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**Addiction Counseling as a Profession:  
An Interview with Cynthia Moreno Tuohy**

William L. White

**Introduction**

Cynthia Moreno Tuohy, BSW, NCAC II, the Executive Director of NAADAC, the Association for Addiction Professionals, is one of the leading figures in the professionalization of modern addiction counseling. Through her roles at NAADAC and early positions directing the Central East Addiction Technology Transfer Center, Volunteers of America in Western Washington, and in community-based alcohol and drug treatment centers, she has been a tireless champion of workforce issues within the addictions treatment field. I recently (December 2015) had the opportunity to interview Cynthia about her career and the current state and future of addiction counseling. Please join us in this most engaging conversation.

**Early Career**

**Bill White:** Cynthia, I thought we could start by having you describe the circumstances that led to your beginning work in the addictions field.

**Cynthia Moreno Tuohy:** I began my own recovery at the age of fifteen-and-a-half within a very substance-use-disordered family system. My father was alcoholic, and my mother was addicted to drugs. Because of their addiction, I ended up in foster care and a ward of the court before the age of one year and lived in the child welfare system until I was nineteen years old. When I first went into recovery, I decided what I wanted to do was work with kids and families like mine who had drug and alcohol problems. And so I started in high school taking psychology and sociology classes and then decided to go to college and specialize in social work. When I later transferred to Washington State University, they had one of the few alcoholism studies program in the country so I went through that program. It was a five-year program combining social work and alcoholism studies. That really helped me, not only to really understand my own disease, and my recovery, but also how to help other people. I guess you could say I entered the field through my own family history and personal recovery. All of the drama that happened in my developmental years laid the groundwork for what I have been able to do in this profession as a spokesperson for alcoholism and drug addiction.

**Bill White:** Could you describe some of the organizations you worked with before coming to NAADAC?

**Cynthia Moreno Tuohy:** In college, I mentored Native American girls who came to Washington State University on a scholarship to get their high school degrees. My job was to help them study, to help motivate them to complete their high school diploma, and to then look at college as an option in their lives. That got me very excited about the helping process. In college, I was involved in the student social work program. I then got involved with training

social work interns about alcoholism and recovery. When I did my practicum, I worked at an “Alcohol Information and Referral Center” (AIRC). In the “AIRC”, I learned how to meet with people, perform outreach, and refer people to treatment. I also worked in the social and medical detox arenas for the county. There were not a lot of treatment organizations in the field then, but there was the Washington State Alcoholism Counselor Association. I was asked by Linda Grant, an early mentor of mine, to get involved in the Association. I started going to the state meetings with Linda and that got me involved at the state level with the Bureau of Alcohol and Drug Abuse.

**Bill White:** And you later went on to actually direct some addiction treatment programs and served in clinical supervision roles.

**Cynthia Moreno Tuohy:** Yes, programs were expanding in the early to mid-1970s due to an influx of funding from the Hughes Act. We started building outpatient programs and I very quickly became a clinical supervisor. I was only six months into my own training and that was just my practicum and went directly from my practicum to getting hired and starting these outpatient programs. So I was “baby-new” and naïve about many things (laughs), particularly about how to do program development and so I met with other people in the business community to learn how to do that. I worked there for a year-and-a-half when the Executive Director left and they put me in charge as Acting Executive Director when I was still in my early 20s. It was a trial by fire. In those days, people were basically thrown in the swimming pool and asked to swim. You were thrown into it and you had to figure out how to make it work.

I got involved with members of the business community in Walla Walla to learn about management, and I got involved with Walla Walla Community College to learn how to do education. Sometime later, I went to Spokane, Washington and started the first known adolescent program in Washington State—a juvenile justice and a school-based program. When I returned to Walla Walla, I taught English as a second language at the community college and taught GED classes, which really enhanced my teaching skills before refocusing my work in the addictions field.

**Bill White:** When you came back into the addictions field, you continued to primarily work in treatment institutions?

**Cynthia Moreno Tuohy:** Yes, addiction treatment and mental health services at two different organizations. I did emergency involuntary commitments for mental health and also involuntary commitment for alcoholism and also ran a community-based addiction treatment program. I’d be working during the day with clients in group or individual therapy or in an assessment and, days later, see them at two o’clock in the morning or midnight on a crisis call because they were acting out of their diseases. That was my first awareness of what would later be called “dual diagnosis” and how little services there were for people who had both substance use and psychiatric disorders.

**Bill White:** In the late ‘90s, you worked as a Program Director for Volunteers of America. How did this experience inform your later work with NAADAC?

**Cynthia Moreno Tuohy:** What that role did was illuminate the important connections between homelessness, poverty, addiction, and mental health disorders. All of those things were so

closely entwined in the family service program I was directing. I also saw in that role how people were inappropriately assessed, misdiagnosed, and put into housing without any resources or any support services for their addiction or the mental health problems, only to then get kicked out of the housing in which they had been placed.

I was similarly blessed in my early career to work at Washington State Penitentiary to see the relationship between alcohol and other drug addictions, criminal behavior, and incarceration. I actually had the opportunity to meet with the State of Washington department head for criminal justice and he asked me my view on the prison programs. I advised him that they must have good programs in prison, but more importantly, there must be good transition programs to guide people back into the life of the community. If they don't transition back into the community in a healthy way with their families, they won't stay family-connected, and they won't stay in recovery. And they're getting that picture now.

There are so many things we know intuitively within the addiction profession from listening to people's stories, and it was hard for me sometimes to express that knowledge early in my career. I've learned how important it is to speak those truths, however, I was very shy in my early years in the field. It was a big push for me after some fifteen years in the field to just state my opinion because I was embarrassed about my own background. What I've learned is how important it is to say what you know, to have a voice, even if people don't agree with you or they think you're weird. It took me a long time to figure that out and then to translate that into practice as I now do at NAADAC. Now, I can honestly say that I may still be embarrassed at times (laughs), however, I don't allow that to stop me like it once did. I think that's part of maturing, maturity in recovery, and just getting comfortable with my own story.

**Bill White:** Another important step for you was directing one of Addiction Technology Transfer Centers. My sense is that role gave you a much greater sense of what was going on nationally within the field. Is that an accurate perception on my part?

**Cynthia Moreno Tuohy:** Yes, it particularly provided a larger scope of what was going on with research and how research needed to play a more important role in frontline service practices. What I saw was some very good research whose findings and implications were not getting communicated in a way that the addiction professional could use in their daily work. The research people didn't know how to communicate it and make it real. If it's not real on the street, all the research doesn't mean anything to the practice it is supposed to influence. So the challenge was to write training manuals and materials that were real and do training that makes the research come alive. Theories are good but if you don't have the methodology that make a theory work at the street level, it has little value. That became my specialty. I'm not a Ph.D.; I have two masters going, which I've never had time to finish, yet! However, I had a lot of experience working with clients and working on the street, literally, so my job was to make the research real at these levels. I think that prepared me for my role at NAADAC as the Executive Director and all the work we would later do developing face-to-face trainings, training manuals and curriculum, and webinars.

## NAADAC

**Bill White:** Cynthia, how did the opportunity arise to come to NAADAC in 2004?

**Cynthia Moreno Tuohy:** While I was working at the ATTC, I had a Director's meeting and one of the representatives came to me and said, "Weren't you a past NAADAC President?" When I said "Yes," they went on to say that NAADAC was having some difficulties. I passed this information along to the current NAADAC President who was unaware of these problems. What eventually happened was the exit of the NAADAC Executive Director. NAADAC was then approached by the International Certification & Reciprocity Consortium (IC&RC) to look at a potential merger, and NAADAC did not want to hire a new Executive Director due to this potential merger, but they needed somebody to serve in the interim. They asked me if I would help with this transition and I agreed to do this on a volunteer basis while continuing to work at the ATTC. NAADAC paid the ATTC some compensation and this avoided any conflict of interest.

The merger talks started and, after about six or seven months, we had come to a place of agreement on articles of incorporation, how to crosswalk the certifications, and how to develop this new organization. We were going to merge IC&RC and NAADAC into a new organization with a certification component, a training component, and a research education piece. Membership and advocacy were to be the main stays. We got to the place about eight months into the process when we were trading paperwork, and then, all of a sudden, the communication stopped, literally just stopped. We worked to communicate with IC&RC. However, there was no communication for months. It became apparent that the merger talks were not progressing and I recommended to the NAADAC Executive Committee they could not any longer operate without an Executive Director. I recommended they open up a national search. The NAADAC President said, "Well, why don't you do it?" And I said, "Well, I have a job and I like my job (laughs) and I don't want to disappoint my chair for the ATTC and Danya Institute." They said, "Well, we really think you should come to NAADAC."

So, I prayed about it and I went to Jeff Hoffman who was the Chairman of Danya Institute and the ATTC and I explained my quandary, which was my respect for him and loving both my ATTC/Danya and NAADAC jobs. Jeff said, (he's amazing) (laughs), "Cynthia, you have to decide what you're going to do. The one thing I will say to you is that the ATTC has a regional perspective with a national overview. NAADAC is national and international. You have to go where you think you should go and I promise you if you decide to go to NAADAC, we will continue with the strategic alliance with NAADAC." That gave me permission to come to NAADAC and remain in collaboration with Danya/ATTC and Jeff.

**Bill White:** We had the pleasure of working together these last few years on putting a history of addiction counseling together that had been a dream of NAADAC co-founder Mel Schulstad. As you look over that history, what do you think have been NAADAC's most significant contributions to the field?

**Cynthia Moreno Tuohy:** The first contribution was pulling together this new profession. There were a lot of pioneers, like Mel and Marcia Lawton and others referenced in our book, who had the vision and wherewithal to quite literally, create a profession. They worked with NIAAA and NIDA to define the key responsibilities and competencies of this new professional role. They then managed to merge the roles of alcoholism counselor and drug abuse counselor into today's role of addiction counselor in what was a very controversial and turbulent process. NAADAC was critical in helping us survive that process and move toward a maturation of the profession.

In the 1980s, NAADAC challenged addiction professionals to get involved in their communities and played an important role in addiction-related public and professional education. In the 1990s, NAADAC helped lead the move toward more evidence-based practices and improving the quality of addiction treatment. But most importantly, NAADAC has represented addiction professionals over these past decades.

Everyone needs an organization that will go to bat for them. Everyone needs an organization that understands the work that they're doing and the difficulties of that work and the support that's needed. NAADAC is that advocacy organization, that training organization, that organization that will help you to develop those competencies that will help you develop the networks that are beyond your local level and help you to grow professionally. We all need that kind of support as we grow, and oftentimes, that's not available to us. NAADAC makes that available to people working in our profession.

Throughout the years, NAADAC has been the only association to speak to the addiction specific needs of the counselor and to validate their experiences in building this new profession; from advocacy, to setting standards, to fighting to end stigma and discrimination for the clients and the families we serve, and fighting for funds to achieve treatment, intervention, prevention, and recovery support programs across America. We have worked hard to develop treatment protocols and services to assist the person with addictive disorders and their family members. We have sought the best results possible even when there was a dearth of "promising practices and evidence-based practices." We have never given up!

We must create higher salaries for addiction professionals, better education, expanded funding choices for careers in addictive disorders, and enhance incentives for addiction professionals to remain in the profession of addiction counseling. We must create leadership training and support programs similar to those in private industry and implement those across America for addiction professionals.

**Bill White:** If you could look in a crystal ball, what you would see as the future of NAADAC and its evolving role.

**Cynthia Moreno Tuohy:** Two things come to mind. Since the opening of the new century, NAADAC has been a key participant in helping move the field from an acute care model of intervention to a model of sustained recovery management wrapped within larger recovery-oriented systems of care. These efforts point to a future of more person- and family-centered care and the increased involvement of addiction professionals in pre-treatment and post-(acute) treatment stages of addiction recovery. They also point to a future in which addiction professionals will be working in an ever-expanding variety of service settings and providing an expanded menu of clinical and non-clinical recovery support services. They point to a future in which addiction treatment and addiction recovery are inseparable and in which the physical, psychological, and social barriers separating the treatment institution from indigenous recovery supports in the community no longer exist (a move toward "treatment without walls"). That redesign process is already underway—pushed by recovery advocates, visionary professionals, and the cumulative findings of scientific research.

Second, there is the increased trend toward service integration through the influence of the Affordable Care Act and numerous integration initiatives. As the push for integration continues, we must sustain addiction counseling as a specific profession with its own competencies, skills, knowledge base, and values. At the same time, we need to integrate

addiction counselors and their unique skills within new treatment teams and health homes. NAADAC will need to work with other associations and the Federal government to recognize the benefits of having a specialty in addictive disorders, while at the same time serving the needs of service integration initiatives through the development and training of multidisciplinary teams. We need to sustain our Recovery Month activities while expanding our efforts to reach the general public with educational campaigns to prevent and treat addictive disorders and co-occurring disorders. We need to research and implement more family-specific programs that are capable of breaking intergenerational cycles of addiction and related issues. We must continue our efforts to raise the credibility of the addiction counselors and recruit the best possible candidates into this profession.

**Bill White:** Do you see a day in the future where large numbers of addiction professionals will work in primary health care settings?

**Cynthia Moreno Tuohy:** Yes. I think that we'll see more people work in criminal justice and more people working in primary care settings. We'll see more addiction counselors in school-based settings and school health centers. I think we'll become part of larger professional teams. Addiction medicine and addiction counseling are going to become important elements in mainstream healthcare and our job is to help integrate these addiction specialists into teams of primary care providers. If you have a heart problem, you wouldn't go to a General Practitioner, you would go to a cardiologist and they would be part of that person's health care team. Well, if you've got someone with an addictive disorder, you need someone in your health home or your team who is a specialist in addiction.

### **State of Addiction Counseling**

**Bill White:** We've talked about a lot of the challenges facing addiction professionals. What is NAADAC's role in preparing the workforce for these challenges?

**Cynthia Moreno Tuohy:** I think that's what NAADAC has been doing with such initiatives as training that promotes evidence-based practices, including medicated-assisted treatment. What NAADAC has done with its training programs in this specific area is to show how medicated-assisted treatment and recovery are not stand-alone processes. Medication-assisted treatment must be integrated with the psychosocial and spiritual aspects of treatment and recovery. Part of NAADAC's role is to help people understand evidence-based practices and how to integrate them into a wide variety of treatment settings. Part of the work that I've done in *Conflict Resolution in Recovery (Romancing the Brain/Rein in Your Brain)* is show how to change your brain in recovery in ways that can help the individual and also help the family to break intergenerational patterns of addiction and trauma. We need to do more of that, and, with the brain mapping that's now happening and what we're learning from it, significant changes are coming in how we can do more effective treatment. We've passed on addiction and related dysfunctional behaviors biologically (epigenetics), behaviorally, and environmentally. In the future, we will be integrating new understandings of brain health and its role in promoting behavioral and spiritual health in recovery. NAADAC will play a role in the dissemination of this new knowledge as it develops.

## **International Activity**

**Bill White:** Could you review some of the international work that NAADAC has been involved in and some of the lessons that you've drawn from that work?

**Cynthia Moreno Tuohy:** The international work started out by exchanging information. NAADAC participated in several People-to-People exchanges in the early '90s, traveling to other countries and exchanging information about treatment methodologies, counselor certification, and professional development. Then addiction leaders in other countries asked us to actually help them develop professional associations and certification for addiction professionals. The U.S. government then sub-contracted with us through one of their contractors in order to develop curriculum and help other countries establish certification bodies and training systems. NAADAC has worked with government support with numerous countries, including Afghanistan, Saudi Arabia Egypt, Kenya, and other mid-Eastern countries and with Indonesia, India, South Korea, Hong Kong and other Asian countries. We also worked with an international Christian organization that has a focus working in substance use disorder treatment in other countries to help them with certification, professional development, and training. That work extended NAADAC's role internationally from being an ambassador in the early '90s to actually helping countries create an infrastructure for workforce development in the addictions area. Most of those countries we worked with now use the NAADAC certification test, with many translating the test and adding cultural specific questions to the foundational tests that The National Certification Council for Activity Professionals (NCCAP) has already developed. We usually start this process with a gaps analysis to determine the needs of a particular country and then work with leaders to create needed resources and products. As an example, through our efforts we created training and certification programs in Kenya. Today they have certified more than 300 addiction professionals and are collaborating with Kenya in helping other African countries replicate this process. NAADAC has also worked in the American Territories, including the Pacific Jurisdiction, including Guam and Palau (American Samoa, Federated States of Micronesia, and the Mariana Island and the Marshall Islands), to work together to develop culturally specific professional development training systems for the Islands. We also worked with Puerto Rico in the '90s to help develop a certification system and certification tests in Spanish. The international work has become an important part of the mission of NAADAC. Addiction is global and so must be the addiction profession.

## **Career-to-Date Reflections**

**Bill White:** As you look over these years of work in the addictions field, what would you consider the greatest personal challenges you have faced in this work?

**Cynthia Moreno Tuohy:** I think my greatest personal challenge has been to slow down and listen. I'm ADHD-XYZ and very motivated, so sometimes, I've had to make myself slow down, listen, collect information, and be very thoughtful about what I am doing. I think the other challenge has been self-care—maintaining balance between responding to the needs of others and taking care of myself is difficult sometimes. Finding balance in my life, raising my children, working in this profession, and working through my own recovery have all been challenges. This is a profession where our ultimate instrument is our own self and that self can come with a lot of

baggage. I talk about recovery as progressive because there are so many elements I personally needed to work on. It was not just the drugs that I chose. It wasn't just the behaviors being raised the way I was raised. It was the sexual abuse and how to work through that and the malnutrition and the physical effects that left on my body. It was the spiritual piece and working to stay on track spiritually. What I've learned for myself is, if I don't stay on track spiritually, physically, and psychologically then all those other things are not going to work well. For me, that spiritual balance or that spiritual influence has been the foundation of everything that I've done.

**Bill White:** When you look back over your life and career to date, what do you personally feel best about?

**Cynthia Moreno Tuohy:** Raising two healthy children. (Laughs) I feel good about that because I really believe my work in the addiction profession helped me raise my children. What I mean is that, without doing the personal work that I learned from the profession, I probably wouldn't have been as good of a parent. I feel really blessed. I also feel great about making a difference in people's lives. I've worked with thousands of individuals and families over the years and it means a lot to still hear from many of them who are in recovery, living happy lives, and have raised healthy children who are doing well. That's when you know you have really done something through this work!

**Bill White:** Is there any final guidance you would offer any person who was considering a career in addiction counseling?

**Cynthia Moreno Tuohy:** I think it's really important to have good mentors. You need people you can talk to who are walking that path and who believe in the work that we're doing. I've had some great mentors, including you, who opened my eyes and helped me feel like this was work that is a worthy endeavor. Some days I felt like I was butting my head up against the wall. You can encounter a lot of pain and negativity through this work. You need people who can counter that. And it's important to have and keep balance in your life. This work will have its ups and downs just like any relationship. The relationship to our profession is very much the same as any long-term relationship. You're going to have your "honeymoon" time, it's going to be wonderful. You're going to have "disillusion" times and feel this profession and all the things that come with it is just too difficult. You're going to have "misery" times and say "why the hell did I get in this profession," and think you don't get paid enough, appreciated enough, all the "enough" (and that could be true). However, if you hang in there and get the support you need, you will move to the stages of "awakening" and learn what you need to in order to remain in this profession and you're going to get to a place of "peace and calm" where you truly understand the profound meaning you can derive from this work. That's the zone we each must try to remain within.

**Bill White:** Cynthia, this is a wonderful place for us to stop for now. Thank you for this interview and for all you have done for the field and for people seeking recovery.

**Cynthia Moreno Tuohy:** Thank you, Bill. I so enjoy talking with you!

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