

## RECOVERY MANAGEMENT & RECOVERY-ORIENTED SYSTEMS OF CARE:

### SCIENTIFIC RATIONALE & PROMISING PRACTICES

“Must read for everyone”

There are only a few publications that rise above the routine and become seminal works in the area of addiction treatment and addiction recovery. A recent publication by William White, “Recovery Management & Recovery-Oriented Systems of Care: Scientific Rationale & Promising Practices” is one of those rare publications. Under the leadership of Michael Flaherty, the Institute for Research, Education and Training in Addictions (IRETA) has been providing training, resources and providing a “think tank” setting for some of the most creative new ideas about addiction treatment and recovery.

IRETA has collaborated with William White to publish this “new thinking” work which will stretch the thinking, challenge the practice and help shape the future for addiction treatment providers. For several years, White has been speaking and presenting papers on this recovery-oriented systems of care idea and now he has pulled together his best work in this area and documented it with a very comprehensive review of the science which supports this as well as reporting on very promising practices.

The challenge for traditional providers of addiction treatment will be to move beyond their individual silos of care or their islands of patient involvement and begin to think about a comprehensive system that offers individuals treatment, support, direction, booster help, and a whole range of other services over an extended period of time.

Utilizing the best thinking about the understanding of addiction as a chronic disease, it stands to reason that people need extended involvement in order to manage this disease in a way that fosters recovery. That management of the disease cannot happen in a single silo, on an isolated island or be provided by a single provider of addiction treatment. The challenge which lies ahead of us is to build a system of care that makes it more likely those persons in those systems move toward and experience recovery in their own lives!

We have some (perhaps a great many) exceptional providers of addiction treatment across this country, in Canada and in many other countries of the world. What we do not have are systems of care or systems of recovery which include the

traditional treatment providers, but incorporate the emerging recovery management services, the peer recovery services and the primary care medical network which has so often been isolated from inclusion in the treatment of this disease.

White’s work will challenge us to examine our assumptions, to look at the way in which we admit and discharge patients and the way, in which we utilize technology to almost instantly send, receive and review information about persons in systems of recovery.

- What would it look like to have 10 or more organizations in a single system of recovery?
- Is the patient a patient of the system or a patient of an individual organization?
- Should patients ever be discharged, or are they transferred through the system?
- Are persons with a chronic disease ever not a patient?

These and a host of other questions are the ones we are going to be wrestling with over the next several years. William White has never promised that he has all the answers, he just wants us to ask the right questions, and to make sure that we are talking about the right things. His recent mantra has been that we know a great deal about addiction and the disease which we call addiction. What we know far less about is recovery. What elements make it more likely that people will have 20 plus years of sustained recovery?

This book is not one you will want to leave by your bed stand and read from cover to cover by reading a few pages each night. It is a book you will want to read from! You may find a section here and then a section later that intrigues you and before you know it you will have read the entire book. If treatment as we know it basically arrests the progression of the disease, then the longer term goal is to assist persons to experience recovery. We know far less about this and we need to know much more. I think that the idea of developing systems of care and systems of recovery holds a great deal of promise on the theoretical side. It remains to be seen if we can take that theory and translate it to real every day practice.

Read the book and then let’s begin to have a discussion and debate about it and maybe, just maybe, we can figure out how best to ensure that persons with the disease of addiction can achieve 20 or more years of recovery!

### In this Issue

- Advocacy in Action P.9
- Career Opportunities P.8
- 2008 Salary Survey P.10
- James W West Award P.12

# as **RJH** sees it....

## SOMETIMES SMALLER IS BETTER OR ALMOST EVERYONE DOES KNOW ALMOST EVERYONE ELSE!

I have recently become aware of two fairly common, or at least often repeated, situations where we have not yet maximized our networking potential. Although there are certainly parallels outside of the addiction treatment field, we have made so much of our networking potential that they almost leap off the page when we examine them.

The first instance often begins for me when a call is made to the NAATP office by a member organization where they are looking for a staff person in their organization. Usually the call is made by the Chief Executive and it is a call about a mid or upper level administrative position that they are trying to fill. Since so many of these positions are filled from "within", this call is an attempt to initiate the networking and to "begin the process". On the more formal side we have a system where positions are listed in our newsletter (I bet there is one or more listed in this issue) and then we also post open positions on our web site. Since veterinary technicians do not usually read our newsletter, there is a self selection process in play that our newsletter is read by persons who might have an inclination to apply for such a position.

Often in that same phone call, the organization making the inquiry will suggest that if I happen to hear of someone who might be appropriate for the position, would I mention the opening or ask them to call. Both the informal and the formal process is set in motion.

In more cases than not, the position gets filled and NAATP has played some sort of facilitation role, whether through the placed ads or the conversations conducted. If that were the end of the story, we could all move on to the next pressing issue of the afternoon. But it is not the end of the story! The position gets filled, the new person begins their responsibilities and then at some point down the road, I get the phone call again and the position is posted once more! The person did not work out!

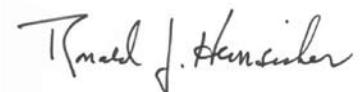
The learning from this is that in many instances, the position was filled by someone who was an employee of a member of NAATP. So, in some ways, we are all in this family thing. What happened was that Organization A was looking to fill the open position, interviewed someone from Organization B. The folks from Organization A, for a whole variety of reasons, did not call their counterparts and colleagues from Organization B and make any inquiries about the potential hire. All of us have our own particular quirks and idiosyncrasies that work in some situations and do not work in other situations. Sometimes we have risen to the highest level of competency and to be placed at a higher level will only spell disaster for

both the employee and the organization. There is no reason for us to simply pass around our underachievers and under performers. We are a small field and we all know each other and when it comes to hiring persons, especially at the middle and upper management levels, we need to make sure that we only have the best. I would encourage you, to pick up the phone and call your colleague when you are considering hiring someone from an organization that is within the NAATP network. Get the information you need so that you can make your best decisions. We need to reduce the number of second postings of the same positions!

The second instance also begins with a conversation. This time I am speaking to an executive of a member organization and they tell me that they have this individual who really shows a great deal of promise but again for a variety of reasons they are "frozen" within their organization. Upward mobility is basically blocked and they really wish that there was some way that they could help this person. Bingo! We need a way to make this happen.

Once again, I am encouraging persons to pick up the phone and make some calls to their colleagues to see if they have a position for this person or if they know of another organization that might. We need to maximize our networking so that we make it possible for all of our members to have access to that talent pool which is never large! The value of an association is to help all members improve the quality of what they do. One of the ways to make that possible is to improve the quality of the people they hire. Some organizations have a lot of depth and bench strength and others do not. We need to have the conversations so that organizations that might be a bit thin in the area of depth, can feel free to ask another member if they have someone in their organization who might want the opportunity to move forward in their personal and professional growth.

Both of these instances, where we pass from one organization to another our mediocre at best staff and the other where we have some of our potential stars frozen out of advancement, illustrate how our networking can help us draw on the very best from the larger connection so that your organization can grow and thrive. Pick up the phone and talk to each other. It is called networking and it is a tremendous by product of association membership.



Ronald J. Hunsicker  
President/CEO, NAATP

## CARON ANNOUNCES NEW APPOINTMENT



Caron Treatment Centers is delighted to announce that Ann Smith will be joining Caron as Executive Director of **Breakthrough at Caron**. Ann has successfully been running her Breakthrough intensive healthy living workshops since 1992, in addition to her own private practice in Harrisburg, PA.

Since 1974, Ann has been helping families and individuals find a healthier way of life, and is credentialed with a license in marriage and family therapy, and is a clinical member of AAMFT (American Association for Marriage and Family Therapy). She is also a published author of two books, *“Grandchildren of Alcoholics: Another Generation of Codependency,”* and *“Overcoming Perfectionism: the Key to a Balanced Recovery.”*

Ann’s name is not new to Caron - in 1984, she developed the first inpatient program for adult children from dysfunctional families, and built, what was then known as Caron’s Family Program, into the most successful and sought after codependency treatment in the United States and abroad. In the 8 years she led the program, with more than 60 occupied beds, it had a waiting list of over 6 months.

Caron is thrilled Ann has agreed to take the lead in reenergizing and reinvigorating their current Codependency Program. She will start full time with Caron in January 2009. This fall, she will be developing the necessary plans, staffing, processes, and programming to launch their new 19-bed codependency program, which will be returning to the Caron campus in March 2009.

Caron is going to call the codependency program **Breakthrough at Caron** because of the strong brand recognition of the Breakthrough name. This delivers a powerful message to prospective attendees that their life indeed will “breakthrough at Caron.”

The Association of Intervention Specialists (AIS) continued its tradition of holding a spring and fall membership meeting by gathering in Cancun, Mexico for their fall 2008 meeting. These meetings not only serve as an opportunity for AIS to conduct official business and to vote on new applicants applying for membership, but it also provides them with a chance to become acquainted with treatment programs which they might use in the future.

As a part of the business conducted by the members, AIS granted full membership status to one individual and voted to accept 26 individuals into candidate status.

During the Cancun meeting, four treatment organizations had an opportunity to provide information on their operations, the facility, their clinical program and their admissions process. Those organizations presenting were:

- English Mountain Recovery, Sevierville, TN
- Safe Harbor Treatment for Women, Costa Mesa, CA
- Onsite, Cumberland Furnace, TN
- St. Christopher’s, Baton Rouge, LA

All of the presenting organizations are members of the National Association of Addiction Treatment Providers. The spring 2009 meeting will be held May 7-10, and hosted by CeDAR, just outside of Denver, CO.



AIS members listening to one of the presentations from a treatment organization

## MARK G. MISHEK IS NEW PRESIDENT AND CEO OF HAZELDEN

### HAZELDEN BOARD OF TRUSTEES NAMES LONG-TIME TWIN CITIES HEALTH CARE EXECUTIVE

Mark G. Mishek, a Minnesota native with extensive executive-level experience in health care, was named president and CEO of Hazelden on Aug. 25, 2008. The appointment was made by the Hazelden Foundation Board of Trustees. Mishek comes to Hazelden from Allina Hospitals & Clinics, where he was most recently President of United Hospital of St. Paul and an Allina senior vice president. Mishek succeeds Ellen L. Breyer, who resigned in April.



“Mark Mishek has been a dynamic leader in health care in the Twin Cities for a long time,” said Norb Conzemius, chairman of the Hazelden board. “He has demonstrated his ability to manage complex health care organizations. His contribution and level of commitment to service and quality patient care will provide a valuable asset to Hazelden as we grow and innovate to meet the challenges of treating addiction.”

Mishek’s career in health care spans 30 years. He has held positions with the Allina system since 1981, including Executive Vice President for Law & Public Affairs and General Counsel, and the Corporate Secretary for Allina Hospitals & Clinics.

“Hazelden is extremely fortunate to have appointed Mark as its new leader,” said Ken Paulus, President & COO, Allina Hospitals & Clinics. “Mark is a tremendous advocate for those seeking treatment for addiction and is committed to helping people from all walks of life battle this disease. His passion, as well as his remarkable engagement in public policy, makes him an ideal leader for Hazelden.”

“Hazelden is an outstanding organization with a rich legacy and a bright future,” said Mishek. “I am honored and grateful to have been chosen by the board to lead such a highly respected, mission-driven company. Hazelden truly is an international leader in helping people sustain lifelong recovery to addiction to alcohol and other drugs. I’m excited to build upon Hazelden’s strong foundation, started 60 years ago, to assure that its messages of hope and recovery reach the broadest possible audience.”

Mishek earned a bachelor’s degree and a law degree from the University of Minnesota. He is currently chair of the St. Paul Area Chamber of Commerce and serves on the boards of Capital City Partnership and ClearWay Minnesota. He has been a past board member of the Portico Healthnet. He lives with his family in St. Paul and is in long-term recovery from the disease of addiction.

“Mark’s professional expertise and personal experiences in recovery are an integral match to Hazelden’s mission,” said William Cope Moyers, Executive Director of Hazelden’s Center for Public Advocacy.

Mishek is expected to assume his new duties on November 3, 2008.

## AN OPEN LETTER TO PROVIDERS OF ADDICTION TREATMENT

At a recent meeting of the Board of Directors of the Association of Intervention Specialists, we engaged in a very productive discussion concerning the relationship between providers of addiction treatment and interventionists. As an association which has worked diligently to *set the standard* in the area of addiction interventions, we would like to use this “open letter” format as a way to communicate to all providers of addiction treatment and to work at keeping the conversation and dialogue open.

We have watched with a great deal of admiration and respect as you have consistently worked to improve the recognition and respect for addiction treatment. Your work in developing reasonable state licensure has ensured that there is considerable instant respect for those organizations which obtain this designation. Furthermore, your work with JCAHO and CARF to develop procedures for accreditation has also communicated greatly to both the professional community as well as to the public that makes use of your services. We have also watched as you have consistently upgraded the clinical skills of your staff and you have utilized the benchmarking tools made available through the National Association of Addiction Treatment Providers. All of this has added a level of professionalism and a stamp of approval to what you do.

Over the past ten years, many of you have developed relationships with *Interventionists* as this growing profession has played a larger and larger role in getting help for those individuals needing addiction treatment. As an association, we have a lot at stake when it comes to persons identifying themselves as interventionists. We also are committed to professionalism, quality and excellence.

Therefore we recommend that when you work with interventionists, you make sure that you are aligning yourselves with the very best. As with licensure and accreditation which gives you the stamp of approval, there is a certification process which sets some interventionists apart from others.

We recommend that as a minimum, treatment organizations satisfy themselves that the persons they work with meet the minimum standards in the following three areas:

#### ❖ HOLD A CURRENT CERTIFICATION AS EITHER A

- BRI 1, or
- BRI II

**International Interventionist Credentialing Board (IICB)** formerly the Association of Intervention Specialists Credential Board (AISCBC) This independent organization receives applications from and grants credentialing to appropriate individuals seeking to be designated as **Board Registered Interventionists**. In order to obtain a credential, an individual applying must:

- ❖ Hold a current ICRC/NAADAC certification or a state recognized certification/license in a counseling related field,
- ❖ Have malpractice insurance, a minimum of

# VISIONS

## David W. Hillis Earns Top Healthcare Management Credential

David W. Hillis, FACHE, President and Chief Executive Officer of AdCare Hospital, Worcester, MA recently became a Fellow of the American College of Healthcare Executives, the nation's premier professional society for healthcare leaders.

"Because healthcare management ultimately affects the people in our communities, it is critically important to have a standard of excellence promoted by a professional organization," says Thomas C. Dolan, PHD, FACHE, CAE, president and chief executive officer of ACHE. "By becoming an ACHE Fellow and simultaneously earning board certification from ACHE, healthcare leaders can show that they are committed to providing high-quality service to their patients and community."

The FACHE credential, which signifies board certification in healthcare management and ACHE Fellow status, represents achievement of the highest standard of professional development. In fact, only 7,500 healthcare executives hold this distinction. To obtain Fellow status, candidates must fulfill multiple requirements, including passing a comprehensive examination, meeting academic and experiential criteria, earning continuing education credits and demonstrating professional/community involvement. Fellows are also committed to ongoing professional development and undergo recertification every three years.

The American College of Healthcare Executives is an international professional society of more than 30,000 healthcare executives who lead our nation's hospitals, healthcare systems and other healthcare organizations. ACHE is also known for its journal, the Journal of Healthcare Management, and magazine, Healthcare Executive, as well as ground-breaking research and career development and public policy programs.

For more information regarding the FACHE credential, please contact the ACHE Division of Membership at (312) 424-9400 or [membership1@ache.org](mailto:membership1@ache.org).



1,000,000/3,000,000.

- ❖ Successfully complete a minimum of 14 hours of training/education on intervention
- ❖ Have a minimum of two years of work experience conducting interventions
- ❖ Submit three peer evaluations and supervised practical experience
- ❖ Adhere to Board Registered Interventionists Code of Ethics
- ❖ Passing an Oral and/or Written Exam

To become a **BRI I** an applicant must have a minimum of two years supervised work experience, completing a minimum of 5 supervised interventions. Supervisor must be approved by the AISCB.

To be certified as a **BRI II** an individual must meet the work experience requirements for the BRI I, plus an additional three years of supervised work experience conducting interventions and demonstrate experience with addictions other than to alcohol and drugs, i.e. gambling, food, sex, etc in their practice. Successfully facilitate a minimum of 3 supervised interventions of a nature other than to alcohol and drugs. Supervisor must be approved by the AISCB.

### ❖ POSSESS CURRENT LIABILITY INSURANCE

We believe that it is important that all Interventionists with whom you work be able to produce documentation that they have current and adequate liability insurance. We recommend that the minimum standards be 1,000,000/3,000,000.

### ❖ DOCUMENT A REASONABLE NUMBER OF INTERVENTIONS IN THE LAST 12 MONTHS.

Just as we have learned that outcomes are related to the number of open heart surgeries performed per year, so we believe that you should only be working with those individuals with whom you are comfortable have participated in an adequate number of interventions in the last 12 months to remain skilled in this specialty. We would recommend that persons have completed at least 4 interventions in the last six months.

We are committed to constantly improving what we do, just as you are committed to the same goal. We hope that by sharing this perspective, we can continue to effectively community that quality matters and that for us we do set the standard. We urge you to ask for documentation of IICB credentialing, of liability insurance and of an adequate number of interventions in the past 12 months. You may also want to get a letter of reference from another treatment provider organization with whom they have recently worked. Together, we can all work to remove some of the barriers to identifying persons needing addiction treatment and in increasing the sources of payment for this treatment.



*“Lending a hand...  
...anytime, anyplace.”*

## Interventions

Addictions

Mental Health/Dual-Diagnosis

Co-Dependency

## Consulting

Marketing/Operations

Treatment Coordination

## Monitoring

Post-treatment recovery

[www.southworthassociates.net](http://www.southworthassociates.net)

*“You made a difference in our lives.”*



*“I am more appreciative*

*than words can express.”*



*“Thank you for giving me my life back!”*

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# CAREER Opportunities

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Gateway Rehab Center  
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311 Rouser Road  
Moon Township, PA 15108  
Fax: 412-299-8756  
Email: [jobs@gatewayrehab.org](mailto:jobs@gatewayrehab.org)

Gateway is an Equal Opportunity Employer.

## WELCOME NEW MEMBERS

**D.C. Department of Corrections**  
Washington, DC

**Mark Houston Recovery**  
Manor, TX

NAATP has partnered with the Vendome Group and with NAADAC to bring you

## SECAD 2009

With just a little bit of “tweaking” a lot of improvements have been made to the 33rd consecutive SECAD. We have moved the dates to February, but kept the location in **Atlanta. Feb 8-11, 2009** will be the dates for SECAD 2009. A very impressive lineup of presentations and speakers have been secured to ensure that this conference will again be one of the premier events in 2009 where primary providers of addiction treatment will be provided with the latest information, where panel’s will challenge the way we think and the way we do things, and the renowned exhibit area will provide an excellent venue for networking.

- Latest Information
- Challenging presentations
- Networking

It does not get any better than this. Register today by going to <http://www.secad09.com/ME2/Default.asp> and completing the registration form. The NAATP Office staff is looking forward to seeing you in Atlanta!



# VISIONS

## Advocacy In Action Conference 2009 Washington, DC

### Elections have been held and what we already know is

- *There will be a new person occupying the house at 1600 Pennsylvania Avenue.*
- *There will be a whole new cast of players in key cabinet positions.*
- *There may be some changes in key leadership positions in both the House and the Senate*

### It does not matter how the election ends, those changes will happen. What is important for us will be:

- *What policies of the new administration intersect with the interests of those involved in addiction treatment?*
- *Who are our allies in the legislative branch of government?*
- *Who are the key individuals who have the potential to “derail” our agenda if we do not spend time educating them on the disease of addiction and the value and cost saving impact of treatment?*
- *What impact will budget deficits have on addiction treatment issues?*
- *After passage of the parity legislation, what comes next?*

Those and many more issues will be explored during the **2009 Advocacy in Action Conference presented by NAATP and NAADAC March 8- March 10, 2009 in Washington, DC.** Continue to watch for announcements on how to register for this very exciting conference. This will be your opportunity to hear first hand some answers to the questions above and to get to meet in person some of the policy makers who will play key roles in shaping policy and direction over the course of the next 2 to 4 years.

Through the generosity of individuals on the NAATP Board of Directors, there will be 25 registration scholarships available to members of NAATP organizations to attend this conference. Watch for announcements for how to apply for one of these scholarships and how to register for this conference. Put this on your list as a must attend conference for 2009.



THERE ARE LESS THAN 185 DAYS LEFT TILL  
THE 2009 NAATP ANNUAL LEADERSHIP  
CONFERENCE IN PALM GARDENS, FL.



This year we have made it as easy as possible to register for the conference, sign up to exhibit and select a sponsorship opportunity as well as link to the hotel and register for your rooms. All of this can be done at <https://guest.event.com/EVENTS/Register/IdentityConfirmation.aspx?e=8ceb2866-3548-4cd5-857f-eb0929d95256>

Be sure to click on this link or enter the address in your browser and make your selections today. The National Association of Addiction Treatment Providers is attempting to go as “green” as possible and so we are using electronic messages to announce our conference as well as the registration process.

## Register Online and Save \$25

[www.naatp.org](http://www.naatp.org)

CLICK TODAY AND WE WILL SEE YOU AT THE  
PGA!

### WHEN

Sunday, May 17, 2009 9:00 AM -  
Wednesday, May 20, 2009 12:00 PM

### WHERE

PGA National Resort & Spa  
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## THE 2008 SALARY SURVEY

The 2008 NAATP Salary Survey is now ready for you to enter your data. You can access the survey by going to [http://www.naatp.org/survey/salary\\_survey/](http://www.naatp.org/survey/salary_survey/) and following the instructions which you will find at that address.

If you want to download a “paper” copy of this survey as your worksheet, you can do so once you go to this web site. You can then use the paper copy as your worksheet and fill in the information you need to enter your numbers on line. Also, if you wish to save the survey and come back to it at a later time, be sure to remember your password! Once you have completed the survey, simply click the SEND button at the top of the screen.

It is very important that we have as large a participation number as possible so that the salary categories have a high degree of reliability. Therefore we urge all of you to take the time and the effort to complete as much of the survey as possible. The more entries we have the more reliable the data and a large number of providers over the next two years will be making use of this information. Do not delay, go to the web site and enter your data today. **Every organization that provides information will receive one complimentary copy of the results!** Also every organization that completes the survey will be entered into a drawing to win one of five (5) prizes.

The deadline for completing this survey is December 15, 2008. Do not delay, go on line and complete the survey today!

Any questions on completing the survey should be directed to Angela Abshire at [aabshire@naatp.org](mailto:aabshire@naatp.org).

This survey is being supported by both NAATP and NAADAC!

**DEADLINE:**  
**December 15, 2008**

**WEBSITE:**  
**[http://www.naatp.org/survey/salary\\_survey/](http://www.naatp.org/survey/salary_survey/)**



## A LEGACY OF LEADERSHIP

We are experiencing leadership transitions within the addiction field of momentous proportions. The exodus of long-tenured leaders within the field has begun and is rapidly reaching a crescendo—all at a time the field is facing unprecedented threats to its character and its future. Like many organizations within NAATP, Chestnut Health Systems is addressing this issue through a variety of strategies: board-level planning, development of succession plans for key leaders, a leadership development task force, leadership recruitment, supervisory/management training, a pilot mentorship program, and active management of key transitions. Below are a few reflections on the personal aspects of such leadership development and succession processes.

### Timing the Transition

Leadership transitions are always a precarious time for an organization, but the threats posed by such transitions are magnified when an organization loses a core of senior leaders whose personalities and styles have become enmeshed with the very fabric of the organization. One of the most personal issues related to leadership succession is the timing of such transitions.

There is, of course, the problem of premature disengagement. This can occur when a leader physically and emotionally disengages from his or her organization before officially retiring or when a leader leaves on short notice or is precipitously forced out. Problems are also created when a leader stays with an organization beyond the point at which their physical and creative energies are exhausted. Leadership transitions are not easy. Many of us have witnessed agency boards' angrily scapegoating and prematurely extruding a longtime leader, leaders setting their replacements up for failure, and leaders emotionally unprepared for the end stage of their careers who retire and then return—again and again. All of these circumstances leave organizations without effective leadership and a viable leadership succession process.

There are few decisions more difficult for an organizational leader than determining the best timing for his or her disengagement, and these decisions require a rigorous and honest self-inventory. I think affirmative answers to the following questions are among the most important indicators that it is time to either renew one's leadership role or plan one's disengagement:

- Am I increasingly bored with my professional activities, drowning in a sea of organizational details that have long ago lost their personal meaning to me?
- Do I feel I am no longer making a significant contribution to my organization and the field?
- Do I feel myself emotionally disengaging from my board, my managers, my staff and outside professional responsibilities?
- Am I spending more time as a leader looking backwards than forward?

- Am I concerned that my diminishment of physical energy or intellectual/interpersonal functioning is hurting my organization?
- Are there individuals inside or outside my organization who could provide better leadership than I am currently providing?

Where a founder/leader has long been at the center of the emotional life of an organization and that organization has long been the center of that leader's personal/professional identity, considerable support is needed through the disengagement process. Ongoing discussions with one's board leadership, one's NAATP peers, and the use of an outside consultant can help plan, facilitate and evaluate the disengagement and leadership transfer process.

### Solidifying a Legacy

Each of us has hopes that we might leave some lasting legacy to our organization and the larger field. Approaching the end of our careers is a good time to review the nature of that legacy and to set goals related to our final contributions. That legacy could be measured in bricks and mortar, financial solvency, an exemplary clinical team or a reputation of considerable renown. It could also contain the launch of a new service initiative, procurement of funds for a special project, the mentoring of one's replacement or passing along one's knowledge in some durable form. Exploring the nature of that legacy can help us identify how we can best use the remaining time with our organization.

Many of my peers in NAATP began their careers leading addiction treatment from a social movement to a legitimate profession and industry. Some of us will find great satisfaction in moving back to the frontier boundaries of the field during these later stages of our careers, e.g., looking for new areas of service innovation or broader business opportunities that will help maintain the organization's core mission. I think the critical goal is to find a zone of activity in which we can be as energized at the end of our careers as we were at the beginning of our careers. In my own case, I have set a goal of, and found renewed purpose in, developing an infrastructure for Chestnut Health Systems' international services as one of my final contributions to the organization to which I have devoted most of my adult life.

### Embracing our Elder Status

The accomplishments that have marked our careers have been far more than a product of personal intelligence, skill and effort. Particularly important were individuals who believed in us, mentored us and opened doors of opportunity for us along the way. One way of expressing our gratitude for such assistance is to pass that encouragement and opportunity on to the next generation of

leaders in addiction treatment. There is a long master-apprentice tradition in the addictions field that is still worthy of emulation.

For the leader approaching disengagement in the next few years, the time to increase one's teaching, mentoring and modeling is now. The focus of such instruction and guidance should include conveying core organizational values and the oral history of the organization and the larger field to the coming generations of addiction professionals. We must ask ourselves again what distinguishes addiction treatment from all other arenas of health and human service, and convey this historical essence to those coming behind us who have no memories of a world without specialized addiction treatment. We need to help tomorrow's leaders separate those issues that can be decided by expedience and consensus from those that must be decided by conviction. We have much to pass on, but those core values, ideas, service technologies and management strategies that distinguish us from other professional arenas may be our most important legacy.

### Embracing the Rituals of Disengagement

Our ambivalence about leaving our organization and our discomfort with the emotional aspects of simultaneously terminating so many long-term relationships can lead to an avoidance of important rituals of disengagement. Rituals such as retirement receptions and parties have as much to do with the health of the organization as they do with honoring a leader's contributions. It is the exiting leader's responsibility to fully participate in these rituals of transition. Such rituals serve numerous functions, from providing a venue in which everyone can expiate ambivalence about our exit to providing a framework through which we can make necessary amends and express gratitude to key members of the organization and the community. Most importantly, these rituals celebrate the accomplishments and continuity of the organization and its service mission.

### Creating Space for New Leadership

It is a rare leader who is not tempted to re-engage with the organization following their exit. One must avoid the temptation to sabotage new leadership and to avoid being pulled into this role by others. One must avoid the tendency to become a ghost that continues to haunt the organization through hidden communications. Laying the foundation for the success of one's replacement and supporting the new leader is the final assertion of one's organizational commitment and professional competence. The final act of leadership is to get out of the way.

Every generation of leaders perceives their generation as special and approaches the end of their careers with trepidations about how the field will fare without them. But history confirms that new leaders will emerge, sometimes from unlikely places, and the work will go on. We must trust the momentum of such history and the efforts we have expended to nurture future leaders. The time is rapidly approaching for many of us to step out of the limelight of leadership and find less visible but equally fulfilling ways to serve our communities and our chosen field.

The future of addiction treatment hinges on how well we perform the personal and technical aspects of leadership development and leadership transitioning. We have contributed and endured. The time is rapidly approaching for us to assume our rightful place as elders of this new profession we helped create.

**Russell Hagen, CEO**  
**Chestnut Health Systems**  
**NAATP Board Member**

## THE APPLICATION FOR THE JAMES W. WEST, M.D. QUALITY IMPROVEMENT AWARD IS READY FOR COMPLETION



The NATP annual leadership conference will again be the site where we announce the recipients of the 2009 James W. West, M.D. Quality Improvement Award. This award was established in 2000 and has been used to recognize the work done by NAATP member organizations in the area of quality improvement. The award is supported by NAATP, the Vendome Group, LLC and the Betty Ford Center. Recipients of the 2009 award will be invited to present a workshop presentation on their initiatives as part of the 2009 conference in West Palm Garden, Florida.

The deadline for receiving applications at the NAATP office is January 1, 2009. In order to receive your application contact Sherry Anderson at [sanderson@naatp.org](mailto:sanderson@naatp.org) and an application will be provided to you. You can also obtain an application from the NAATP website.

Recipients of the award will also be featured in the April edition of the 2009 issue of Behavioral Healthcare. Be sure to request your application and submit your initiative in the area of Quality Improvement.

## Upcoming Events

The Society for the Study of Addiction (SSA) will hold its Annual Symposium "Addiction Across the Lifespan, Tracking Process of Recovery," on November 13-14 in York, England. Visit [www.addiction-ssa.org](http://www.addiction-ssa.org) for more information.

The International Society of Addiction Medicine (ASAM) will hold its 10th Annual Conference on November 17-20 in Cape Town, South Africa. For more information, visit [www.isamweb.org](http://www.isamweb.org).

The American Academy of Addiction Psychiatry (AAAP), will hold its 19th Annual Meeting and Symposium on December 4-7 in Boca Raton, Florida. A pre-conference Buprenorphine training will take place December 3. For more information, visit [www.aap.org](http://www.aap.org).

The Southeast Conference on Addictive Disorders (SECAD) will be held February 8-11, 2009 in Atlanta, GA. Visit [www.secad09.com](http://www.secad09.com) for more information and to register. SECAD 2009 is brought to you by NAATP, NAADAC and the Vendome Group.

The Community Anti-Drug Coalitions of America (CADCA) will hold its 19th Annual National Leadership Forum on February 9-12, 2009 in National Harbor, Md. Just outside Washington, D.D. Visit [www.cadca.org](http://www.cadca.org) for more information.

The NAATP and NAADAC Advocacy in Action Conference will be held in Washington, DC on March 8 - March 11, 2009. Watch for more details on registration.

The American Association for the Treatment of Opioid Dependence (AATOD) will hold its national conference April 25-29, 2009 in New York City. Visit [www.aatod.org](http://www.aatod.org) or call 856-423-3091 for more information.

The American Society of Addiction Medicine (ASAM) will hold its 40th Annual Medical-Scientific Conference on April 30-May 3, 2009 in New Orleans, LA. For more information visit [www.asam.org](http://www.asam.org).

The National Association of Addiction Treatment Providers (NAATP) will hold its 2009 Annual Addiction Treatment Leadership Conference on May 17 - 20, 2009 in West Palm Garden, FL.

## NAATP VISIONS

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