and caring, and my young mind was trying to make sense of the disparity. Though my path has become more complex over time, its roots are the simple process of a young man trying to figure out a confusing problem: why people act in ways that are inconsistent with our inherent goodness.

Throughout my journey, I have stayed in the addictions treatment and recovery services field for two primary reasons. **First, there are few fields in which honing one's craft contributes directly to personal growth.** Improving my own empathic skills involves making the changes I expect of my clients. If I ask my clients to practice raising awareness to potentially harmful thought patterns, I will only understand the obstacles that face them if I have done so myself. This growth of understanding whets my desire to help people through the struggle. Second, consider this analogy: the number of potential chess moves is incalculably large; so, too, with our clients. Each client is different, and the variables among them are incalculable. They each come with new and different experiences that provide me with energy and enthusiasm to learn with them, to journey with them, and to heal with them.

The path which lead me to join the addictions treatment and recovery services field was formed out of the despair I saw around me leading to all types of addictions and ways to fill the human heart and soul.

Throughout my life I watched as many people around me searched for a “fix” that would make them happy; even satisfy them. I watched as people would turn to drugs, food, sex, and gambling to find happiness that only left them heartbroken. After years of listening to friends and family I decided that I wanted more than anything to assist people in finding a happier life. I realized that I even enjoyed assisting these people gain a greater purpose, but what I did not realize was that through this “counseling” I was finding my own life purpose.

Throughout my journey I have stayed in the addictions treatment and recovery services field because I believe it works; having seen the positive outcomes.

Understanding and unraveling addiction to determine its source is a difficult, but necessary process. **The joy for me, however, comes in finding a greater purpose than the addiction ever offered.** Watching those who come into the office angry and downtrodden leave with hope and laughter has been a main reason that the challenges of this occupation have been so worthwhile. Being able to help people with addiction find their purpose in life has helped me find my own sense of purpose, which is something I would not trade for anything.

greater
purpose

Su Hodgman

Alternative
Sentencing
Division Meth
Pilot Program
Farmington, NM

The path which lead me to join the addictions treatment and recovery services field began 19 years ago. I am a backdoor alcoholic. While attending Alanon 19 years ago, I discovered I was the problem. In my early sobriety, I saw many friends decide, while they were on their pink clouds, to become counselors. This felt wrong for me. I could cause too much damage! Instead I went into child protection. The majority of the families I worked with had addiction problems.

Many helpful and supportive people were put in my path and encouraged me to go into addictions counseling, yet I still hesitated. I started working with the adults as they went into recovery as a Case Manager. I love this way of doing things. I get to build a relationship with them while they are in treatment and then I walk with them the first year of their recovery. I reinforce the skills the counselors taught my clients when I meet with them.

I still get gently pushed into counseling and will sit for my license soon. **I stay in this field because of the ones who make it.** I get hope every time I'm invited to a meeting to witness someone getting a chip. It's heart wrenching when someone goes to jail or prison or dies, when they could've instead used what they learned in treatment or the meeting rooms to live.

I continue this for the families who benefit from a renewed and repaired loved one.

*by their
side*

The path that led me to join the addictions treatment and recovery services field . . . began when I noticed my husband was no longer my knight in shining armor. He became both physically and verbally abusive. Ready to escape, I prayed. The Lord directed me to go in the basement and look behind the staircase. I found a half smoked cigar, some crack cocaine and marijuana. At that moment a plethora of emotions hit me. Wanting to confront him, I decided not, because I didn't feel safe. Once he went to work, I got rid of the drugs. I waited for him to ask about the drugs but he never said a word. I noticed his addiction progressed and the abuse continued. I spoke with him regarding the addiction and suggested help but he denied having a problem. We eventually divorced. Feeling helpless I decided to gain the education and equip myself with the tools to help other families.

Throughout my journey, I have stayed in the addictions treatment and recovery services field . . . because the reward of seeing lives transformed and families restored is priceless. I have an emotional commitment and desire to be a brilliant comprehensive clinician. In Greek, brilliant means "to shine." I shine the light of knowledge in the lives of individuals and families by operating in the "high touch" and giving proactive, anticipatory service which creates an emotional therapeutic connection with the consumer to empower them to transform.

Victoria Gallop

Yucca Lodge
Fort Baynard, NM

The path which led me to join the addictions treatment and recovery services began where my former life of addiction ended. At age 41, I had a spiritual experience and realized that I might not get another opportunity to make the decision to live. Shortly after that decision, I thought that I could “help people” who had suffered as I had with addiction.

Of course, it took only a short while to realize that I don’t help anyone. They do their own work, just as I did and continue to do— a day at a time! When I first began college, I told myself I would never be a substance abuse counselor. I have now been in the field of addictions treatment and recovery services for 15 years. One of the most important lessons I have learned thus far is “never say never.”

Throughout my journey, I have stayed in the addictions treatment and recovery services field because it has provided some of the most intense, intimate moments of human connection in my life. I have been able to be there with another, provide empathy without sympathy and encourage others to find the answers they seek within themselves.

Many times when I have felt disheartened about my work, I get a call from a former client who has turned their life around. I always remind them that they are the ones who did the work. Those metamorphoses and other’s continued struggles never lets me forget where I came from.

Kelli Slattery

Arapahoe House,
Inc.
Denver, CO

I was 23, working at the UPS store, lost and overwhelmed. A friend told me of a job opening on an adolescent residential unit of a substance abuse treatment agency. I saw no reason that I would get the job because I had not completed my degree and had no experience. I decided to apply anyway. The woman who interviewed me must have seen my potential, because she hired me almost immediately!

As soon as I started that job, I commenced to grow in every way imaginable. I have become not only a confident, competent and well balanced professional, but have grown tremendously as a young woman. I am now graduating with my BA and making plans for graduate school. I have taken a job as a supervisor at a detox within the same agency and will be applying for my CAC III in a couple of months.

I remain in this field for several reasons. **By being an addictions counselor I am able to offer help and hope for people that have often lost everything. I can find nothing more worthwhile to do with my life.** I also find that as a supervisor in this field I get to help the people I supervise to realize their own professional and personal goals. Finally, working in this field requires constant self evaluation, which has changed the course of my life and will continue to improve my ability to be an effective counselor and human being for many years to come.

*change
course*

> *Third Place Recipient*

**Bob
O'Dowd**

Quapaw House
Hot Springs, AR

3rd Place Recipient

The path which lead me to join the addictions treatment and recovery services field was inspired by own personal journey as a recovering alcoholic. A journey of recovery which started over 27 years ago in New York City.

In nearly three decades of service to fellow addicts and alcoholics, I never thought about joining the treatment field. I was employed as a sales and marketing executive at a Fortune 500 company and my service to those in need was strictly a personal mission done on my own time— until February, 2006.

After retiring in 2001, I moved to Hot Springs, Arkansas whereupon I joined the Board of Directors at Quapaw House, Inc., a diversified network of treatment facilities that treat adults, adolescents, pregnant and parenting women. In February 2006, the Board asked me to become Executive Director where I soon learned that the very same spiritual principles that guided my personal recovery could be successfully applied to an entire organization and system of care.

Throughout my journey, I have stayed in the addictions treatment and recovery services field because of the passion that is associated with this work. **Our best behavioral health care professionals see this work as a “Mission,” and not simply a job.** That fact inspires me and fills me with gratitude and a humble heart to be allowed to witness so closely the miracles that are associated with sustainable recovery.

Veronica Arroyo

Alcohol and Drug
Recovery Center
Hartford, CT

My pathway has been driven by my journey; a journey that I would not in any way alter if given the opportunity. It is said that everything is for a reason; now I believe, although if you asked me this four years ago I could not even fathom the possibility. Every aspect of my life has become a piece of my journey and has led me to my present destiny. I remember living in the utter depths of my addiction oblivious to the world, yet there was a slight flicker of hope that I would later need to grasp onto with all that I had.

I woke up freezing to the echo of the familiar sounds of the doors slamming and the feeling of the cold metal piercing my achy bones. I was partially relieved; however the beast within was still screaming for a way out. This was my final arrest and through hindsight I see the divine intervention that took place in the final days of my active addiction.

Today I work with people, offering living proof that recovery is a reality. **What tore me down has become my passion; what depleted my spirit has become my aspiration.** I find empowerment in helping others succeed. It would be both selfish and self-defeating to keep what I have found. Giving keeps me alive; working with the recovery community is by no means just a job for me— but a way of life.



Initiative

Leadership Profiles

*“If your actions inspire others to dream more,
learn more, do more and become more, you are a leader.”*

John Quincy Adams

“Addiction treatment’s future hinges on how well we perform leadership development and transitioning.”¹ Not only is the field facing a crisis as the workforce ages and leaders retire— taking their knowledge and organizational history with them— but it is also battling significant turnover, as demonstrated by turnover rates which are 11% higher than the national average in all disciplines.² The ATTC Network is working to support leadership development activities which prepare emerging leaders for tomorrow, as well as learn from established leaders who will be passing the baton over to the next generation.

In this booklet’s section, you will discover several profiles of Emerging Leaders— those individuals recognized as potential leaders for the years to come— which provide us with reasons to be optimistic about the field’s future. Each person is a graduate of the PFR/ ATTC Leadership Institute, an intense leadership preparation program designed to cultivate the development of future addiction leaders. These Emerging Leaders were carefully selected and received leadership development through a variety of activities in order to prepare them for their roles as future leaders in the field.

Established Leader profiles spotlighted in this collection illustrate the variety of career paths one can take in order to become a proven leader. These professionals have devoted years of service to the field and each possesses unique institutional knowledge and expertise. In order to maintain strength and continuity in the field, each person is also committed to sharing this knowledge with Emerging Leaders.

As the following profiles demonstrate, leadership is a continuous journey. Today’s established leaders recognize the importance of life-long learning and have used a variety of approaches to develop their skills. We hope these profiles inspire others to continue on their own career path or take the first steps towards an addictions career.

¹ William White and Russell Hagen. (January 2006). Ten steps to leaving an organization in good hands. Behavioral Health Management; Jan2006, Vol. 26 Issue 1.

² McLellan et al. (2003). Can the national addiction treatment infrastructure support the public’s demand for quality care. Journal of Substance Abuse Treatment, 25, 117-121.

*Participating in
the Leadership
Institute
has been a
life altering
experience.*

CCS, CADC, SAP
Director of Market Development
Quapaw House, Inc.

Emerging leader Frank McIlroy earned a business management degree and began his career after college working in retail management and sales for a Fortune 500 company. Five years passed and then life as he knew it dramatically changed. Frank was admitted into a treatment center for alcoholism.

While in treatment, Frank realized that a career in retail was not for him. This insight lead and motivated him to seek out a new career direction. Consequently, he landed a part-time/ weekend job working as a residential tech at the same treatment facility where he got sober and discovered a great passion for the field.

Thus, Frank McIlroy's career in addictions began eight years ago. During this development process, he has participated in an internship program, gone through the IC&RC certification processes to become a certified addictions counselor and clinical supervisor, and worked in two treatment facilities, while spending most of his time at the Quapaw House.

Frank became involved with the PFR/ATTC Leadership Institute in 2007 when his supervisor nominated him to participate in the leadership program as an emerging leader.

How has your mentor helped you?

Having a mentor has been very rewarding. I never thought in my wildest dreams, I would be working with my mentor. I had seen him in a few meetings and trainings, and I remember thinking, "That's what I want." I aspired to become an addictions professional like him. Needless to say, I was absolutely thrilled to learn he was going to be my mentor at the Leadership Institute Immersion training! Since then we have developed a great relationship, and it has been a wonderful experience working with him. He is always there for me and gives great feedback. We still meet once a month where he continues to share his wealth of knowledge with me.

What, so far, have you learned from your mentor?

The best advise my mentor has given me is to stay involved and don't be complacent. Don't stand still. Think outside of the box.

Through this mentoring process, what has been the biggest benefit to you?

Going through the Leadership Institute has given me confidence. Also, this process and my mentor have opened many doors for me. It has allowed me to network and be introduced to many people.

What was your Leadership Institute Project?

To begin with, I had learned that our district court, which handles “lesser charges” or misdemeanors and covers many rural parts of the state, had nothing to offer those with drug possession and other alcohol related charges. To address this issue, I created my project, Intervention for Substance Abuse Offenders in the District Court System, with the guidance of my mentor. I developed a 6-week Substance Abuse Education Program where offenders meet one night per week. The program begins with an assessment and then an appropriate modality is prescribed. Programming includes instructional teaching, along with group therapy. My first step toward implementation was to meet with the judges and staff in the 10 district court area to introduce and ask for participation in the program. These meetings turned out to be an incredible networking opportunity and the response has been very positive. In fact, everyone I’ve approached has fully embraced the plan, and some are even enhancing the program further to meet their needs. For example, one probation department has turned it into an outpatient program and there is a district court judge who will take the program charge off an offender’s bill if he/she successfully completes the program.

What did you learn from this experience?

Through this project, I’ve discovered how much communities care about the substance abuse issue and the support has been overwhelming. My experience with this project has been personally very gratifying.

How did the project help your organization?

It helped create community and area awareness for the Quapaw House and the organization has also benefited from the networking process. Eventually, the project will also be a future source of revenue. In addition, as a direct result of the work done on the Substance Abuse Education program, towns are now inquiring about the program, as well as other treatment facilities. Even High Schools have called and an Adolescent Substance Abuse Education Program is in the works. We are now holding town hall meetings and people are attending!

Where do you see yourself in the next 5 years?

My dream is to become a Treatment Facility Director. I am fortunate to have the support of my Executive Director and he has put me on this career “track”. I would like to do some consulting in the future and also plan to continue growing and building my relationship with my mentor.

Bio

Frank McIlroy has been working in the addictions field for the past eight years. Along with his duties as Director of Market Development, he was recently been appointed Program Director for Quapaw House’s residential program.

Mr. McIlroy also serves as Director of the Arkadelphia Outpatient Clinic and Director of the Area 8 Drug and Alcohol Safety Education Program (DASEP), which screens DWI, DUI and minor in possession cases on the District Court level.

Mr. McIlroy received his Bachelor of Science degree in Business Management at Arkansas State University. He is a Certified Alcohol and Drug Counselor (CADC), Certified Clinical Supervisor (CCS), and Substance Professional (SAP). In addition, Frank is currently a member of the Arkansas Substance Abuse Certification Board.

Being part of the Leadership Institute has helped me to have faith in myself.

M.A., L.P.C.

Program Services Manager

Utah County Division of Substance Abuse

Gordon Bruin first started out with a psychology degree and looking for a way to provide a living for his family. Having a career in treatment and recovery really wasn't his main goal at the time. However, fast-forward eighteen years to today and you find him working for the Utah County Division of Substance Abuse and specializing in the treatment of pornography and sexual addiction issues.

How did you choose to be in the addictions field?

Working in the addictions field just seemed to fall in to place for me. I think my career has been divinely led. For example, while working my way through graduate school, I worked at a methadone clinic in the San Francisco Bay area. My first job after graduate school was to develop an adolescent outpatient substance abuse treatment program in Sitka, Alaska. Then five years later I changed jobs to work at a methadone clinic in Provo, Utah and served as a crisis worker for the University of Utah Neuropsychiatric Institute. Every step I've taken in my career has led me to my current position.

How would you describe your Leadership Institute experience?

It has been invaluable! The networking opportunities were extremely helpful, and I enjoyed the phone conferences with other emerging leaders very much. We have a common bond and connection to each other.

Also, I loved having the time given by the Leadership Institute to work on my project. It's rare to have the time needed for developing projects, and I appreciated the opportunity to participate in a six month program allowing for this process to occur.

What was your Leadership Institute project?

My project was to improve the no show rates of clients who come for their initial substance abuse assessments at the Division of Substance Abuse. The project's success was dependant on having my staff's buy-in to participate in the process. Once I had their commitment, we moved forward with the project and were able to determine which days and times the no show rates were the highest. This information lead to the implementation of different appointment times (evenings), and ultimately, the attendance of clients increased!

What have you learned about leadership?

Good leaders know when to do what! They have to make tough decisions and sometimes leaders are not liked. Going through the Leadership Institute has helped me to deal with these issues better. I'm also trying to trust my instincts more and not second-guess myself as much. The message I heard was that you can't gather all the information before you need to act. Gather as much as you can, make the decision and move on.

What have you been working on since you attended the Leadership Institute?

The work I did at the Leadership Institute gave me confidence and motivated me to try new things. As a result, a lot has happened since graduation and has given me the opportunity to use my new leadership skills. To begin with, I now have a private practice and am the President of InnerGold Counseling. I have a Web site (www.innergold.com) which specializes in the treatment of pornography addiction. Since graduating I've also written a first-of-its-kind treatment manual for pornography addiction, helping hundreds of individuals find sobriety and hope. Being part of the Leadership Institute has helped me to have faith in myself. This has been the most valuable experience. I love doing what I'm doing.

Bio

Gordon Bruin has eighteen years of experience in the addictions treatment and recovery field. His current position's responsibilities include overseeing an In-House Assessment Center, UA lab and a number of Division programs. He also collaborates with residential treatment providers and other contractors.

He has worked as an Assistant Director at Project Reality, a methadone clinic in Provo, UT and served as adjunct faculty for Salt Lake Community College's Department of Psychology.

Mr. Bruin is also the founder and President of InnerGold Counseling services which specializes in the treatment of pornography and sexual addiction issues. His treatment manual addressing pornographic addiction is offered online at www.innergold.com.

Mr. Bruin graduated from John F. Kennedy University in Clinical Psychology with a specialization in Addiction Studies in 1994.

*Stopping to
focus on 'You'
is pivotal in
professional
growth.*

LCSW—C, LCADC
Program Coordinator
*Washington County Health Department,
Division of Addictions and Mental Health Services*

Holly Kees began her career with the Washington County Health Department Division of Addictions and Mental Health Services as a Direct Care Trainee for C.S.A.P (Catoctin Summit Adolescent Program). Her initial professional focus on human services evolved over time and she turned her attention to the mental health and addictions field after working with substance abusing adolescents. Consequently, Holly decided to pursue a degree in social work and has continued to build on her career within the Washington County Health Department Division of Addictions and Mental Health Services. In 2006 Holly was nominated to participate in the Leadership Institute as an emerging leader.

How has your mentor helped you?

My mentor was a good match for me and helped me to meet my leadership development needs. His leadership style was different from my supervisor's and I benefitted from being challenged in a whole new way. He facilitated professional growth, opened networking doors, and introduced me to new topics.

What advice has been the most helpful to you?

Don't take yourself too seriously! My mentor encouraged me to keep everything in perspective and live a balanced life. One of his most valuable pieces of advice was that "you can't make everyone happy all the time." From his feedback and my experience with the Leadership Institute I learned that a critical element of successful leadership is the ability to say "no."

What was your Leadership Institute project?

My project entitled, In Search of a Shared Treatment Paradigm, was an initiative designed to evaluate the staff development needs at C.A.M.E.O. House with an emphasis on the needs of the Community Health Outreach Workers. The Outreach Workers are on the frontlines dealing directly with clients, yet frequently possess the least amount of training and receive the least amount of support. The field of addictions has evolved dramatically over the past decade. These changes have created dissension among professionals and para—professionals around what makes addiction treatment effective. By building a shared treatment paradigm among staff on what constitutes effective delivery of treatment services, I hypothesized that treatment outcomes would improve. To evaluate the consensus among staff a survey was developed examining the degree of variance in staff perceptions of teamwork, recovery, administrative processes, services and staff/resident relationships at C.A.M.E.O. House. Survey findings identified where the greatest variances existed. This information was then used to create corresponding workforce development initiatives. Survey results conducted a year later indicated communication improvements between Outreach Workers and Senior Staff and improved treatment outcomes for C.A.M.E.O. House residents. On a personal note,

having developed a tool to provide objective measures on the effectiveness of treatment services has been extremely gratifying. I've discovered a love for program development and will continue to use the tool to monitor progress and implement ongoing workforce development initiatives.

What advice would you give to an emerging leader?

The Leadership Institute is a great opportunity for leadership development. It allows you time to stop and focus on yourself. This is pivotal in professional growth and challenges you to push yourself to the next performance level. The Leadership Institute provides a great deal of creative leeway utilizing an approach where you have freedom to make your own choices.

Where do you see yourself in the next 5 years?

Doing something I love! I will remain committed to the mental health and addictions field with a focus on program growth and development. I will also continue to strive for a balanced life while pursuing my passion.

Bio

Holly Kees' focus for the past five years has been on program development. She is currently the Program Coordinator for C.A.M.E.O. (Children and Mothers Experiencing Opportunity) House, a women and children's residential treatment facility and a small outpatient addictions clinic called W.I.T.S. (Women in Treatment Services).

Her responsibilities include general oversight of the day-to-day program operations, including clinical and administrative supervision of staff and treatment services. She also serves as an active member of the Division of Addictions and Mental Services management team.

Ms. Kees received a Bachelor of Social Work from Hood College and a Masters of Social Work from the University of Maryland School of Social Work. She is a licensed clinical social worker (LCSW-C) and a licensed clinical alcohol and drug counselor (LCADC).

Ms. Kees serves on the Quality Assurance/Utilization Review Committee for the Division of Addiction and Mental Health Services and is a member of the Addictions Advisory Council's Co-Occurring Subcommittee.

*I'm blessed with
a passion for
this work.*

M.A., R.A.S.

Program Director

Didi Hirsch Community Mental Health Center (CMHC)

After working in the field of addiction and mental health for over 20 years, Holly McCravey had hit a plateau and was concerned about the next step in her career. She was at a professional crossroad and seriously considering leaving the field. Fortunately, Holly discussed this issue with her supervisor. He had helped guide her career to this point, and Holly knew she could confide in him. Her supervisor was able to hear her frustration and wanted to support her professional growth. He suggested participating in the Pacific Southwest's ATTC/PFR Leadership Institute. "The timing of the Leadership Institute was perfect," said Holly. "It turned out to be exactly what I needed, an opportunity to explore and enhance my leadership and interpersonal skills."

First of all, how did you choose to be in the addictions field?

Like many others who work in this field, it was my own personal struggle with addictions and a family history of alcoholism that fueled my desire to learn as much as I could about this devastating disease. I was just out of college with a B.A. in Psychology and looking for a job. While attending my Addiction Studies program I was able to network with professionals in the field and consequently, hired as a counselor in a DUI program. I continued in hospital based programs until the birth of my daughter in 1989. Four years later I returned to the workforce as an addiction counselor working with the seriously mentally ill. I quickly moved into a management position and by 1999 was the Operations Director for two partial hospitalization programs serving dually diagnosed clients.

"I'm blessed with a passion for this work..."

Through your participation in the Leadership Institute, what have you learned about yourself?

The self-evaluation process we experience through the personal assessments was very powerful. It affirmed my interest in leading people and leading change. I realized my career path has been steering me towards organizational development and leadership roles. I now understand why my work in this field doesn't feel like work, at all. I discovered that my personality type defined by the Myers Briggs assessment thrives in environments of change.

How did your mentor help you?

My mentor has helped support me in so many ways. Because of her vast experience in the addictions field, she always had about ten stories to share which were relevant to whatever topic or issue we were discussing. She was empowering, supportive, and complimentary. She also served as a sounding board for my ideas. I can not say enough about the reward of having this wonderful, invaluable mentoring experience.

What was your Leadership Institute project?

Actually, I had two projects! With my mentor’s assistance, my first project involved writing a vision statement with the staff for the program I direct, the Via Avanta program. Over the past several years this program has transformed from a traditional therapy community into a gender specific treatment program for women. The team now uses the statement as an instrument to guide staff behavior. They decided to have the statement printed on coffee mugs as a daily reminder of our values, and the mugs are also given to new staff.

For my second project, I developed an intensive mental health training designed to help counselors successfully work with Axis I clients. These are difficult clients for counselors to manage, and our staff was getting very frustrated while trying to find the best way to support them. MD’s, R.N’s and mental health clinicians from our agency came to our site and provided training 2 times per month over a three month period. The result of the training was enhanced knowledge and skills demonstrated by improved outcomes with dually diagnosed clients. It also resulted in the substance abuse counselors gaining new connections to our mental health agency. Plus, it boosted staff confidence and competence.

What have you been working on since graduation?

Since my experience with the Leadership Institute, I have moved from being a “manager” to a “leader” within my organization. I am now expanding my leadership skills in strategic planning, building coalitions and partnerships to enhance addiction treatment for women. I have taken a training role with the Pacific Southwest ATTC to spread NIATx principles to addiction treatment providers in the state of California. This has been a great networking opportunity! I’m blessed with a passion for this work, and the support of co-workers, family and friends.

Bio

Holly McCravey specializes in gender specific treatment for women and the treatment of dual diagnosis. For the past 8 years she has been employed with Didi Hirsch as a Program Director of the Via Avanta Residential Addiction Treatment Center for Women. She is responsible for overseeing the administration, program development, fiscal management, and staff supervision of a 70 bed non-profit long term residential treatment program for women and children.

Prior to her current position, Ms. McCravey started her career as a counselor in DUI and hospital-based programs. In 1993 she worked with the seriously mentally ill as an addiction counselor and then quickly moved into management positions.

Ms. McCravey received a Masters degree in teaching from Loyola Marymount University in Los Angeles. In addition, she is certified by NAADAC and with Breining Institute as a Registered Addiction Specialist (RAS).

*Working with
my mentor
has been
a profound
experience.*

B.S.Ed., CADAC, LAADAC, CCS
Assistant Treatment Program Manager
Department of Community Correction, Ft. Smith, Arkansas

Randy Jo Nielsen began her life after college with a B.S. degree and looking for a job in the education field. Strictly through happenstance, she found herself working part-time in a treatment facility as an assistant teacher.

How did you choose to be in the addictions field?

Actually, the treatment field chose me. In recovery I realized my mission was to serve in the addictions field and my part-time job at the treatment facility opened the door for me to become a therapist.

How were you paired with your mentor?

We had input on who we would like for a mentor and then mentors were matched. Not to be too cliché, but it really felt like a “God experience; a miracle situation,” because I was matched with a mentor who gave me exactly what I needed.

How did your mentor help you?

My mentor had far more practical experience than I and was able to guide my clinical needs. She shared so much with me! For instance, she gave me a lot of reference information; allowed me to sit in on clinical staff meetings; shared tried and true experiences; gave me books to read; and was very engaging. I admired her for modeling the behavior she was asking from her staff. This whole process has given me more confidence and working with my mentor has been a profound experience. We are still in touch because I taught an LGBT class and we have been involved with further sharing of information on LGBT trainings and curriculum for her program.

What was your Leadership Institute project?

My project, with guidance from my mentor, involved utilizing the TAP—21 manual (Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice) and the Rubric evaluation with staff. Because access to all counselors would be practically impossible, I tailored the program for five counselors. This training and performance assessment for the Addiction Counseling Competencies was very beneficial and needed by these counselors. In fact, we need more training for all our staff and I plan to engage the rest of the counselors in increments.

What advice would you give to future Leadership Institute protégés?

Put 100% in all activities. Taking part in the Leadership Institute takes focus and commitment!

Bio

Randy Jo Nielsen received her Bachelor of Science in Education degree at Arkansas Tech University in 1994 with Magna Cum Laude honors. She was also awarded Certified Clinical Supervisor of the Year in 2007 and Counselor of the Year in 2005. Ms. Nielsen is currently serving as the Assistant Treatment Program Manager, Department of Community Correction, in Ft. Smith, Arkansas.

Ms. Nielsen has extensive supervision, training and education experience in treatment facility settings. For the past four years she has been a Treatment Services Clinical Supervisor within parole/probation and supervises drug court programs.

In addition, Ms. Nielsen is a member of the Arkansas Substance Abuse Certification Board (ASACB) and the Arkansas Association of Alcoholism and Drug Abuse Counselors (AADAC).

Emerging Leader

*I didn't choose
to be in the
addictions
field...
It "chose"
me through
recovery.*

MSW
Senior Associate
Altarum Institute

Established leader Tom Hill, a community organizer and social worker, had been an artist most of his life until he began his journey of recovery in the early 1990's. On this path he earned an MSW in Community Organizing from Hunter College and little did he know, would start his addictions career working at the Lesbian and Gay Community Center.

How did you choose to be in the addictions field?

I didn't choose to be in the addictions field. It "chose" me through recovery. My progression in this field can all be chalked up to what I've learned in recovery. It taught me how to mentor others (sponsorship), run meetings, speak in public, and serve others. Recovery also guided me through doors to work in the areas of anti-stigma, recovery and addiction, HIV/AIDS, and community organizing.

Did you have mentors along the way?

Yes. I've been fortunate to have a string of women along the way who have mentored me. They encouraged me to take risks and offered a safe environment where I was allowed to make mistakes.

Through this mentoring process, what was the most meaningful advice you've received?

What I heard from my mentor(s) was "You can do this! I will support you and I believe in you." As an emerging leader, having this kind of support and interest in me was invaluable. These messages were very important for me to hear.

What advice would you give to emerging leaders?

It's okay to take a chance and make mistakes. This process is instrumental in professional and personal growth. Your mentor will be there to support you.

Do you mentor others and if so, what are the benefits?

Yes. What I've learned in recovery is that when we do service, we get helped in return. I get as much or more back from mentoring as the person I'm mentoring. It's important to me to return what was given. Mentoring is an obligation and a joy!

Have you participated in the Leadership Institute?

Not yet! I suppose you could say that I've had my hand in it behind the scenes. I served on the Partners for Recovery (PFR) steering committee and was recently involved in a Robert Wood Johnson fellowship in the Developing Leadership in Reducing Substance Abuse initiative. Tom's fellowship project, called CommonStrength, employs the principles of servant leadership and critical consciousness to build and support grass roots leadership in the recovery community and promote a recovery movement based on social justice and liberation

Bio

Tom Hill has over twenty years of both recovery and community organizing experience. He is a skilled trainer and facilitator in leadership development, addiction and recovery issues, and diversity/cultural competency. In addition, he has worked, both as a professional and a grassroots community leader, in areas such as recovery and addiction, HIV/AIDS, LGBT and reproductive rights. He has served as faculty at many learning institutions, including the Servant Leadership School in Washington, DC. and several state and regionally sponsored summer schools for addiction professionals

Mr. Hill is a former member of the ATTC Network Advisory Group, and previously served as the Deputy Project Director for the Recovery Community Services Program, an initiative of CSAT. Presently he is the Deputy Project Director providing technical assistance for CSAT's Access to Recovery (ATR) Program.

Mr. Hill was honored as the 2006 Recipient of the Johnson Institute's America Honors Recovery Award.

Established Leader

*I still find
the work
interesting.*

MA

Special Expert

Center for Substance Abuse Treatment (CSAT), SAMHSA

Linda Kaplan was at home taking care of her three small children and one morning while out running, she saw a woman waiting at a bus stop in a nice suit holding a brief case. She thought to herself, "That's what I want to be some day." Fast forward to today and you find Ms. Kaplan with over twenty years of addiction treatment and recovery services experience, specializing in public policy, workforce development, and advocacy for research and treatment resources.

How did you get started in the addictions treatment and recovery services field?

When my third child was two months old I started graduate school in counseling, and my internship ended up being in an outpatient drug abuse agency run by a neighboring county for adolescents remanded by court for minor drug offences. This internship involved working with adolescents and their families and was a real eye-opener for me. I did not receive any substance use disorders education through my graduate studies, so I had to have a crash course in dealing with these young people and their families.

As I gained experience and knowledge, my career continued to grow and develop. My internship turned into a position at the agency, and I was then offered a job as the Assistant Director. However, the day care costs would have exceeded my take-home pay so I realized I needed to find another way to use my skills. Instead I went to work at a county-run Employment Training Program for high school drop-outs who often had drug and alcohol related problems. I became the manager of the Employment and Training Center a year later and stayed for three years. I then found a position in association management, first in a large national association as a supervisor and then as the Executive Director for the National Women's Political Caucus. My career took another turn when I saw a job in the paper for Executive Director of NAADAC, the Association of Addiction Professionals. I was hired for the position due to my previous association management and clinical background and consequently, worked for the organization ten years.

Did you have mentors along the way?

Yes, I have had a number of people who were very helpful. When I first started working with the Employment Training Program, I had no management skills and was supervising 16 people. Fortunately, I had a mentor who taught me how to manage people. One day he pulled me aside and said, "If you don't have at least one person mad at you a day, you are not doing your job right." This was a wakeup call for me. I learned it was more important to be respected than to have everyone like you on any given day.

I've benefitted from several other mentors since. One mentor taught me a lot about organizing the work, approaches and ways of thinking about things. Another mentor, who was not in the addiction field, served as a sounding board and helped me to focus on the "big picture."

Additionally, I was involved in a professional association for association executives, and they supported a small group of executive directors who had similar size organizations to manage. Our support group met for years about every six weeks, and was the definition of peer-to-peer mentoring. It was a great support system. We discussed problems and helped each other find solutions to the challenges we faced. I would always come back from these meetings feeling energized. Peer mentoring is very important because an executive director's job can be very isolating. Having someone you can talk with is invaluable. We need others.

What were the most helpful things you learned from your mentors?

I learned that you can't be everyone's best friend. Speaking now from experience, this can end up backfiring on you.

I also learned to go with my instincts, particularly when it comes to staffing. If there's something telling you there is a problem, go with your gut. I found this out the hard way. Once I interviewed an individual for a position twice and I had a bad feeling about the 2nd interview but ignored my intuition. My decision to hire this person was to the detriment of the rest of the staff and ended up being very destructive.

Why have you stayed in the field?

I still find the work interesting and see the mission as socially very important. I've also enjoyed the people I've worked with and met along the way.

What are your thoughts on the field's future?

This is still a small field and it needs additional resources. One size doesn't fit all and more education is needed to address the wide variety of occupation levels and population groups. Moreover, as we head toward Recovery-Oriented Systems of Care, it's crucial to have recovering people involved with the process.

Bio

Linda Kaplan currently serves as a Special Expert at CSAT/SAMHSA concentrating on issues around recovery services, including the Recovery Community Services Program (RCSP). She also offers her expertise on workforce development issues.

Prior to her current position, Ms. Kaplan was the first Executive Director of the Danya Institute. She also managed the Central East Addiction Technology Transfer Center (ATTC) through a cooperative agreement grant from CSAT. Before the Danya Institute was established, Ms. Kaplan was Director of Addiction Education and Training at Danya International for several years.

Ms. Kaplan has been a consultant for many addiction treatment and recovery services organizations and served on numerous committees and task forces, including the NIAAA Advisory Council. She's also been a Steering Committee member of SAMHSA/CSAT's National Treatment Plan and Partners for Recovery Initiatives. Ms. Kaplan is currently a member of the ATTC Network Advisory Group.

Author of numerous articles and papers, she is a frequent substance abuse presenter at national conferences sponsored by various State and Federal agencies, universities and associations.

Clients, in many ways, have been my best mentors.

Ph.D.

Commissioner

Connecticut Department of Mental Health & Addiction Services (DMHAS)

Commissioner Kirk's career began as a faculty member at Virginia Commonwealth University where he taught undergraduate and graduate courses in psychology. His career, however, would gradually take on a new focus.

How did you get started in the addictions treatment and recovery services field?

While teaching at the University, I was presented with an opportunity to do some consulting work in the VA prison system and elected to take a two year leave to participate in the project. One of my responsibilities was to conduct psychological evaluations on the prison population, which included those who suffered from substance abuse. At the end of program, even though I received tenure, I decided not to go back. I found the applied work in the prison system enjoyable and wanted to continue this work privately as a consultant. Since then my career has included roles in the design, delivery and management of healthcare services for persons with psychiatric and/or substance use disorders.

Did you have mentors along the way?

Yes, I have had a variety of mentors throughout my career. To start, clients, in many ways, have been my best mentors. What I've heard from them and other patients has been tremendously impactful. Moreover, listening to those who are receiving services is often the best resource, because they see things on a daily basis.

Another mentor was the warden at the state prison. He had "people—sense" and helped me understand the dynamics of an organization. He taught me how to plan and organize, while taking into account each stakeholder who would have their own interests and agenda. I also learned a great deal from my supervisor in Washington, DC. Others described him as indecisive. However, I soon discovered that he wasn't indecisive but rather, people were trying to push him to a certain decision point. Through his example, I learned to first clear the cobwebs off an issue and then identify the important versus unimportant. Now in my office I keep this lesson at the forefront with a little sculpture of a person holding an oar trying to get somewhere. At the base it says, "When you're up to your backside in alligators remember your purpose was to drain the swamp." For me, it's an important reminder.

What advice would you give to emerging leaders?

- *In order to stay ahead of the game, broaden your scope. Pay attention and learn about the larger health care environment. For example, read journals and other types of literature from the hospital system and join organizations such as the American Hospital Association.*
- *Understand different perspectives. It is important to hear from different disciplines.*
- *Know your audience and pay attention to your communications strategy. Understand each party's area of interest to move an agenda forward.*

- *Become skilled in listening and teaching.*
- *Develop and reinforce your sense of humor. Practitioners are passionate about what they do but sometimes we take ourselves much too seriously. Laugh at the stupid and “crazy” stuff that we do or that happens.*
- *Renew your energy and find balance.*

What do you do for fun and relaxation?

I enjoy sports and love to watch baseball and football games. I also like the outdoors, fresh air, and photography. In addition, I never work on Saturday. This time is for family and relaxation. Every year we spend two weeks at the beach. It is a full family event...son and daughter in law and two grandchildren, adult daughter, one sister and all her children and grandchildren, and another sister – we all vacation together for a few weeks. I find the beach and family to be renewing of my spirit and energy.

What advice do you have for mentors/managers?

- *When you're a mentor, you take on a leadership role. Put together a team smarter than you. Coach and help this talented group to make music together and be in sync with each other.*
- *Have firm deliverables to manage performance. Do a 360 degree evaluation once a year and ask for feedback. This is a chance to benefit from their coaching and evaluate your management skills too.*
- *Help move young talent forward.*

Bio

In 2000 Thomas Kirk was first appointed Commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS) and subsequently reappointed by different Governors three times. The agency is responsible for the largest public/private healthcare service system for persons with psychiatric and/or substance use disorders in Connecticut. The DMHAS has a \$650 million budget supporting hospital and community—based care provided by over 3,500 state employees, as well as an array of prevention, treatment and recovery support services funded by DMHAS and provided by approximately 175 private non—profit care providers.

Commissioner Kirk serves on several prominent boards, including the National Advisory Council of the Substance Abuse and Mental Health Services Administration (SAMHSA), The Foundation for Mental Health and the National Association of State Mental Health Program Directors (NASMHPD) Research Institute. He is an established leader who has been a consultant in such areas as co—occurring disorders, offender reentry strategies, prevention/health promotion services, integrated databases, outcome measures, jail diversion services, evidence—based practices, and recovery—oriented systems of care.

Dr. Kirk earned his Ph.D. in experimental/clinical psychology from the Catholic University of America. He has authored numerous professional papers and presentations and received national career awards. He is also a member of the American Psychological and American Hospital Associations.

Sara Moscato Howe

*Now I
have come
full circle...
mentoring at
the Leadership
Institute felt
like a natural
progression.*

MS, CHES

Chief Executive Officer

Illinois Alcoholism and Drug Dependence Association (IADDA)

Sara Moscato Howe's work in the substance abuse field has truly come full circle. Beginning in her sophomore year in High School, she was involved with Operation Snowball (OS), a leadership program managed through the Illinois Alcoholism and Drug Dependence Association (IADDA). Now, years later, she is serving as Chief Executive Officer of this very same organization!

Ms. Howe's experience with the Leadership Institute mirrors her professional growth as well. She began her journey as an emerging leader in the Great Lakes ATTC/PFR Leadership Institute and returned later to serve as a mentor. Her experience in the Institute helped clarify and prioritize the issues surrounding her personal and professional life. As a mentor, she was able to build on what she had learned before and simultaneously help her own protégé grow. "Now I have come full circle and mentoring at the Leadership Institute felt like a natural progression," stated Sara.

How did you choose to be in the addictions field?

While I was involved with Operation Snowball it dawned on me that I enjoyed substance abuse prevention work and wanted to make a career in this field. Once I decided what I wanted to do, my focus never changed. With the help of my professors, I was able to concentrate my own degree coursework on addiction.

How did your mentor help you?

My experience with the Leadership Institute couldn't have happened at a better time. Through a difficult transitioning period in my career, my mentor helped me to focus, prioritize and sift through everything. He helped me to figure out my path and let me know when I was taking on too much. He always said, "First things, first." I was encouraged to ask myself, "What is important to you?"

What was the most helpful advice you've received about your career?

As an emerging leader, I was grappling with the issue many women face of having to choose between family and career. I learned from my mentor that I can have more than one priority. I could still be a professional working in the field and have a family. I also learned that I didn't need to leave my "own backyard" to be on the right career path. It's okay to stay where you are — Leaders are needed right here too.

Do you have any advice for future Leadership Institute participants?

First of all, it is an honor to be nominated, and I would highly recommend participating in the Leadership Institute. It is a unique, unforgettable, wonderful, intense experience. Be prepared to look inward. Be prepared to roll up your sleeves and learn a lot. Self examination is extremely helpful and the benefits far outweigh the necessary work.

What other words of wisdom were helpful to hear when you were participating in the Leadership Institute?

- *Be willing to take calculated risks.*
- *Get out of your comfort zone to try new things.*
- *Do something different.*
- *Remind yourself that you were chosen for a reason. When in doubt, remember that.*
- *Leaders need to speak up and say the uncomfortable things.*

On the flip side, what have you learned about mentoring?

Mentoring requires a different skill set than leadership and takes on a more supportive role. I am not the one who should take the action. It is the protégé's responsibility. Giving back to a protégé has been very gratifying.

Where to you want to be in five years?

I am very fortunate to have a job I love! With this said, I would be happy being here to continue my efforts toward elevating the association. I would also consider doing some work at the state level where I could have a role in making the substance abuse treatment/prevention field even stronger while building on the partnerships we have now.

Bio

Sara Moscato Howe, MS, CHES, is Chief Executive Officer of the Illinois Alcoholism and Drug Dependence Association (IADDA). Her responsibilities include state and federal policy and legislative analysis and advocacy efforts on behalf of the more than 50 community—based substance abuse prevention, treatment and recovery support service providers that comprise IADDA's membership. Ms. Howe also has oversight of an evaluation project for the Association's substance abuse prevention programs: Operation Snowball (OS) and the Illinois Teen Institute (ITI). Ms. Howe joined the Association in 2000 from the Denver Public Health Department where she served as the coordinator of the Denver Alliance on Tobacco and Health.

Ms. Howe is lead author of the October 2001 publication in the American Journal of Health Behavior: Evaluating a Fear Appeal Message to Reduce Alcohol Use Among "Greeks." She holds a Master's degree in Health Promotion with a research emphasis in collegiate peer alcohol abuse prevention from Purdue University and a Bachelor's degree in Health Promotion, also from Purdue.

*I am striving
to become a
healthy healer.*

LCDC, CAS
Executive Director
Association of Persons Affected by Addiction (APAA)

Joe Powell, a leader, advisor and mentor, grew up during the civil rights movement in Harlem, New York. He was a scared kid who saw violence outside and inside the home, along with seven brothers and one sister. He and his two older brothers made a living for the family by tap dancing in New York City and often danced with well known performers of the time. He also learned to medicate with alcohol and drugs.

Fast forward to 2008 and you will find Joe Powell with 20 years of long term recovery and 20 years experience treating individuals suffering from addictions with co-occurring mental illness and substance use problems in Dallas, Texas.

How did you find recovery?

In 1987 I was in school and struggling. A courageous friend asked me if I would like to quit drinking and I simply replied, "Yes." This was a pivotal moment. Life as I knew it was forever more changed.

How did you choose to be in the addiction treatment and recovery services field?

In the beginning I connected with a psychiatrist who served as my sponsor and even though he was very busy with his own career, he made time for me every day. He worked with me and encouraged me to go back to school. As a result, I ended up with an internship working with a counselor. This was the very beginning of my career. If I hadn't been in recovery and working to change my life, I would have never had this opportunity.

Did you have mentors along the way?

Yes, I definitely consider my first sponsor a mentor. He was supportive, encouraging and showed me a new way of living. I was also very lucky to be surrounded by old timers who worked the program. They taught me that "The Buck Stops Here!" Meaning, I am responsible for my own recovery. I was taught how to deal with feelings; live by principles; and seek new ways of doing things. My wife was my mentor too. She encouraged and motivated me to do something different. She stood beside me and let me pursue my own path. At the same time, she was working on her own career in the Army. These lessons have been invaluable, and I try to apply them in my career and daily life today. In addition, they are often a spiritual experience for me because they help take me to the next level.

What advice would you give to emerging leaders?

Education is essential. Whether taking a co-dependency class and learning about boundaries or obtaining your counselor certification, match your insides (your desires) with the education needed and where you want your career to go. Secondly, be yourself. Be authentic. When you are authentic, things come more naturally. Find teachers and mentors who are willing to give you feedback. These people will be supportive in your personal and professional growth. As a mentee, remember to stick with the winners, listen, and pay attention.

Do you mentor others and if so, what are the benefits?

Yes, I try to be helpful to others. It is a way to give back what was given to me. Through the mentoring relationship I receive love and feel spiritually connected. I also grow emotionally and spiritually. It's a great feeling to be connected, and it is important to be there for each other. Unconditional love, love for each other, is the highest love you can give. You're giving your authentic love and truth, "the juice."

How has your personal and professional life changed since you've been in recovery?

My life has truly come full circle and my career accomplishments are a direct reflection of the personal recovery work done over the past 20 years. Although there is still more to be done, I am striving to become a "Healthy Healer," modeling healthy behavior and assisting those who are suffering from addiction to reach for a way out through recovery. Most importantly, because of long term recovery, I have been married for 20 years and have two sons. I am very grateful.

Bio

Joe Powell has 20 years in the addictions treatment and recovery services field and has accumulated co-occurring illness expertise over the past 15 years.

Since 1998 Mr. Powell has been involved in peer to peer recovery services and is currently the Executive Director of APAA, a non-profit organization providing recovery support services to individuals in or seeking recovery from alcohol or drug addiction. APAA was one of the first SAMHSA/CSAT federally funded Recovery Community Support Projects. The organization supported Katrina survivors with culturally congruent recovery community support services and recently made history by signing the first addiction recovery contract with Value Options, a managed care company, for peer to peer recovery support services.

Furthermore, Mr. Powell is passionate about the message of recovery, promoting overall health and wellness of those who are progressing beyond the wreckage of addiction. Because all eight siblings suffered from addictions and four with severe mental illness, Mr. Powell was motivated to start the first African American National Alliance for Mental Illness (NAMI) in Dallas. He is currently board chairman for the NAMI- Southern Sector.

Mr. Powell is an active member of the ATTC Network Advisory Group; serves on several boards, including Faces & Voices of Recovery; and has participated in a number of SAMHA initiatives. He is a licensed Chemical Dependency Counselor and a Certified Acudetox Specialist (CAS).

LPC, MAC, CCS

Director, Georgia Office of Addictive Disease Services

Division of Mental Health, Developmental Disabilities & Addictive Diseases

Onaje Salim, who has served the field for almost three decades, feels his career began in the 11th grade when he wanted to concentrate in psychiatry. “Even in my childhood,” said Salim, “I was interested in human behavior and the mind/body connection. I also had an early calling to the healing arts.”

*My addictions
career began in
High School.*

How did you choose to be in the addictions field?

In my junior year, I left Morehouse College seeking employment. I ended up working in a Therapeutic Community (TC) setting as an undergraduate intern. This is where I fell in love with the work and saw the connection between the mind, body, and overall health, which was consistent with my long standing interest. I came to think of the TC as a “Laboratory of Human Behavior.”

Did you have mentors along the way?

Yes! At the beginning of my career I had clinical supervisors, RN’s and a psychologist who provided me with very valuable training. The psychologist, for instance, explained the various theories and why there are different approaches in treatment. I also had a great experience working with a clinical supervisor who was in recovery. She was a superb leader and showed tremendous compassion. Each mentor helped me to learn and understand addiction and recovery. This experience and training was invaluable.

In addition to the guidance I received from my mentors, I also had the opportunity to work in diverse settings. I intentionally worked all shifts and was exposed to many addiction treatment elements and disciplines. Attending my first therapeutic group as a young intern, I realized that the patients were every day human beings like me or anyone else — except that their brains had been “hijacked” by substances of abuse. Because of this experience, I learned how to apply different clinical theories and therapeutic approaches to addiction problems in a compassionate and culturally appropriate manner. In this regard the diversity I encountered in the TC offered an excellent preparation for my addictions career.

Through your mentoring process, what was the most meaningful advice you’ve received?

Some of the best advice I was given was:

- *Never lose sight of the reason for the work. It should always be for the client’s benefit.*
- *Get out of the way and let the client do what is necessary for his/her recovery.*
- *Constantly better yourself (Steven Covey calls it “Sharpening the Saw”) and take advantage of the continuing education opportunities presented.*
- *Prepare yourself for multiple roles to avoid burnout.*

Do you mentor others and if so, what are the benefits?

Yes! Throughout my career, I have been able to help recovering and non-recovering staff to

become credentialed. I have found this work to be enormously gratifying. I've also served as a Leadership Institute mentor for two years. Networking with other mentors and emerging leaders was incredibly rewarding too, and I have enjoyed the one-on-one relationships with my protégés. I saw a reflection of myself in the different stages of development while working with them. Plus, I always learned some important things from my protégés along the way as well!

What would you say to those who are mentoring and/or supervising others?

- *Aspire to establish clear and healthy boundaries.*
- *Don't superimpose your agenda on a protégé. Help find his/her own best methods and approaches for serving others.*
- *Be a good role model. Be transparent with no hidden agendas. Let your protégé/staff see your strengths, weaknesses and limitations.*
- *Surface and discuss cultural differences and similarities.*
- *Balance sensitivity and honesty in providing feedback.*
- *Be resourceful.*

What advice do you have for emerging leaders?

First of all, integrity is important. You will want to establish this in everything you do.

- *Know what you're talking about and do the necessary research.*
- *When you taking on a new job, become grounded in that position and take advantage of continuing education opportunities. Seek to advance to the highest level meeting your potential. To some it will be obtaining their CAC and for others it will be a doctorate degree or higher. In either case, always strive for life-long learning and pursue self-improvement. Have diverse experiences including those from therapeutic communities, the public and private side, clinical and managerial positions, institutions and community, plus the self-help arena.*
- *Experience therapy as client in whatever format that is appropriate (individual, group, or family). Attend support group meetings. This experience is vital in helping others achieve recovery.*

Bio

Onaje Salim recently assumed his new role as Director of the Office of Addictive Disease Services in Georgia. He is responsible for managing the financial resources of the substance abuse treatment delivery system, which includes state and federal dollars totaling \$150 million. He monitors and allocates these dollars where appropriate and also makes modifications as needed.

He has a perspective on health care grounded in the civil/human rights movement and draws on nearly 30 years of working in the addiction treatment field. His parents were educators and civil rights activists, colleagues of Dr. Martin Luther King, Jr. His father was an original Board member of the King Center for Non-Violent Social Change.

Mr. Salim has an impressive list of credentials and successes in the field of addiction treatment. He is a Licensed Professional Counselor (LPC), Master Addictions Counselor (MAC) and a Certified Clinical Supervisor (CCS). He completed his undergraduate work in Applied Behavioral Science and then obtained a graduate degree in Counseling.

Patricia Taylor

*I saw how
powerful
communities &
organizations
can be when
they mobilize
around a
common issue.*

Executive Director *Faces & Voices of Recovery*

Having grown up during the civil rights and environmental movements, Pat Taylor's interest in public policy and advocacy began at an early age and developed into a lifelong career spanning over 30 years. Right out of college she became an environmental lobbyist and continued working on campaigns and for organizations that eventually lead her to the recovery community. Her career includes developing and managing local, state-wide and national public interest advocacy campaigns on a range of issues including healthcare, community development and philanthropy.

How did you choose to be in the addiction treatment and recovery services field?

I was brought to the addiction, prevention, treatment and policy arena through my advocacy work. In 1987, I was hired to direct the Alcohol Policies Project at the Center for Science in the Public Interest (CSPI). A broad-based coalition of health, religious, consumer and parent organizations advocated to change alcohol policies at the local, state and federal levels. For example, we successfully waged a federal campaign to require warning labels on alcoholic beverage containers. This coalition was my first introduction to addiction treatment and recovery organizations.

Did you have mentors along the way?

Yes, I have had a number of mentors along the way who have guided me. For instance, I consider Jeff Blodgett, the Executive Director of Wellstone Action and the first person to head what has become Faces & Voices, a mentor. He helped me think through ways to organize, engage and mobilize the recovery community. We still stay in touch. The wisdom and experience that he shared with me was extremely valuable and immediately applicable. Currently, I have mentors in the recovery community and on the Faces & Voices of Recovery Board of Directors. They provide tremendous insight, feedback and support. I also have peer mentors from other organizations. Each is incredibly important in providing feedback on the opportunities in all of our work.

Does Faces & Voices of Recovery have a leadership development plan?

Yes, developing leaders within our organization and in the recovery community is a very high priority for us. Emerging leaders have opportunities to participate in our trainings, recovery advocacy teleconferences, organizing conference calls and on our board committees. Our board holds an annual retreat that includes opportunities for building board leadership. The lived experiences of people in long-term recovery, their families and friends and the organized voice of the recovery community are critical if we are to make recovery a reality for even more Americans.

In light of the shift in thinking regarding the development of systems of care which support people finding long-term recovery, what advice would you give to Emerging Leaders?

This is an exciting time where we have a rare opportunity to bring unlikely partners together to change attitudes and influence public policy in a profound way. I would advise emerging leaders to stay active and get involved in existing recovery community organizations or bring people together to start one in your community. Strengthen and diversify your network connections. Join in the mission of making long-term recovery from addiction a reality for the 21 million Americans who have yet to experience it.

Bio

Patricia Taylor has over 30 years of grassroots advocacy experience. She is a skilled leader, director and community organizer who has coordinated and led numerous campaigns at the local, state and national level.

Currently she is the Executive Director of Faces & Voices of Recovery, a national organization of individuals and organizations who support recovery advocacy at the local, state and national levels. She served as Deputy Director of Ensuring Solutions to Alcohol Problems at the George Washington University Medical Center; Director of the Alcohol Policies Project at the Center for Science in the Public Interest; and Director of the Advocates Senior Alert Process at Families USA, a health advocacy group.

Ms. Taylor is a member of the ATTC Network Advisory Group. She earned a BA in Far Eastern Studies at the University of Michigan.

*The calling
for me was a
clear one.*

MA

Senior Research Consultant

Chestnut Health Systems

Lighthouse Institute

Bill White, who has served in the addictions field for 40 years, knew this was his life's work and passion from the very beginning.

How did you choose to be in the addictions field?

I am a part of a generation of workers who entered the field in the 1960s and early 1970's out of personal or family recovery experience. The calling for me was a clear one. I saw the local "drunk tanks," "county work farms" (penal colonies) and back wards of aging state psychiatric hospitals that preceded modern addiction treatment. I have vivid memories of a world without addiction treatment and accessible recovery pathways which have fueled my commitment to this field over the past four decades. I have no illusions about this imperfect instrument we call treatment, but I would not trade our worst treatments for what preceded them. As a field, we are slowly losing the memory of what it was like when most communities did not have specialized addiction treatment. That is a significant loss.

Who was the biggest influence in your career?

I have been blessed with a long list of mentors. There were many sage recovering people who nursed me through my early years in the field. My early mentorship under Dr. Ed Senay exerted a profound influence on my clinical and research interests, and Dr. Ernie Kurtz has mentored all of the work I have done on the history of addiction treatment and recovery in America. I also include among my mentors the many people I have had the opportunity to co-author articles with individuals like Bill Miller, Tom McLellan, Tom McGovern, Herb Kleber, Bob DuPont, Alexandre Laudet, William Cloud, Arthur Evans, and of course, all my research colleagues from the Lighthouse Institute. My work has also been deeply influenced by my work with other recovery advocates, including Pat Taylor, Don Coyhis, Bob Savage, Phil Valentine, David Whifers, Bev Haberle, Marty Nicolaus and others. And then there are what I think of as peer mentors individuals like Mark Sanders— we often take turns mentoring each other.

What were the most helpful things you learned from your mentors?

I think the most beneficial things I've received are encouragement, technical knowledge and skills, honest feedback, linkage to key source of information, introductions to other people, invitations for contributions and collaborations and guidance on how to live one's life in this most unusual of professions.

What advise would you give to emerging leaders?

The opportunities in the next decade for advancement and leadership will be greater than they have been in 30 years. Now is the time to prepare yourself-time to go back to school, time to read the field's core literature, time to tap the knowledge of the field's now aging leadership, and time to emotionally prepare yourself for the demands of leadership.

What are the necessary skills/experience needed for being a leader in the field?

The skills needed are as diverse as the growing number of roles in the field, but I think there is one core area of knowledge that stands above all others and that is knowledge of recovery. We have been in love with pathology—obsessed with understanding addiction and intervention technologies. As a field we know a great deal about addiction and treatment. It is time we all shifted to a focus on the lived solution to alcohol and other drug problems. It is time all of our leaders and our workers were experts on the pathways, styles and stages of long-term recovery and experts on American communities of recovery.

Do you mentor others?

I do this informally as much as I can and also participate in various leadership development institutes. What I get in addition to the richness of giving is a continual source of new perspectives and questions which regularly force me to reconsider what I think I already know. This helps me keep my current ideas on probation rather than seeing them as THE truth.

Why is mentoring important?

I once asked Ernie Kurtz how I could pay him for all the time and guidance he had given me. He said I could pay him by saying yes to those in the future who would come seeking my counsel. He told me they would come ill-prepared, come at the worst times and ask things I wasn't sure I could provide. He said I could pay him back by saying yes to such requests as he has said yes to mine, and that is what I have tried to faithfully do. Mentorship is a way to keep the oral traditions of the field alive. It is the connecting tissue that links the field's past and future.

Bio

Bill White has worked full time in the addictions field since 1969 as a streetworker, counselor, clinical director, researcher and well-traveled trainer and consultant. He is currently a Senior Research Consultant with Chestnut Health Systems Lighthouse Institute.

Mr. White has authored or co-authored more than 300 articles, monographs, research reports and book chapters and 13 books. His book, *Slaying the Dragon — The History of Addiction Treatment and Recovery in America*, received the McGovern Family Foundation Award for the best book on addiction recovery. In addition, the Johnson Institute recently published Bill's widely read papers on recovery advocacy in a book entitled *Let's Go Make Some History: Chronicles of the New Addiction Recovery Advocacy Movement*.

Mr. White has received several awards for his contributions to the field and was featured in the Bill Moyers' PBS special "Close To Home: Addiction in America" and Showtime's documentary "Smoking, Drinking and Drugging in the 20th Century."

Mr. White earned a Masters in Addiction Studies and served as Chairman of the board of Recovery Communities United.

*I would like
to be seen as a
“Good Captain
of the Team.”*

CAE

President

*International Certification & Reciprocity Consortium/
Alcohol & Other Drug Abuse (IC&RC/AODA)*

and

Executive Director

Canadian Addiction Counselors Certification Federation

Jeff Wilbee, an international speaker, change agent, and advisor, began his journey of recovery over 30 years ago. He was living in a recovery house and little did he realize, this experience would change him forever.

How did you choose to be in the addiction treatment and recovery services field?

I did not start out to serve others. In some ways, I think I was “dragged” into the field. I had an accounting and marketing background and my intent was to scratch my way up the corporate ladder. Initially after leaving the recovery house, I was working on a business concept. However, through a series of circumstances, I found myself working for a half-way house instead. I thought I would work there for six months, but ended up staying thirteen years!

Did you have mentors along the way?

Yes, I consider those who inspire me to be my mentors and there have been many people along the way who have touched me in a profound way. One important experience I had was at the recovery house. I will never forget the day that the Director handed me the keys to the office and asked me to answer the phones, etc. while he was gone. This was a very powerful experience because he saw something in me and treated me with respect. He was supportive, encouraging, and a great teacher.

Why have you stayed in the field?

I’m inspired by the founders of AA and the history of AA. Bill Wilson and Dr. Silkworth are my heroes. Also, I’m moved by the work of Dr. Gordon Bell, a surgeon in WWII, who returned from the war to open a clinic for alcoholics. Dr. Bell was very concerned about this issue and took much risk to open it.

Through your career development and recovery process, what have you learned?

I’ve become more honest and less judgmental. I’m less secure in my own thoughts and ideas. There’s so much we just don’t know.

What advice would you give to emerging leaders?

- *Be rigorously honest about your motives. (If it’s to serve others, then proceed...).*
- *Have mentors along the way.*
- *Ask yourself if you are client-focused.*
- *Know you’re not responsible for the success or failures of your clients.*
- *Learn how to listen. This skill requirement is no different than working in the sales field.*

- *Empathize without total engagement with the client.*
- *Remember that we are dealing with people's lives and complex issues.*
- *Partner your passion with the knowledge and skills to be successful in the field.*

Do you mentor others and if so, what are the benefits?

Yes. As an administrator, my first responsibility was to contribute to the mental health of my staff. I always made time to listen. This is a basic skill you must have as a supervisor. I challenged myself on how to inspire my employees. I tried to create orientation and succession plans for them. I'm also passionate about clinicians having the competencies to do the job.

Because of my current position, I'm often seen or viewed as a mentor. I try to listen and share my own experience. I believe good leaders should include succession planning and be a source of encouragement. Leadership takes many forms. We need to recognize that we are all on the same journey and the roles are equal. There isn't just one player. Everyone must be doing their part to be successful. I would like to be seen as a "Good Captain of the Team."

Any advice for supervisors?

Often in supervisory and other roles we are far removed from the frontlines. Remember, we are part of the solution. We are helping the helpers. We are in the business of saving and enhancing lives. We are just as valuable as the surgeon with a scalpel. Both professions are equally as important. This is noble work.

Bio

Jeff Wilbee is an international speaker on behavioral health and has over 30 years of recovery and behavioral health experience.

He has a strong interest in workforce development and assists corporations to create a healthy work environment which will, in turn, bring about a healthy bottom line. He is also a regular guest on the CTS television show Living Clean.

Mr. Wilbee is a member of the ATTC Network Advisory Group and an advisor to the Center of Addictions and Mental Health and the Canadian Centre on Substance Abuse and the National Drug Strategy. He also sits on the editorial board of Addiction Professional, the official magazine of NAADAC, the Association for Addiction Professionals.

In addition, he was Chairman of two District Health Councils and a former Executive Director of Addictions Ontario where he spent many years in community corrections.

*I encountered
a wide variety
of experiences
along the
health care
spectrum.*

Ph.D.

Executive Director

*National Association of State Alcohol and Drug Abuse Directors, Inc.
(NASADAD)*

Dr. Lewis Gallant spent over 20 years in military service. As a captain, he was assigned at Ft. Riley, Kansas to assist soldiers with minor infractions and supported the military police and infantry in managing, guiding and retraining them. The opportunity to participate in Alcoholics Anonymous (AA) was also offered, and this is where Dr. Gallant was first introduced to and became knowledgeable about AA and addiction.

From your first introduction to AA, how did you continue your career in the addictions treatment and recovery services field?

I was often involved with different aspects of prevention, treatment and recovery services throughout my military career. Each assignment allowed me to encounter a wide variety of experiences along the health care spectrum.

In 1980, for example, when assigned to the US Army Academy Health Sciences at Ft. Sam Houston in San Antonio, Texas, I directed the behavioral science division's the substance abuse training provided at the Academy of Health Sciences. During this period in my career, I also co-chaired the Army's counselor clinical certification program. Next, I went to the University of Texas to work on a doctorate degree and later came back to The U.S. Army Health Services Command to direct the Army's Alcohol/Drug Abuse branch. My job entailed overseeing the Army's 42 substance abuse treatment facilities and three drug labs, serving on the Army's Forensic Toxicology Drug Testing Laboratory Inspection Team. All these experiences allowed me to develop tools and a clear understanding of what states and communities need to establish a full continuum of care for people with addiction problems.

Did you have mentors?

Yes. I have had several mentors who were instrumental in my professional development. They gave me opportunities to stretch by allowing me to try new things, create programs and work independently. Their advice and guidance along the way was also very insightful and valuable.

At Ft. Bragg, for instance, there was a Colonel, a WWII survivor, who stressed the importance of being a good example. He believed you should demonstrate your performance, not just talk about it. When this approach is applied, you will, in return, promote good performance from others. Plus, demonstrating performance insures the best you can be and everyone will notice. This phrase has proven true for me throughout my career.

Another mentor I had was a Medical Services Corp Officer. She came in as a Women's Army Corps (WAC) Personnel Officer but when the Army ended the WAC, she went back to school and obtained a degree in social work and joined the Army Medical Department's Medical

Service Corps as a social worker who took me often to task, but with her guidance, I learned how to move within the structure of the Army department. In addition, my immediate supervisor at the Academy in Ft. Sam Houston gave me the opportunity to train others and work independently. We operated the Academy of Health Sciences' drug and alcohol administrative and counselor training courses. These courses for a number of years were conducted off the installation in a local hotel, and I found this work to be very rewarding.

Looking back, what changes have you seen in alcohol and drug policy and the approach to those who need services?

In the early 1980's the Army's alcohol and drug policy significantly changed. Under General Maxwell Thurman strict new policies were adopted with the aim of reducing rates of alcohol, tobacco, and illicit drug use. The new policy stated that alcohol should not become the purpose for, or the focus of, any military social activity. As a result, Officer's clubs were no longer offering 10 cent drinks and providing popcorn to stimulate thirst. In fact, many clubs closed due to lack of support. Those who self-identified could now get into treatment and were no longer immediately discharged. I saw this as a pivotal moment in time.

Bio

Since 2000 Dr. Lewis E. Gallant has served as the Executive Director of the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). Prior to this position he was the Director of the Office of Substance Abuse Services with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), Commonwealth of Virginia. His responsibilities included coordinating, promoting, monitoring and evaluating the State's substance abuse prevention and treatment service programs.

Dr. Gallant's background reflects a wide range of experience and career highlights which include serving as President of NASADAD, participating on the Department of the Army's Forensic Toxicology Drug Testing Laboratory Inspection Team, and holding joint academic appointments within the Department of Psychiatry and Behavioral Medicine at the Medical College of Georgia and the Child Psychiatry Fellowship at Eisenhower Army Regional Medical Center Augusta, GA.

Dr. Gallant holds a Bachelor's degree in Sociology from North Carolina A & T State University; a Master of Science degree in Social Work from the University of Wisconsin, Madison; and a Doctor of Philosophy degree in Social Work with an emphasis in human services administration from the University of Texas Arlington. He is also a member of the ATTC Network Advisory Group.

The ATTC Network Regional Centers
www.ATTCnetwork.org

Caribbean Basin & Hispanic ATTC

Puerto Rico, U.S. Virgin Islands
787.785.4211

Central East ATTC

Delaware, the District of Columbia,
Maryland, New Jersey
240.645.1145

Great Lakes ATTC

Illinois, Indiana, Michigan, Ohio
312.996.5574

Gulf Coast ATTC

Louisiana, New Mexico, Texas
512.232.0616

Mid-America ATTC

Arkansas, Kansas, Missouri,
Nebraska, Oklahoma
816.482.1100

Mid-Atlantic ATTC

Kentucky, Tennessee,
Virginia, West Virginia
804.828.9910

Mountain West ATTC

Colorado, Idaho, Montana,
Nevada, Utah, Wyoming
775.784.6265

ATTC of New England

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, Vermont
401.863.6486

Northeast ATTC

New York, Pennsylvania
866.246.5344
412.258.8565

Northwest Frontier ATTC

Alaska, Hawaii, Oregon,
Washington the Pacific Islands
503.373.1322

Pacific Southwest ATTC

Arizona, California
602.942.2247 AZ
310.267.5408 CA

Prairielands ATTC

Iowa, Minnesota, North Dakota,
South Dakota, Wisconsin
319.335.5368

Southeast ATTC

Georgia, North Carolina,
South Carolina
404.752.1016

Southern Coast ATTC

Alabama, Florida, Mississippi
850.222.6731

ATTC National Office

816.235.6888

The ATTC Network is funded by:

Substance Abuse and Mental Health
Services Administration
www.samhsa.gov

Center for Substance Abuse Treatment
csat.samhsa.gov