



CAAP Connection

CONNECTICUT ASSOCIATION for ADDICTION PROFESSIONALS

AN AFFILIATE OF NAADAC - THE ASSOCIATION FOR ADDICTION PROFESSIONALS

Contact information: CAAP, P.O. Box 3886, Manchester, CT 06045 Phone: 203.500.4562

Web: www.ct.addictionprofessionals.org

SUMMER

2011

CAAP BOARD OF

Association Board

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Message from the President

Over the last few months I have been meeting with counselors and agencies around the state to elicit feedback on what is needed from CAAP to better serve you. Most requests were for CAAP to do more advocacy work. We had discussions at our Board meeting in June on how we could accomplish this request. As a result of those discussions we are looking to set up online surveys to collect your feedback on how to advocate for you. This will require an e-mail database of our members to distribute the surveys, so if you would like to get involved, please send us your e-mail address. Advocacy

will continue to be a top priority of CAAP going forward. In this newsletter you will find articles with innovative ideas on how we can advocate for you. I encourage you to read them and forward your advocacy suggestions to us.

Members of our Executive Board met with Marshall Rosier, Executive Director of the Connecticut Certification Board Inc (CCB), to explore ways we can work together going forward to serve addiction professionals statewide. CCB is fully in support of our mission as we are of theirs. We agreed to commence our collaboration by partnering with the upcoming CCB hosted Connecticut Recovery Conference. This event will be held on September 19th and 20th, 2011 at the Mystic Marriott Hotel and Spa in Mystic Connecticut. We encourage you to sign up early to attend the conference and to visit our table to learn more about CAAP and to share your ideas with us. CCB and CAAP are also working out the details to ensure your NAADAC training CEU's will be applied as approved hours toward your certifications.

As you are most likely aware, both CAAP and CCB provide approved training to assist you with your certification needs. We are not in competition with each other, so please take full advantage of both organizations high quality, reasonably priced trainings. Our fall schedule is in this newsletter and CAAP volunteers will be happy to talk with you at the conference about our upcoming trainings. We hope you will send us your suggestions for any future training you would like to see CAAP hold. We also would like to get your thoughts about trainers you would like us to use and to hear from you if you would like to facilitate a training yourself!

I would like to address an issue I have been hearing about in our field concerning CAAP voting not to advocate for the NAADAC standard of what constitutes a professional counselor. This alleged vote occurred in 2009 and created problems, in particular, for State of Connecticut counselors who were seeking CAAP's support in their pursuit of being recognized as professionals. During our last Board meeting this topic was placed on our agenda. All of the members who were on the Board during

that timeframe were adamant there was no such vote. They did recall having a discussion on the topic, but insisted there was no vote. Our Secretary reviewed the minutes from 2009 and was able to pull up the record from the discussion. Indeed there was no vote.

I would like to take this opportunity to apologize to anyone who might have been adversely affected by this

CAAP does not endorse nor oppose articles submitted by members of the addiction field

**Advocacy for
Addiction
Professionals
An Upcoming Survey**

CAAP is seeking to take a greater role in advocating for addiction professionals in the State of Connecticut. In an effort to do this it is important to gather information from addiction professionals to identify what issues are of utmost importance with regards to the certification and licensure process, continuing education requirements, getting onto insurance boards, and establishment of public policy in the area of addiction treatment and professional identification of addiction counselors.

CAAP intends to distribute an internet survey to licensed and certified addiction counselors in an effort to collect specific information and ideas about needs centering on treatment of

misinformation. Once you join NAADAC you automatically become a member of CAAP. It is inconceivable for CAAP not to adhere to the NAADAC standard of what constitutes a professional, since we are part of NAADAC.

Just to be clear CAAP does not set the standard for professionals. We recognize the NAADAC, CCB and IC&RC standards for professionalism. As your President I will

our clients and

the profession of addiction counseling as a whole. The information gathered would be available for use in all public policy forums and could be distributed to other related organizations such as CCB, DMHAS, DCF, DOC and the legislature.

We are hoping that you will consider taking a short amount of time to complete this survey and send it back through snail mail or preferably, online. In considering addiction counseling as a profession in Connecticut, what do you feel are specific issues that need to be addressed through the state legislature regarding the certification and licensure process, continuing education requirements, getting onto insurance boards, and the establishment of public policy? Should CAAP pay for a lobbyist at the state level, and

advocate for **all** addiction professionals throughout our state based on those standards. Please contact me regarding this or any other issues or concerns you might have. We need to unite to move our profession forward. We look forward to hearing from you.

Have a great summer,
**Charlie MacDonald,
CAC, SCCD**

would you be willing to

contribute towards the funding of that lobbyist? These are some of the questions we would like you to consider as we move forward in working for addiction counseling as a profession in Connecticut. This is your chance to make a difference. In the interest of advocating for addiction professionals, we hope that you will respond to this survey and bring your concerns to us so that we may advocate on your behalf.

Please look for this survey in the coming months on the CAAP Website (www.ct.addictionprofessionals.org) and in your mail. Please make copies and distribute to other addiction professionals as well so that we can get an accurate representation of your concerns and areas that are in need of advocacy.

**Sandra Valente, Ph.D.,
LADC**

Advocacy for Men Needed

It's time for the Connecticut addiction counseling profession to take an active stand in advocacy for male addicts.

The Department of Mental Health and Addiction Services has proposed to Gov. Malloy in his Plan B to close the 2AB men's in-patient addiction services unit in Middletown. This targeted closing could result in home invasions and other horrible public safety nightmares while not even saving money, as recently noted by the Hartford Courant & CT Post.

Who am I?

Who am I? Why am I here? How did I get here? What do I do next? Where do I go from here? These are important questions to answer to have a higher quality of life.

Who am I? I was named John Leroy Bailey III and I was born in Baltimore, Maryland.

First and foremost I am a recovering addict and alcoholic of 31 years. My sobriety date is November 6, 1979 approximately 11 pm.

I am married (very happily, no joke, for 23 years) with two sons that I love so much it seems criminal (joking metaphorically). Vocationally, I am a substance abuse counselor/therapist since

A group of counselors is considering filing a CHRO Whistleblower complaint against DMHAS and are asking the profession at large for support. In proposing to deny the public accommodation of treatment to certain patients of the State of Connecticut by proposing to close only the 2AB men's in-patient addiction services unit and not CVH units treating other mental or physical disabilities at Connecticut Valley Hospital (CVH) in Middletown, CT, the Commissioner's Office of the State of Connecticut

1983. I have been an adjunct professor in the DARC Program and leader of workshops in my field. I am a resident of Connecticut for over 24 years, and formerly a resident of Maryland for 36 years. Yes, I am 60 years old, but still going strong as a therapist. In fact, I think I am at the top of my game.

Mental status: I am oriented times three and alert; mood – euthymic; affect congruent with mood; recent memory -- needs work lots of work, remote memory – good (however the 1970's almost killed me); Insight – does better with team approach; Intelligence – average when not grandiose; with no SI or HI. No present psychosis (really).

Department of Mental Health and Addiction Services engaged

in discriminatory public accommodations practices prohibited under the Connecticut General Statutes; discrimination on the basis of a particular physical or mental disability; i.e., psychiatric diagnosis of chemical dependency.

If you want to be a part of this historic initiative, please let your will be known as soon as possible to CAAP and CCB. Your advocacy for men to reduce the consequences of their addictions is needed by us taking a public stand to the Governor.

Louis Sorrentino, LADC

In fact I know what the answer is. Love is the answer whatever the question. I am a good neighbor and citizen. I have a dark side too that needs daily monitoring, because I know I cannot kill this dark side – only educate it. I have been blessed with a good sense of humor, and apologize to no one for that.

Why am I here? This question fills libraries. For brevity sake see sixth paragraph second sentence. Love is the answer whatever the question. As a man, I believe I need to provide, protect, and procreate. I have done these things to the best of my ability – a day at time.

How did I get here? In addiction, I acted like and sometimes treated like a back ward mental patient.

My active addiction occurred from age 19 to 29.

I use twelve step meetings for the first 8 years of my recovery daily. I still go to 4 to 6 meetings weekly. It keeps me honest and sane.

In the 1980's drug and alcohol rehabs were a very hot commodity. I was recruited from twelve step groups to be a lay therapist. Hey, it was inside work and they promised me health care benefits and almost \$5 an hour. How could I resist?

When I had over four years of sobriety, I was hired and worked the third shift at Meadows Recovery Center, Gambrills, Maryland in 1983. In fact I worked all shifts. I loved it. I helped a lot of people get into the center, by doing crisis calls at night. I was hooked on helping others, and I seem to have a natural knack at it. Some are gifted musically and or with movement. My gift is my compassion. I did not shun this asset when I got clean and sober like I did when I was impaired. I basically threw myself into my counseling work for next 6 years. Work was plentiful in detoxes and residential settings. Working fifty to sixty hours plus a week was the norm for me during that time my first 6 years as a counselor in Maryland and later Washington D.C.

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However, when I met Anna Forlenza at an addictions conference in New Mexico, my priorities change. Work became very secondary. We were married in 1988. I changed my name to John Forlenza-Bailey because I wanted to be a part of a healthy

family that had both Anna and my name to it.

Work is not as important as my family. Anna and I had our first son Harry in 1992. I was finishing my BABS at Lesley College at the same time he was born. The education bug hit me the same time I met Anna. She was the principal of a special education clinical day school when we met. My second son Zachary was born in 1994. I received my M.Ed. and management in 1995, the same year Anna received a Ph.D. in education. I always joke with Anna and others, that I already have my Ph.D. – Poor Hopeless Drunk. Anna and I managed all of this (raise children, work, and stay healthy), in my opinion because of our belief in God, our guts, our get up and go and our gratitude.

I had a private practice, been clinical director of several programs in Connecticut, am currently a senior clinician at Manchester Memorial Hospital Adolescent PHP/IOP/OP for Behavioral Health. I see a lot of acute and chronic cases with co-occurring disorders. I have a history of being a chronic case. I realize if anyone wants to get well it can happen. If it happened to me, it can happen for anyone.

What do I do next? The counseling concept of establishing rapport and providing healthy alternatives to our clients is very easy for me to understand. I commit, care, and communicate effectively. In order to do counseling I need a lot of help from people who care, commit, and communicate to me. I take care myself physically, emotionally, spiritually, socially, and sexually to the best of my ability to achieve these counseling concepts. Did I mention twelve

step groups? If hurt people hurt people, then recovering people can help others to be recovering.

Where do I go from here? I have had lots of different employers. It seems the nature of the mental health field if you want a pay raise. I am always looking for a better opportunity to support my family. Harry is a freshman at Temple University studying music performance. Zachary is an honor student preparing to go to college. So I want to work for them, for Anna, and for me. Besides, I still have the ability to find out therapeutically what a client wants, what they really want, and what they are prepared to do to get it. Then I emotionally help them to adjust when trust is established. I have been offered a senior clinician position in the town where I reside. If it is a pay raise, closer to home, and I think I am the counselor for the job; I probably will take it. If this happens, I will grieve the loss of my extended family that is my coworkers. It would be a big loss. I have been there almost 8 years. Recovery, family, love of work and friendships are my priorities. These can all work if I establish and maintain a healthy relationship to a higher power. To paraphrase Malcolm X, "If I don't stand for something, I will fall for anything." Again the question, "Who am I?" I am a works in progress -- no different, better or worse than you. I am loved, and so are you. Counseling tip: Adjust.

**John Forlenza-Bailey,
LADC**

Addiction Counseling Should be Separate Discipline in State of CT

Currently, the Addiction Counseling profession is considered part of the Nursing discipline in State of Connecticut employment. Incredibly, Certified Addiction Counselors are not considered "required" staffing on addiction treatment "interdisciplinary" teams in State of Connecticut employment. This results in staffing shortages and lack of representation as a required "discipline." The time has come to encourage the State of CT to recognize addiction counseling in CT as a separate "discipline" required on interdisciplinary teams.

Historically, key factors in identifying a separate "discipline" in State of Connecticut employment have

long been mandatory licensure or certification under state law, Professional (P-1) Bargaining Unit classification status, an identifiable community of interest, mandatory training and continuing education and ethical standards. However, since the licensure law of 1998, State of CT addiction counselor employees have been exempt from mandatory certification or license under the CGS. Addiction counselors have also been classified Non-Professional (NP-6). As a result, being recognized as a "discipline" was unlikely. Not anymore.

In Dec. 2009, P.A. 10-117 added language in Sec. 49 making all Certified Addiction Counselors (CAC) working for the State of Connecticut mandated to be at least DPH certified on 10/1/10. This followed a controversial but successful 2009 petition to the Labor Board requesting re-classification of all CAC and SAC employees to (P-1) Professional Bargaining Unit. The State of Connecticut made a formal agreement that this status change was to be included in the next contract as a matter of record. With Professional (P-1) Bargaining Unit status and mandatory licensure or certification, Addiction Counseling can be credibly considered a separate "discipline" What we need to do is get the State of Connecticut's Department of Mental Health and Addiction Services to agree during contract negotiations to consider Addiction Counseling a separate "discipline" from Nursing. As such, they would be a required staffing on any "interdisciplinary" addiction treatment team per national standards oversight requirements.

Louis Sorrentino, LADC



FALL WORKSHOPS - 2011

Naugatuck Valley Community College
Technology Hall, 750 Chase Parkway, Waterbury, Connecticut 06708
[Campus Map/Directions](#) (Available at nvcc.commnet.edu)

Certificates will be awarded to those who are in attendance for the FULL WORKSHOP only

September 10, 2011

Time: 9-4 p.m., Technology Hall Room 516
“Multicultural Counseling in Addictions Treatment”
Stephen Fagbemi, Ph.D.

October 15, 2011

Time: 9-4 p.m., Technology Hall Room 516
“The Co-Occurring Client: Diagnosis, Treatment and the 12-Steps”
John Forlenza –Bailey, LADC

****CAAP Board/Annual meeting (12-1 p.m.) ** LUNCH WILL BE PROVIDED FREE**

November 12, 2011

Time: 9-4 p.m., Technology Hall Room 516
“Boundaries, Ethics and Ethical Practice”
William Fischer, Ph.D.

December 17, 2011

Time: 9-4 p.m., Technology Hall Room 516
“Grief and Loss in Addiction”
Sandra Valente, Ph.D., LADC

NOTE
All workshops
begin promptly
at 9 a.m.
Please arrive
early!

REGISTRATION

Registration forms with fees are attached and available on CAAP Website
Complete form and send with check, to
S.Valente, CAAP Chairperson, c/o BSS Division, 750 Chase Parkway, Waterbury, CT 06708

CAAP Workshop Contact Person:

Sandra Valente, Ph.D. (203) 596-8655, svalente@nvcc.commnet.edu
Chair, CAAP Education and Training Committee

**PLEASE NOTE: We do not send confirmation of Registration
There is usually space available for walk in registrations**

CAAP REGISTRATION FORM-FALL 2011

CAAP Trainings are open to all counseling professionals and students.

All CAAP workshops will be held at Naugatuck Valley Community College in Technology Hall, (Room 516). All trainings are Category I approved and participants will earn 6 contact hours unless otherwise noted. Workshops begin promptly at 9 a.m. and run until 4 p.m.

Directions and a map of the campus are available at: www.nvcc.commnet.edu.

Pre-registration with payment is encouraged.
No refunds will be given once registration is submitted.
No verification of registration will be mailed.

**Arrive early to register as all Workshops begin promptly at 9 a.m.
Late arrivers make it difficult for our presenters!!**

All 6 hour trainings will be from 9 a.m. until 4 p.m. Sign in begins at 8:30 a.m.

REGISTRATION FORM

NAME: _____

NAADAC/CAAP Member: YES NO If yes, Member #: _____

STUDENT: YES NO

(Verification of NAADAC/CAAP membership needed at time of Registration- if you plan to sign up the day of Workshop, otherwise non-member fee will be charged).

ADDRESS: _____

PHONE NUMBER: C: _____ H: _____ W: _____

EMAIL: _____

DATE: _____ COURSE NAME: _____

DATE: _____ COURSE NAME: _____

FEES: All trainings are 3 or 6 hour trainings

NAADAC/CAAP MEMBER: \$ 25

NAADAC STUDENT MEMBER: \$ 15

Non-members: \$ 40

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SEND REGISTRATIONS TO: (Please make checks payable to CAAP)

CAAP Education and Training, Sandra Valente, Ph.D.

Behavioral and Social Sciences Division

Naugatuck Valley Community College,

750 Chase Parkway, Waterbury, CT, 06708.

Questions regarding Workshops: svalente@nvcc.commnet.edu or (203) 596-8655

CAAP email: www.ctaddictionprofessionals.org