



# VISIONS

Vol. 17 No. 5  
July/August, 2011

## NAATP TO HOLD **FREE** REGIONAL MEETINGS THROUGHOUT FALL

### *NAATP Now!*

IN AN EFFORT TO BETTER CONNECT WITH OUR MEMBERSHIP, NAATP WILL BE HOLDING REGIONAL MEETINGS THROUGHOUT THE FALL OF 2011 TO DISCUSS ANY PERTINENT ISSUES WITH YOU, OUR NAATP MEMBERS. THIS IS AN OPPORTUNITY TO NETWORK IN SMALLER GROUPS AND TO FOCUS ON REGIONAL ISSUES. EACH MEETING WILL BEGIN WITH AN EVENING GET TOGETHER, FOLLOWED BY A DAY OF DISCUSSION AND A SHORT PRESENTATION ON A TIMELY SUBJECT.

A VERY SPECIAL THANK YOU TO TALBOTT RECOVERY, ROSECRANCE, CEDAR AND FATHER MARTIN'S ASHLEY AND THEIR CEO'S FOR HOSTING THESE REGIONAL MEETINGS.

<b>Oct. 5/6</b>	<b>Atlanta</b>	<b>at Talbott Recovery Campus</b> 5448 Yorktowne Dr., Atlanta, GA 30349	<b>Host, Ben Underwood</b>
<b>Oct. 20/21</b>	<b>Chicago</b>	<b>at Rosecrance</b> 1021 N. Mulford Road, Rockford, IL 61107	<b>Host, Phil Eaton</b>
<b>Nov. 10/11</b>	<b>Denver</b>	<b>at CeDAR</b> Aurora, CO 80045	<b>Host, Frank Lisnow</b>
<b>Nov. 16/17</b>	<b>Washington, DC</b>	<b>at Father Martin's Ashley</b> 800 Tydings Lane, Havre de Grace, MD 21078	<b>Host, Father Mark Hushen</b>

LOOK FOR DETAILS IN NAATP ENEWS NOW

WE VALUE YOUR INPUT AND HOPE TO SEE YOU AT ONE OF THE 4 REGIONAL MEETINGS.

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### **Hurry! Deadline is Near!**

The deadline for submitting a speaker proposal for the NAATP 2012 National Leadership Conference is AUGUST 15th

WE ARE LOOKING FOR THE FOLLOWING TOPICS:

- Parity
- Succession planning
- Dealing with Managed Care companies and reimbursements
- Pharmacological interventions in treatment
- Treating co-occurring disorders in outpatient treatment
- Where will our workforce and leaders come from as the baby boomers begin to leave the field
- Social media and continuing care
- Telemedicine
- Social marketing

Email papers to [aabshire@naatp.org](mailto:aabshire@naatp.org)

**MAY 19-22, 2012**

*Sheraton Wild Horse Pass*  
Chandler, Arizona

# PUBLIC POLICY

As you know, the addictions field changes at a fast pace. It seems like each week I read about a new synthetic drug that has become the drug of choice of the younger generation. We also hear about new “miracle cures” for addiction and drug therapy that is designed to cure drug addiction.

While it’s important to be current with the changes in the field, it’s also reassuring to know that the answer for many is still the same. Treatment based on a clinical assessment that is appropriate for each patient’s need, according to the severity of the disease. For many, recovery is based on the same 12 step program that has been around for decades. Recovery is always the goal however it is attained.

Those of us who deal with public policy are also faced with constant change. We have new members of congress every two years. Based on public perception, we are constantly facing new rules under which we must represent our clients. We have new laws proposed constantly that could have wide and deep impacts on treatment.

At the current time, we’re dealing with rulemaking that could impact the field in dramatic, and hopefully positive, ways for years to come. The implementation of Health Care Reform will make major changes in the way American insurance companies, Medicare and the new insurance exchanges cover treatment for addictions.

Most recently we addressed the Essential Benefits segment of this new law. We strongly emphasized the importance that treatment for addiction is included as an essential benefit. We are also working to insure that treatment appropriate for each individual patient’s needs is integrated into the new rules, and that a consistent criterion for placement is utilized.

We have a Public Policy Committee, Chaired by Scott Munson ready to respond to all of our ongoing legislative challenges. This committee is committed to maintaining NAATP’s steady voice on behalf of appropriate treatment for all who need it. I sincerely appreciate the committee members’ dedication and commitment to the field and to NAATP.

One of the very positive changes we’ve made in the past few years has been the creation of our Political Action Committee. Chaired by Ed Diehl they are planning a fundraising campaign this fall. Creation of a PAC by NAATP was a major step forward in enhancing our effectiveness. When asked to participate, please seriously consider making a contribution.

# VISIONS

With all of these changes underway, it’s helpful to know that the basic principles upon which NAATP was formed continue to exist. NAATP represents a vitally important segment of not only the addictions field, but health care in general. We should always recognize and celebrate that heritage even as we prepare to face the challenges ahead.

While changes are inevitable, and we always want to improve on our abilities, we must remember that some basic principles are important and should be left in place. Our job is to sort out which changes are in everyone’s long term interest and which ones fall under the old adage, “if it aint broke, don’t fix it.”

Thank you for your support and participation as we travel along the journey.

MARK DUNN  
NAATP CONSULTANT



**Plan Your CE Credits**  
Join us for your continuing education needs

**2011 TRAINING EVENTS**

MARCH 10-12	<b>Counseling Advances Conference</b> <small>(plus preconference Ethics Workshop, March 9)</small> <b>LAS VEGAS, NEVADA</b>
MAY 2-5	<b>25th National Conference On The Self &amp; The Family</b> <b>SANTA FE, NEW MEXICO</b>
JUNE 1-3	<b>24th Annual Northwest Conference on Behavioral Health &amp; Addictive Disorders</b> <b>SEATTLE, WASHINGTON</b>
JUNE 16-18	<b>2nd Western Conference on Behavioral Health &amp; Addictive Disorders</b> <b>NEWPORT BEACH, CALIFORNIA</b>
SEPTEMBER 22-24	<b>17th Annual Counseling Skills Conference</b> <small>(plus preconference Ethics Workshop, September 21)</small> <b>LAS VEGAS, NEVADA</b>
NOVEMBER 3-5	<b>Trauma &amp; Addictive Disorders Conference</b> <b>DELRAY BEACH • FLORIDA</b>

For more information visit  
[www.usjt.com](http://www.usjt.com) or call **800-441-5569**

# WELCOME NEW MEMBERS

## **Cold Creek Wellness Center**

Melanie Tackett, Executive Director  
PO Box 699  
Kaysville, UT 84037  
Phone: 801-593-6777  
Fax: 801-544-0200  
Email: [info@coldcreekwellness.com](mailto:info@coldcreekwellness.com)  
Web: [www.coldcreekwellness.com](http://www.coldcreekwellness.com)

1 Facility, 8 Beds, For Profit, Licensed, Primary Residential Chemical Dependency Tx, Intensive Outpatient Program, Outpatient Program, Intervention. Specialties: Sexual Addictions, Compulsive Gambling, Alcohol/Drug Addiction

## **Rocky Mountain Treatment Center**

Ann Bellwood, Executive Director  
920 4th Ave. N.  
Great Falls, MT 59401  
Phone: 406-727-8832  
Fax: 406-727-8172  
Email: [bellwood@3rivers.net](mailto:bellwood@3rivers.net)  
Web: [rockymountaintc.net](http://rockymountaintc.net)

28 Beds, For Profit, JCAHO, Licensed, Inpatient Detox, Primary Residential Chemical Dependency Tx, Intensive Outpatient Program, Partial Hospitalization, Sober Living, Intervention. Specialties: Women, Men, Adolescent, Psychiatric Treatment/Psychological Services, Alcohol/Drug Addiction, Medication Management

## **WELCOME BACK**

### **Cornerstone Treatment Facilities**

Martin Kaplan, Executive Vice President  
159-05 Union Turnpike  
Fresh Meadows, NY 11366  
Phone: 718-906-6700  
Fax: 718-906-6801  
Email: [mkaplan@cornerstoneny.com](mailto:mkaplan@cornerstoneny.com)  
Web: [www.cornerstoneny.com](http://www.cornerstoneny.com)

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New York, NY 10017  
Phone: 516-662-1655  
Email: [gzb358sta@aol.com](mailto:gzb358sta@aol.com)

1 Facility, For Profit, Outpatient Detox, Alcohol/Drug Addiction, Medication Management.

## **Robert Fettgatter Ph.D. Associates**

Robert Fettgatter, Ph.D.  
2542 Bascom Ave., Ste. 235  
Campbell, CA 95008  
Phone: 408-371-6239  
Fax: 408-371-8724  
Email: [rpfpd@aol.com](mailto:rpfpd@aol.com)  
Website: [www.drbobassociates.com](http://www.drbobassociates.com)

For Profit, Intensive Outpatient Program, Consulting. Specialties: Women, Men, Adolescents, Sexual Addictions, Psychiatric Tx/Psychological Services, Compulsive Gambling, Alcohol/Drug Addiction

*In reference to the question "why did you go back to NAATP," the answer is not complex. We had a good relationship for quite awhile. Then we began to feel that the providers were not being treated as well as they should have been. At the conferences and other points of contact, more had deteriorated to the extent that we needed to go. The dismissal of Ron Hunsicker was the first positive move we saw. Then we feel you made the best move you could have by bringing in Karen. Karen Carpenter-Palumbo was a forceful, intelligent, knowledgeable Commissioner OASAS (New York) had seen in a very long time. Sometimes you need a straight backed individual to lead the charge. You certainly have that in Karen Carpenter-Palumbo.*

*Martin Kaplan  
Executive Vice President  
Cornerstone Treatment Facilities*

## Coalition for Whole Health

### Recommendations on Coverage of Mental Health and Substance Use Disorder Services in the Essential Health Benefit Package

In 2010, Congress enacted the Affordable Care Act (ACA), which will substantially expand health insurance coverage for Americans, largely through state health insurance Exchanges for individuals and small businesses, and through an expansion of Medicaid for low-income individuals and families. ACA requires the plans in the Exchanges, as well as Medicaid expansion plans, to cover a set of “essential health benefits” that include “mental health and substance use disorder [MH/SUD] services, including behavioral health treatment.” By including MH/SUD as essential services, Congress recognized that substance use disorders and mental illnesses are preventable, treatable health conditions, as accepted by the American Medical Association, all other public health and medical standards, and decades of scientific research.

A well designed Essential Health Benefits package that includes sufficient coverage for mental health and substance use disorders for children, youth and adults is central to efforts to ensure that health reform meets its potential to allow individuals and families to recover from these diseases, improve health, and bend the cost curve. [The Coalition for Whole Health, a coalition of national organizations advocating for improved coverage for and access to mental health and substance use disorder prevention, treatment, rehabilitation, and recovery services, recommends full inclusion of mental health and substance use disorder services within the Essential Health Benefits framework.](#) This includes incorporating MH/SUD services in each of the Essential Health Benefits categories, as appropriate, in addition to the mental health and substance use disorder services category per se.

The ACA creates broad health care service categories that must be covered by certain health plans. The ACA defines these Essential Health Benefits in ten general categories:

- mental health and substance use disorder services, including behavioral health treatment
- laboratory services
- emergency services
- hospitalization
- prescription drugs
- maternity and newborn care
- pediatric services
- rehabilitative and habilitative services and devices
- preventive and wellness services and chronic disease management
- ambulatory patient services

For an addiction and mental health system to be accessible, accountable, efficient, equitable and of high quality,<sup>1</sup> the Coalition for Whole Health (“the Coalition”) believes that the Essential Health Benefits package covered by both qualified health plans operating in state Exchanges and by Medicaid expansion plans must include, at a minimum, the benefits detailed in this document. These recommendations are based on evidence based practices to sustain addiction and mental health recovery – regardless of the setting. To

To Read the entire paper or see the list of Coalition for Whole Health members who have endorsed this paper visit <http://www.naatp.org/home.php> and check out the What’s New section

## ANNOUNCING A RE-DESIGN OF THE BENCHMARK SURVEY

Over the next several months, NAATP will be revamping the benchmark survey and are looking for administrators and clinicians with great ideas on how we can make the survey more user-friendly and more effective.

If you are willing to participate please email Angela at [aabshire@naatp.org](mailto:aabshire@naatp.org)

## NAATP WILL HELP

Parity and National Health Reform legislation have presented all of us in the chemical dependency treatment field with more than enough to mull over. Strategic planning is critical to the success of all organizations. Planning for the future in a rapidly changing environment of care, however, is a challenging and uncertain task. My message to those of you who are attempting to forecast the future in order to take advantage of opportunities that inevitably exist in a time of great flux..... NAATP will help. In response to health care reform efforts the Moving Forward Alliance published a paper entitled Implementing Healthcare Reform: First Steps to Transforming Your Organization. The paper made the case that in going forward health care providers can expect the following:

1. Agreements with managed behavioral healthcare organizations.
2. More rigorous professional credentialing of staff and organizations.
3. Utilization management.
4. Increased use of diagnostic and screening tools to substantiate diagnoses.
5. Increased use of decision-support and treatment-planning tools that help plan and track treatment across longer episodes of care.
6. Expanded communication and collaboration with other healthcare providers.
7. Documentation that care is consistent with evidence-based best and promising practices.
8. Incentives to develop new services for co-morbid or co-occurring disorders, expand geographic coverage and create or enhance relationships with primary care clinics.
9. Encouragement to develop disease management programs and services for those with serious mental illness and various other chronic conditions.
10. Incentives to ensure timely, accurate, and efficient reporting of health information. Electronic health record systems to coordinate care, safety (especially in prescribing medications), and electronic billing will be a part of standard business practices.

11. More complex contracts than those that exist today.
12. Increased need for data management to report performance outcomes, enable quality improvement and financial analysis and efficiency.
13. Increased collaboration with utilization management (usually Masters-level behavioral healthcare professionals) in treatment planning.
14. New funding streams will stimulate competition for new resources.

You can find the entire paper on the State Association of Addiction Services (SAAS) website. I took the time and space to include the above list to emphasize the point that it is not enough anymore just to provide good treatment. We all need to have increasingly sophisticated skills and tools to interface with the broader treatment environment and particularly with the payers of treatment.

I reviewed the list of expectations with my organization's Board of Directors and we together assessed how prepared we were to thrive in a world where all of the expectations become reality. I think like all organizations we felt positive about our ability to meet some of the expectations but somewhat anxious about our ability to meet all of them. I am unabashedly able to admit that one reason for our organizations continued involvement in NAATP is because I bring information back to our leadership team regarding how other organizations handle challenges in our field. NAATP provides diverse opportunities for networking and sharing of information. For me it is its greatest value. I am grateful for the opportunity to serve on the Board, to attend the annual leadership conference, to participate in the active committee system, to learn from the brightest minds in our field, for the ability to get on the telephone with people like Karen Carpenter-Palumbo when I am stuck in a problem, and for the enduring relationships with so many people who care about alcoholics and addicts.

So.....if you are currently a member of NAATP thank you for being a part of this growing and exciting organization. If you provide services to the chemically dependent and are not a member I urge you to consider becoming a member. I have always found great value in being a part of NAATP and I know you will too.....NAATP will help.

KEN GREGOIRE, PH.D., LP  
PRESIDENT AND CEO  
VALLEY HOPE ASSOCIATION

## NAATP Member Benefit

Our Addiction Treatment Providers Insurance Program is designed to meet the specific needs of NAATP member facilities.

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**Richard Willetts**

**[rjwilletts@nsminc.com](mailto:rjwilletts@nsminc.com)**

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## NAATP SUPPORTS THE SAPT BLOCK GRANT

In July, NAATP signed onto the following letter in support of full funding for the SAPT Block Grant, which was reduced by \$15 million in FY 2011.

The Honorable Denny Rehberg  
The Honorable Rosa DeLauro  
Chair, House Appropriations  
Ranking Member, House Appropriations  
Subcommittee on Labor/HHS/Education  
Subcommittee on Labor/HHS/Education  
Washington, DC 20515  
Washington, DC 20515

The Honorable Tom Harkin  
The Honorable Richard Shelby  
Chair, Senate Appropriations Subcommittee  
Ranking Member, Senate Appropriations  
On Labor/HHS/Education  
Subcommittee on Labor/HHS/Education  
Washington, DC 20510  
Washington, DC 20510

Dear Chairman Rehberg, Ranking Member DeLauro, Chairman Harkin and Ranking Member Shelby:

We are writing to request full funding for the Substance Abuse Prevention and Treatment (SAPT) Block Grant within the Labor, Health and Human Services, Education and Related Agencies FY 2012 appropriations bill and to keep the Block Grant whole. In FY 2011, the SAPT Block Grant was reduced by \$15 million. This vital funding stream is the only federal safety-net program distributed to all States and Territories for lifesaving alcohol and drug abuse prevention, treatment and recovery services.

There is tremendous unmet need for addiction prevention, treatment, and recovery services. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) most recent National Survey on Drug Use and Health (NSDUH), 23.5 million Americans aged 12 or older needed treatment for an alcohol or illicit drug problem in 2009. During the same year, only 2.6 million received treatment for a problem related to the use of alcohol or illicit drugs at a specialty facility. As a result, 20.9 million people needed but did not receive services in 2009 in a specialty facility. Meanwhile, funding for the SAPT Block Grant has remained relatively stagnant with it being reduced by \$15 million in FY 2011. This stagnant funding for the SAPT Block Grant, coupled with dwindling investments (a 42.5 percent decrease in just 6 years (FY 2005-2011)) in programs place added pressure on underfunded systems.

The SAPT Block Grant, administered by SAMHSA accounts for approximately 42 percent of funds spent by State substance abuse agencies. An investment in the SAPT Block Grant ensures that

resources reach all States and territories in an effective, efficient manner. According to SAMHSA, in 2009 individuals receiving services from SAPT Block Grant funded programs demonstrated high abstinence rates at discharge from both illegal drug (75.7 percent) and alcohol (81.5 percent) use. An independent and comprehensive evaluation of the program released in June 2009 (see <http://www.tie.samhsa.gov>) found that the SAPT Block Grant ensures accountability through enhanced State-federal communication, program monitoring, and data reporting.

Twenty percent of the SAPT Block Grant is dedicated to fund much needed substance abuse prevention services. On average, the SAPT Block Grant set-aside represents the single largest source of prevention funding – 64 percent – for State substance abuse agencies across the country. In twenty-one States, the set-aside represents 75 percent or more of the agency's prevention budget.

The President's FY 2012 Budget proposes to separate the SAPT Block Grant by requesting a waiver to current law, which requires the 20 percent set-aside for substance abuse prevention. The funds would be used to create a new Substance Abuse-State Prevention Discretionary Formula Grant. We are concerned about the proposal as it would create an administrative burden to States and does not support services being delivered on a continuum that includes prevention, treatment and recovery support services.

Studies have shown funding the full continuum of drug and alcohol services can save the healthcare and criminal justice systems money. Every dollar invested in research-based substance use prevention programs, strategies and activities has the potential to save up to \$7 in areas such as substance abuse treatment and criminal justice system costs. In addition, for every dollar spent on addiction treatment programs there is a \$4 to \$7 reduction in the cost of drug-related crime. Treating addiction has also been shown to reduce medical bills per person by half. With drug use on the rise according to three national surveys (Monitoring the Future, the National Household Survey on Drug Use and Health and PRIDE), our nation needs to put more, not less, emphasis on effective substance use/abuse prevention and treatment. An investment in the SAPT Block Grant is an investment in public health and public safety.

Please support funding for the SAPT Block Grant and keeping the Block Grant whole in FY 2012.

# A Member's VOICE

## A Study in Addiction Medicine Fellowship Opportunities

*By: David Withers, MD, Associate Medical Director and Fellowship Director, Marworth*

Marworth, an alcohol and chemical dependency treatment center in Waverly, Pa., has hosted an addiction medicine fellowship program since 2007. As Marworth is an entity of Geisinger Health System, the fellowship program was approved and is supervised by the Geisinger Medical Education Committee.

In March 2011, the American Board of Addiction Medicine (ABAM) Foundation accredited 10 similar training programs, including Marworth's. These programs are the nation's first post-graduate addiction medicine residencies/fellowships for physicians and serve as models for future programs. ABAM Foundation accreditation is a significant first step toward the goal of addiction medicine becoming a full-fledged specialty within the American Board of Medical Specialties (ABMS).

Addiction medicine fellowships, like the one at Marworth, should prepare physicians to handle the unique health aspects of the addicted individual, such as those with liver problems from alcohol abuse or those who neglect other health issues while preoccupied with their addiction. Some patients are considered high-risk for seizures during the withdrawal phase, and a medical doctor on site can closely monitor this issue. Doctors bring distinctive skills and competencies to the addiction treatment team, such as an in-depth medical understanding of detoxification and drug-testing, and can aid in the use of all appropriate treatment modalities, like suboxone therapy and the proper use of naltrexone, to contribute to the care of individuals and families afflicted with the disease of addiction.

Supervised by myself and Margaret Jarvis, MD, medical director, Marworth, our fellows help provide inpatient and outpatient chemical dependency assessments, treatments and consultations over the course of the one-year program. The Marworth addiction medicine curriculum includes the study of addiction disease, the neurobiology of addiction, process addiction, comorbid conditions, pharmacologic agents, opioid agonist therapy, medical and legal issues, administrative medicine and much more.

Given the challenges presented by addicted patient populations and the expectations for clinical excellence by referring agencies, fellows should have ready access for supervisor consultation and intervention. The primary training method at Marworth is supervised service delivery and direct contact with chemical-dependency patients. We strive to provide the fellow with a broad exposure to all aspects of the diagnosis and treatment of addictive disease. The fellowship is largely clinical, though, our fellows average approximately ten hours a week of one-on-one teaching with faculty, as well as other didactic exercises to provide an intensive and advanced experience.

As an addiction medicine fellow, doctors should gain an in depth understanding of addictive disease, including pathophysiologic concepts; toxidromes for various substances; detox regimens and detox dilemmas for a wide variety of

drugs of abuse; psychological and psychiatric manifestations of chemical dependency; behaviors fostered by chemical dependency; and DSM IV nosology regarding chemical abuse and chemical dependency diagnostic criteria.

Our fellows are taught the basics of individual and group therapy, and assimilate the skills of the Marworth counseling staff therapists. The fellows learn individual and group therapy techniques through seminars and tutorials, as well as individual mentoring. A practical understanding of 12-step dynamics and the history and theory of various 12-step self-help movements relevant to psychiatric and addictive disease are reviewed. As with all members of the Marworth treatment team, our fellows attend weekly seminars which address 12-step theory and practice.

Marworth fellows develop a working knowledge of the rationale behind opioid agonist therapy and the various opioid agonists approved for treatment of opioid dependence, including indications and contraindications. Our fellows learn about the various metabolic pathways of opioid agonist agents, how to select appropriate patients, and retention strategies to keep the patient engaged.

Alcohol and chemical addiction medicine physicians must also understand process addictions, such as pathological gambling, sexual addiction, compulsive overeating, anorexia, bulimia and compulsive spending. At Marworth, our fellows observe and participate in therapy sessions for patients who also have process addictions.

In addition to inpatient treatment, it is important for addiction medicine fellows to learn about the modalities employed in outpatient treatment. This scope of study helps foster continuity of care for patients as they progress from inpatient to outpatient treatment settings. Fellows should also have the opportunity to follow patients longitudinally to see progress over time.

Additionally, the fellows' clinical education should be supplemented by a variety of texts and journal articles.

Marworth treats patients of all backgrounds for alcohol and chemical dependency issues. However, Marworth is also recognized for its highly-specialized addiction treatment programs specific to healthcare professionals, uniformed and law enforcement professionals, and addicted individuals with dually-diagnosed mental disorders. Our fellows have the opportunity to work with these unique patient populations during their year at Marworth.

Taking advantage of Marworth's connection to Geisinger Health System, our fellowship program also includes a month-long psychiatry rotation where fellows learn about anxiety, adjustment,



dissociative, factitious, mood, personality, psychotic, sexual and gender identity, sleep, and somatoform disorders.

In addition to the treatment of patients, fellows should assimilate the skills necessary in writing forensically-valid reports to help them work effectively within the complex interplay that exists between the chemical dependency treatment industry, licensing authorities and the criminal justice system. This should involve working knowledge of the activities of professional licensing bodies and health regulatory authorities as well as the nuances of applicable administrative law statutes, civil statutes and criminal statutes.

Addiction medicine fellows should be introduced to the various administrative functions appropriate to a physician, including quality assurance activities, critical incident analysis, health insurance and reimbursement concerns, and malpractice issues. Fellowship programs should also help fellows foster the leadership skills necessary to advance to higher-level administrative positions over the course of their career.

Marworth's fellows are expected to develop, with help and consultation of the Marworth and Geisinger faculty, a research project during their fellowship year that produces an article appropriate for submission to a journal for publication consideration.

With all of these components in place, an addiction medicine fellowship will prepare fellows for the certification exam offered by the ABAM.

For more information about Marworth and its addiction medicine fellowship program, visit [www.marworth.org](http://www.marworth.org).

#### About David Withers, M.D.

David Withers, MD, serves as Marworth's associate medical director and fellowship director. He has 12 years of experience in addiction medicine. He has been associated with Marworth since 2004, previously serving at WCA Hospital, Jamestown, N.Y.

Prior to specializing in addiction medicine, Dr. Withers served as an emergency medicine physician for 16 years.

Dr. Withers earned his medical degree from the Upstate Medical University, Syracuse, N.Y., and completed an internship at Indiana University Medical Center, Indianapolis. He is board certified in addiction medicine by ABAM, and is a member of the American Society of Addiction Medicine.

#### About Marworth

An entity of the Geisinger Health System, Marworth provides year-round alcohol and chemical dependency treatment services. Located in the rolling hills of northeastern Pennsylvania, Marworth promotes dignity, respect and serenity — environmental essentials for successful dependency treatment. If you or someone you know needs help, please call us at 800-442-7722 to make admissions arrangements. For more information, visit [www.marworth.org](http://www.marworth.org). Follow the latest Marworth news at [www.facebook.com/marworth](http://www.facebook.com/marworth).

# SAVE THE DATES!



18CE's

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18CE's

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## Upcoming Events

The 43rd Annual Southwestern School for Behavioral Health Studies will once again be held at Loews Ventana Canyon in Tucson, Az August 22 - 25, 2011. A Pre-Conference will be held on Sunday, August 21st. This year's theme is: "Resilience in Tough Times: Renewing and Strengthening Self, Family and Community" Contact Michele Brown at 480-784-1514 x1508 or [michele.brown@empact-spc.com](mailto:michele.brown@empact-spc.com). Register online [www.azsws.org](http://www.azsws.org)

Haymarket Center will present the 2011 Autumn Workshop Series starting on September 10, 2011, thru October 29, 2011, (selected Saturdays) at Haymarket Center's new training center, 20 N. Sangamon, Chicago, Illinois. Topics include: Applying Evidence-Based Practice In Substance Abuse Treatment Settings; Fatherhood & Substance Abuse; Addiction Counseling: A Multicultural Perspective; Grieving The Loss; and Adolescents With Co-Occurring Psychiatric & Substance Use Disorders. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at [www.hcenter.org](http://www.hcenter.org). Pre-registration is required.

Children and Family Futures will present "Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare, and the Courts" on Sept. 14-16 in National Harbor, Maryland. For more information, go to [www.cffutures.org/conference2011](http://www.cffutures.org/conference2011).

The National Conference on Addiction Disorders will be held September 17-21 in San Diego. Go to <http://bit.ly/iWhpHp> for more information.

The Connecticut Recovery Conference, presented by the Connecticut Certification Board in partnership with the New England Association of Drug Court Professionals, will be held September 19-20 in Mystic Seaport, Connecticut. For more information, go to <http://ctrecoveryconference.com>.

Art of Recovery Expo, Saturday, September 24, 2011 10:00 a.m.- 5:00 p.m., Phoenix Convention Center. This event is free and open to the public. Workshops throughout the day!

The American Society of Addiction Medicine will sponsor the 2011 Course on the State of the Art in Addiction Medicine on October 27-29 in Washington, D.C. Go to [www.asam.org/SOACourse.html](http://www.asam.org/SOACourse.html) for more information.

NAATP will hold the 2012 Annual Leadership Conference May 19-22, 2012 at the Sheraton Wild Horse Pass in Chandler, Arizona. Exhibitor and registration info is available at [www.naatp.org](http://www.naatp.org) or by calling the office at 717-392-8480

## NAATP VISIONS

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