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## **Reflections on the Birth of Modern Addiction Counseling: An Interview with Mel Schulstad, CCDC, NCAC II**

**William L. White**

I have had the privilege of training and mentoring addiction counselors from all over the United States and in other countries. When asked who trained and mentored me in the days before there were addiction studies programs, addiction counselor certification systems and training workshops galore, it is hard for me to not think of Mel Schulstad and the role he played in the lives of many early addiction counselors. It seems like I have known Mel all my life and it is hard to think of anyone else who has exerted a greater influence on my understanding and practice of the role of addiction counselor. Mel was catalyst of and witness to our transition from “paraprofessionals” to professional addiction counselors, and that transition would not have been possible without his influence. He is the co-founder and past-president of NAADAC: The Association for Addiction Professionals, a co-author of two influential books (*Under the Influence*, 1984 and *Beyond the Influence*, 2000) and has been a leading advocacy voice for more than 40 years. On a personal level, he has been the person I am most likely to call when I am in need of counsel. At 93 years of age, he continues to offer his wisdom and encouragement to those of us who seek his guidance.

I have interviewed Mel several times over the past 15 years and have edited these interviews into a single transcript for ease of reading. Please join me in exploring the life and times of one of the true pioneers of addiction treatment and recovery in America.

### **Before NADAC**

**Bill White:** Mel, how would you describe the state of addiction counseling before the days of NAADAC and the professionalization of addiction counseling?

**Mel Schulstad:** My entrance into the field of addiction counseling came in 1972. I had moved back to Washington, DC area, namely Virginia, after having retired from the Air Force in 1966 and spending six years in Seattle. At the time I moved back to Washington DC, I had been thinking about using my own recovery from alcoholism as a tool to help others suffering from this disease. I had been active in service work within a recovery fellowship and started working as a volunteer in the Fairfax Hospital alcohol program, which was brand new at that time and consisted of an 8-bed ward linked to their psychiatry department. There I encountered a bunch of people who were hungry for more information about their illness and for whom there wasn't much staff assistance. There was only one recovering person on staff, a nurse, and the psychiatrists at that time were mostly trying to cure alcoholism with various drugs. As my volunteer role there expanded, the nurse encouraged me to pursue a full time position. I began working as a paid counselor in Arlington County in 1973. We called alcoholism counselors, but we were such novices. Our duties were ill-defined, we worked endless hours, and we were paid a pittance, but it was the beginning of what we started calling a new profession.

At the same time that Arlington County was beginning its alcoholism treatment program under its mental health organization, other counties in the area—Fairfax County being one of them—and similarly over in Maryland and in Washington, DC, there were federal funds coming down to help communities do something about alcoholism and drug addiction. What we were experiencing was going on all over the country. It was the rise of modern community-based treatment.

I was the first person hired in Arlington County, and I was told that I was in charge of hiring additional counselors. The only thing I knew to do, of course, was to hire recovering people. That was my bias because in my own efforts to recover as a full Colonel in the Air Force, traditional professionals had offered me very little help that was useful. In fact, the best psychiatric advice I ever got was from the director of an army psychiatric hospital, who told me in the privacy of his office, “We haven't had much luck with dealing with alcoholism. I think the best place for you to go is to AA.” I didn't look for other counselor employees from the ranks of psychiatry, psychology or social work because my own experience and that of others that I'd known in my then 8 years of sobriety convinced me that the only people who really understood alcoholism were those in recovery from it. But at a national level, the new alcoholism workforce varied through a mix of recovering alcoholics and psychologists, social workers and nurses hired as counselors. It was quite a smorgasbord of backgrounds.

By 1973 and 1974, a body of people calling themselves alcoholism or drug counselors existed throughout the United States. Most organizations didn't know what to do with us or how to treat us.

**Bill White:** What was it like for your generation of recovering counselors to interact with others who had advanced professional degrees?

**Mel Schulstad:** That was an interesting interaction when we came up against people who were degreed. I think we were regarded as somewhat of an oddity. I know we got a lot of stereotyped questions from the early professionals. They weren't sure how to handle us. They wondered if we were going to be drunk a week after we were hired and if we were all street bums. I'm exaggerating of course, but not by much. We didn't have the same academic qualifications and status the professionals brought so we were not initially granted the same respect that other professionals were extended. I remember my first interview with the medical doctor, the psychiatrist who headed up our department of mental health. After I was introduced to her, she was much more interested in the fact that I was a colonel in the Air Force and a World War II bomber pilot than my knowledge of alcoholism. Many professionals simply did not know how to talk to us at first.

**Bill White:** How did that change over time?

**Mel Schulstad:** As we were employed in bigger numbers and became a positive force in local programs across the country, we began to be seen somewhat as a threat. The professionals began to think, "My God, we have Master's degrees of social work and so on and so forth, and yet it seems that these people, these recovering people, are the folks that are getting the job done." We were different, and we were treated with a certain amount of apprehension, but then of course, as always, within any specific organization, it gets down to the interpersonal me and you—Mel and Gladys, and Mel and Jim—and so on and so forth. Each one of those relationships were different. I think generally speaking, we eventually won the respect of our colleagues. Many of them came to me over the course of the years and said indirectly, "I recognize that you have some expertise that I don't have and could you help me learn it?" So over time we began to learn from each other, and I think they learned as much from us as we learned from them.

**Bill White:** As you built those relationships, did professionals seek you out for advice related to alcohol problems in their own families and social networks?

**Mel Schulstad:** Yes, indeed. We became recognized as the person to whom to go to ask about various situations. I think we won such respect honorably by performing in such a way that we were accepted.

**Bill White:** When recovering people were hired to work in hospital and psychiatric settings in the early 1970s, some of these settings were known for heavy drinking when staff socialized. Do you recall encountering any awkwardness as we brought the recovering counselors into social activities with heavy drinking professionals?

**Mel Schulstad:** I think there was the awkwardness of the non-drinking recovering alcoholic in a social setting with Dr. So-and-so, who liked his or her two or three martinis. They seemed a bit nervous that we might be observing and judging their drinking. I remember going to my first NCA conference in Washington, DC—National Council on Alcoholism—and being amazed at the number of people who attended their cocktail party and the fact that they even had a cocktail party.

### **The Movement toward Professionalization**

**Bill White:** What were the conditions that led to early efforts to professionalize alcoholism counseling?

**Mel Schulstad:** Well, in February of 1974, NIAAA funded a \$96,000 contract to Roy Littlejohn to formulate standards for this new alcoholism counselor role. The resulting Roy Littlejohn Report was released in June of '74 and was generally awarded high marks. Its singular character was that the recommended standards were based on competency rather than academic qualifications. It recognized that recovering people constituted the basic constituency of the alcoholism counselor field across the country. So a further contract was let to more clearly identify the skills, knowledge, wisdom, experience, etc. that alcoholism counselors should ideally possess. For people in recovery, this included a minimum period of sobriety which most states at that time were setting at one or two years. There was also a lot of discussion about such questions as: "What do you do with a counselor if you hire him and he gets drunk? Do you fire him or do you put him into

treatment?” I think that was debated all over the country and probably settled on the basis of the individual program, wherever it was. There were no national standards or guidelines on this.

**Bill White:** It sounds like the whole momentum for this early period was, “How do we support and bring credibility to these new recovering people and this new role?”

**Mel Schulstad:** Yes, that was the focus. It was presumed that if you had a degree in something, you were already qualified. The field was not worried about those with college degrees or licenses in social work or psychology at that point in time. It was the perception of those poor unlearned, unwashed, illiterate counselors that were of concern. A lot of stereotypes of the alcoholic got foisted on to the perception of the recovering counselor. Of course, we had friends in high places. We had Senator Harold Hughes and other recovering people in Congress who openly advocated that NIAAA should seek the advice and counsel of recovered people. And there were a couple of people up at NIAAA that were also recovering which helped make up for those who tended to look down their nose at those in recovery. They insisted on calling us “paraprofessionals” until we fussed so much about such a demeaning title that they finally stopped using it.

**Bill White:** Could you describe the rise of alcoholism counselor associations?

**Mel Schulstad:** The key figure in this movement was Matthew Rose. Matt, who had been a government employee working for the Office of Economic Opportunity (OEO), oversaw projects that helping people who were unemployed, particularly in the South. He was responsible for recruiting and training people to work as alcoholism counselors in within early anti-poverty programs, and he played a major role in encouraging the establishment of state counselor associations. I remember attending a 1974 meeting of the National Council on Alcoholism in Denver in which Matt was calling on state alcoholism authorities to organize the new alcoholism counselors in their states. He wanted them to educate and train the recovering people they were recruiting into this new role. He wanted programs that would educate and recognize people for their knowledge and competence. Meanwhile, NIAAA, recognizing this need set up regional training programs around the country to respond to this need. In the state of Virginia where I was, we formed the Virginia Counselor Alcoholism

Association starting with just five people. Our goal was to get some recognition of ourselves as professionals.

**Bill White:** There must have been a lot of camaraderie between those filling this new role during that early period.

**Mel Schulstad:** There was a great feeling of warmth among us. The Virginia Counselor Association in its formative years was made up primarily principally of recovered people. We had that as a common thread among us. One early milestone was Marcia Lawton, Ph.D., publicly acknowledging her recovery status. She was a guiding light in many ways—one of the first traditional professionals who admitted to being in recovery.

**Bill White:** What are the most important benefits provided by those early counselor associations?

**Mel Schulstad:** We wanted to achieve recognition for our life-won wisdom of recovery and for the education and experience we were accumulating. The problem was that there simply wasn't anyplace to go to school for addiction counseling in those years. NIAAA established the National Center for Alcohol Education which began to expand the country's alcoholism counseling training resources and NIDA set up the National Drug Abuse Center to provide training for drug addiction counseling.

**Bill White:** Who provided most of this early training?

**Mel Schulstad:** We were fortunate in the state of Virginia to have Marcia Lawton who had both academic credentials and experiential knowledge of alcoholism, but she was the exception. y the state authority. There were two other early trainers in Virginia—one of them was a Catholic priest with a PhD and the other one had a PhD in psychology. I became convinced pretty quickly in my own mind that neither one of them understood much about alcoholism. They had wonderful degrees, but they really didn't know about alcoholism. They were teaching out of a book. That's all they had to go with.

**Bill White:** Did the role or status of the alcoholism counselor change as people acquired more formal training and education?

**Mel Schulstad:** I don't know if there was any great overwhelming acceptance of us until we started going to college. Again, the coin of the

realm is the university degree. A bachelor's degree, we don't much care what it's in, but if you've got a BA, that puts you in a different slot socially, academically, and professionally than some recovered drunk even though he's got 400 classroom hours in how to treat alcoholism. Those without a degree were not and probably will never be fully accepted by the academic community. So the trend became everyone heading off to get a degree in something. I remember a recovering alcoholic nurse who for a number of years who ran a hospital treatment program. She was a professional nurse and a professional counselor if there ever was one, and recovered, and yet when the time came, when the hospital management wanted to put somebody in charge of that unit under an HMO arrangement, they hired a nurse with a master's degree. It was a degree in library science, but she had a master's degree, and that looked good on paper. We fought that, and still fight such things.

**Bill White:** If you look back over the past decades, what do you think was the major obstacle to the alcoholism counselor credentialing movement?

**Mel Schulstad:** We wanted the state of Virginia to accredit or license us as alcoholism counselors. We were more than willing to take the necessary training and to take whatever exams would be required. The folks who opposed that very forcefully were the psychiatrist, psychologists, and social workers and mental health people, all of whom generally had advanced degrees. They did not want someone coming along with 100 or 200 hours of training to claim and receive the same stature they possessed.

**Bill White:** There was a great deal gained by the addiction counselor credentialing movement. Was there anything lost in the credentialing movement?

**Mel Schulstad:** I think perhaps there was in this respect: many of the original alcoholism counselors—and I will say particularly in the south, where Matt Rose began his work among the black communities—were not educated even as well as other parts of the country. Many of them were not high school graduates, and the quality of their education, as expressed in language—the spoken word—was visible to everybody. So, the fact that this level of person was going to be given a status of any kind was very, very difficult for those who were status-minded and degree-minded to accept. I can remember in my own time some of the early NAC and NAADAC awards going to black people in some of the southern states who were

obviously not educated. You could tell from their choice of language when they stepped forward to receive the awards. But what they had was so much more important than that. They had love. They had a passion for helping within them that was so powerful that they were selected by their peers—many of whom had all kinds of degrees—to receive outstanding awards. They represented the soul of alcoholism counseling as it originally existed. They had the power to help somebody understand that he or she is a loveable human being and a child of God. This is a quality that is hard to transmit in a classroom.

**Bill White:** Is your sense that some of that focus has been lost as we move forward?

**Mel Schulstad:** I think as the “field”—define it as you will—is beginning more and more to insist on some kind of recognizable education, whether it’s an academic degree or more and more hours of educational achievement. We’re losing some good people in the process. Some of the field’s best early counselors are saying, “I just don’t think I can keep working in the field. These people are demanding I get education that seems so unconnected to my work with alcoholics. I don’t really understand why I have to have it and I don’t feel I’m at home here anymore. And they left and are leaving in great numbers.

### **Early Issues in Addiction Counseling**

**Bill White:** Let me take you back to some of the critical concerns during this early period in the modern history of addiction counseling. One concern was what was then called “two-hat” issues experienced by recovering AA members who also worked as alcoholism counselors. Was there criticism within AA of people who worked in the field?

**Mel Schulstad:** Yes, there was. I remember Matt Rose telling me one time, “Well, one of the first things you’re going to run into if you take a job in this field is you’re going to be told by your AA colleagues that you’re selling AA for money.” That was dealt with by the Alcoholics Anonymous General Service Office in New York office issuing some pamphlets to clarify that you could work as a professional counselor as an AA member, but that you had to keep your two hats very distinct. That wasn’t easy to do. I, for one, always told people that were my patients that I was recovered, and I would tell them I was a member of Alcoholics Anonymous. I didn’t try to hide

those facts about my life. I do remember one day I ran flat into it because I had a woman client who I wanted desperately to get started into AA. She was a very shy and reluctant, quiet lady. One morning, I had a 9:00 appointment with her, as I recall, and I took her in my car. “Get in the car. We’re gonna go to an AA meeting at 10:00 in the morning.” I knew there was a group that was predominately women just a few blocks away. So, we walked to the AA meeting, sat down around the table, and the AA leader, who was also incidentally the chairman of our women’s home there in Arlington, turned to me in a very, very AA oldtimer manner—embarrassed the hell out of me—she turned to me, she said, “Mel, are you here as a member of AA or are you here from your Arlington Alcohol Center?” I said, “I’m here as a member of AA, and I brought another human being with me, and I want to introduce her.”

**Bill White:** There remained controversy over whether you should identify yourself as a person in recovery to clients with whom you worked?

**Mel Schulstad:** Absolutely. After the original director of our Arlington program left, we got a new director with a Master’s degree in social work. Nice guy, but he didn’t know a thing about alcoholism, and he was the first to admit it. He criticized me for disclosing my recovery to clients. In his work, his experience, you did not take your personal experiences into your professional world. He didn’t see why we should do that. But I remember in a very friendly way telling him I thought it was desirable and that he should not invoke any rules against it, which he never did. I kind of secretly felt that he thought that it gave the recovered counselor an unfair advantage over those not in recovery.

**Bill White:** Was there much concern early on about the risk of counselors relapsing while employed in the field?

**Mel Schulstad:** I personally don’t recall knowing of any cases where that happened. I’m sure it did happen because we all know there are relapses. There was a lot of discussion about, “What do we do if a counselor relapses? Do we fire him or her, or do we say ‘Go to treatment, get well, and come back’?” Today, I think we have recognized in the field of counseling that if there is a relapse, the person’s entitled to treatment and reinstatement, at least one time. I don’t remember it being a big problem.

## **Role of Spirituality in Recovery**

**Bill White:** How do you think the role of spirituality in recovery has changed over the history of modern addiction counseling?

**Mel Schulstad:** Well, there again, I think it depends to a large degree on the individual counselor and the basis of their own recovery. I personally cannot see how I could deal with the person who is coming to me for help with alcoholism or addiction without telling them about what happened to me, and my recovery was spiritual. I would encourage them to explore that as one possible option for themselves. To do less than that, I think, would be unethical. Now, where there's justifiable opposition is a counselor who tries to get a client to be a Baptist or a Lutheran or a Catholic. The issue of religions is very distinct from that of spirituality.

**Bill White:** Some people have said that all the focus on academic education, certification and licensure has squeezed spirituality out of the counseling role.

**Mel Schulstad:** I think that's true. The program directors who lay down definitions of what treatment will consist of frequently leave out spirituality. The program that I was connected with when I was the consultant to the director emphasized spirituality because we applied the AA principles throughout the program. But as a field we're drifting away from real one-on-one direct spiritual intercourse with another human being into just about everything else under the sun. I look at some of the treatment programs' operational concepts today I see so much emphasis on management and administration and paperwork. They hardly ever get around to using the words "help the patient recover from alcoholism." The closest they get to admitting there's a spiritual basis is saying something like "continue to be involved in 12-step programs following treatment." That simple phrase is supposed to take care of the whole thing.

**Father Martin, Harold Hughes and Matt Rose**

**Bill White:** Who were some of the people who were important in the rise of the alcoholism counselor role and its professionalization?

**Mel Schulstad:** I would start with Father Martin. His film, *The Chalk Talk*, was a landmark in the field—a blockbuster. It was the most remarkable thing that happened in that first 10 years. We all tried to get a hold of it. It was a

Navy product, and Captain Jim Baxter, head of the Navy's alcoholism program, helped make it available to the emerging field. We all cut our teeth on Father Martin and his lectures. And the importance of Harold Hughes cannot be overstated.

**Bill White:** Do you have any personal reminiscences of him?

**Mel Schulstad:** Yes, I have several. He was one of the most dynamic human beings I've ever met in my life. He was part Indian. He was a big man with black hair. For a former truck driver, he had a wonderful command of the English language. He spoke with such commitment, such deep feeling that he could penetrate anybody's mind or brain no matter where they were in the room. He also had a personal aura about him that when he walked into a room, people stopped talking. I know that sounds ridiculous, but I've literally seen it happen. I became a great admirer of his. When he retired from the Senate, as he publicly announced he was leaving the Senate and the purpose of his leaving was to serve Jesus Christ—that was why he left. I later learned that he had a very sad, tangled up personal life. He had a lot of anguish which sort of reminded me of Abraham Lincoln. I remember going to him after he left the Senate and had left the field in a way and I begged him. I said, "Harold, you've got to come back into this field. We're leaderless. We're wandering around, and we don't have anybody to show the way. You're the only person that can do it." I remember standing in front of him after he had spoken at a NAADAC conference in Indianapolis. I was standing there, looking him straight in the face with tears running down my cheeks telling him this. He listened and nodded. Not too long after that, he announced that he was going to try to set up a national organization. He invited I think 10 or 12 of us to come to a meeting in Kansas City. There, we sat around a table for a couple of days to try to formulate the concept of a national organization, which he wanted to call the Society of Americans Recovering (SOAR). That organization began with some great promise but it fell apart in 2-3 years.

**Bill White:** Did Hughes play a more direct role in the rise of alcoholism counseling separate from the legislation he championed that set the stage for modern treatment?

**Mel Schulstad:** Yes, he did. He came to several of our meetings to discuss organizing alcoholism counselors. He was quite interested. When he was still a senator, he wanted the recovering community, which he saw as the

bastion of strength, to fight alcoholism in the nation. He wanted the recovering community to support his legislative efforts, and he saw us doing that as counselors. He did a lot of personal advocacy for us as counselors and came to our meetings and encouraged us.

**Bill White:** Matt Rose is someone you've mentioned. What do you recall about Matt as a person?

**Mel Schulstad:** Well, first off, he was recovered and was married to a recovering lady. Matt's work with OEO down south had given him a very clear picture of the desperate need for alcoholism programs in poor communities and he had a vision of mobilizing the recovery community to help with this need. He thought the wares of medicine, psychiatry, psychology, social work, and mental health offered only a limited solution, but that the voices of recovering alcoholics working as alcoholism counselors might make a real difference. So Matt became a force in creating NACT and NAAC and eventually NAADAC.

**Bill White:** Would you describe Matt as a charismatic figure?

**Mel Schulstad:** Matt had a lot of zeal about organizing the recovering constituency into alcoholism counselors, state associations, and national associations, but I don't think he was a charismatic personality. He was a good organizer. He would talk to individual people and put together little cabals that would get things done. He took it upon himself to create the National Association of Alcoholism Counselors in a meeting in Washington, DC. He did the same thing at the big NCA conference in 1974 in Denver, where he put 20 or 30 of us together at a hotel dining room and said, "We've all got to organize. We've got to get together. We've got to have a voice. We've got to have some control over this educational effort, which is coming down out of NIAAA."

### **Alcohol Counselors and Drug Counselors: One Field or Two?**

**Bill White:** I remember you telling me a story from the mid-1970s about you and Eric Reardon standing on one side of the room and everybody else on the other side of the room on the question of should the alcohol and drug fields be integrated.

**Mel Schulstad:** In Arlington County when we set up the alcoholism center, there was already a drug program aimed at youth. This was run by a couple of people who had master's degrees who I was thoroughly convinced didn't know one damn thing about addiction. They had a constant corral of 10 to 20 adolescents that they treated, as best I could understand, by the confrontation method. Face-to-face, real heavy horsewhipping, and they kept these kids pretty much well under lock and key all week, and then on weekends, they turned them loose so they could go out and drink, and that was okay. So, I had a high disregard for the so-called drug culture and for drug treatment, which seemed to me focused on adolescent street kids and disregarded the lawyers, doctors and Congressman using cocaine. My bias was that I didn't want to be affiliated with those people or have them part of the alcoholism field. But it was also beginning to be obvious that our patients were coming in mixing alcohol and drugs. We had to learn that alcoholism and drug addiction had a great deal of similarities, and we eventually had to bite the bullet.

**Bill White:** Looking back today, would you say the care of alcoholics has been helped or hurt by that integration movement?

**Mel Schulstad:** Well, I think in a way it's been hurt. The focused has become so diffused on these broader drugs and process addictions, that I fear one day we are going to have to force ourselves to rediscover something about alcoholism and alcoholism recovery. How diffuse shall we make this treatment of addictions? We're getting so diffused that we risk nobody getting well because we fail to focus on THE problem. If we lose our focus as a field, we may have to start all over again in the future.

**Bill White:** Marty Mann and a generation of advocates worked to destigmatize alcoholism. Do you feel the integration of alcoholism and drug addiction into a single field has added to the stigma of the alcoholic?

**Mel Schulstad:** Oh, I think so. Of course, the worst thing is the nomenclature that we've chosen in this field. We've made abusers out of hundreds and thousands of people. We call them abusers, and that's a very, very detrimental term. We don't use that language with any other medical problem. We don't talk about people who abuse sugar or abuse food. We're the only field in which we lambast the victim with the title of abusing something. Then we wonder why we're held in such disregard or why Congress doesn't want to flood us with money like they do for other

illnesses. Our very nomenclature invites disrespect and contempt. In my humble opinion, this type of language was inserted into NIAAA's vocabulary by the liquor industry. The liquor industry wanted the term "abuse" in the public health language surrounding their product because it shifted the focus from alcohol to the drinker. All the carnage, all the deaths, all the violence, all the disruption of human life that's caused by the consumption of alcohol, according to the liquor industry, is done by people who abuse this product. This benign, wonderful, God-given thing--if it weren't for these bad people that abuse it. That's the notion they are trying to promote.

### **Future of Addiction Counseling**

**Bill White:** What's your vision about where you think treatment is going to be going in the near and long future?

**Mel:** Well, I see alcoholism and drug dependence being gradually sucked back under what is now being called behavioral health, which includes the mental health field which decades ago did not want us and from which we successfully escaped at least for a while. I think the field will suffer from this new way of integration. These behavioral health people seem to me to be in bed with the cost managers and the pharmaceutical industry. They're all there pushing chemicals and quick fixes. That's of course what these folks would like to find is that kind of an answer because they really don't enjoy sitting down one-on-one with a drunk who's got snot running out of his nose and saliva running out of his mouth, and his eyes are so red he can't see across the room. The bottom line is they just flat out don't like alcoholics and addicts.

**Bill White:** In the midst of this, do you see the role of the addictions counselor also getting pulled towards that general disposition?

**Mel Schulstad:** Yes, I do. The challenge is going to be to hang onto our historical focus on the care of the suffering alcoholic and addict and his or her family and what we have learned about how to do that. These are in danger of getting lost.

### **The Distinctiveness of Addiction Counseling**

**Bill White:** What distinguishes addiction counseling from other health and human services professions?"

**Mel Schulstad:** Well, what distinguishes addiction counseling from other health and human service professions is that it's relatively new on the horizon of American medicine. As you and I know, there was very little, if any, activity of consequence that was useful in treating, bringing on recovery before Harold Hughes created the National Institute on Alcohol Abuse and Alcoholism and began funding community-based treatment.

I reread a document published by Substance Abuse Mental Health Services Administration, Center for Substance Abuse Treatment in 1998, and hailed by Linda Kaplan, who was then the executive director of NAADAC as "the new addiction counseling competencies, acknowledged skills and attitudes of professional practice... that we needed for practitioners who are involved in preparing to work with the addiction field." Well, I reread the damn thing, and it is one of the greatest collections of gobbledygook you ever saw in your life. It has been put together by a lot of people who have vastly embellished their names with PhDs and MDs, social work, etc. etc., but among the 30 or 40 people whose names are listed as authors of this document, this proposal, who tell us what addiction counseling competencies are needed are...nobody that I, well, very few people that I recognize as recovery folks, most of them arise out of other disciplines, and if you have never seen this document, I urge you to get it. It dances all around how to help a client achieve recovery but it simply does not deal with it.

**Bill White:** If you think how many alcoholics and addicts have been treated outside the specialized field of addiction treatment, how do you think competent addiction counseling is different from what they get there?

**Mel Schulstad:** Well, in everything that I read in mental health and those disciplines, there's never any actual mention of such words as love, fear, [meek?], empathy, understanding, and of course never any mention of the word faith in God or a higher power. The closest they come to admitting that there are such programs is community and self-help groups, but as so far as admitting that addiction counseling could benefit from the recovering person building it on a faith in a higher power, of course, is completely absent from anything I've ever read in the mental health arena. I believe actually that psychiatry in its formative years was created as a counterpoint to quote

“religion” unquote. They were in opposite corners of the universe let’s say, and they haven’t really moved very much closer to each other over the years, and the only reluctant approval I’ve ever heard from a mental health professional is that “Oh, sometimes people do well in Alcoholics Anonymous,” but as to how that’s achieved or how, what modalities are used in Alcoholics Anonymous, they don’t [inaudible] are never mentioned.

**Bill:** What do you think about the difference of us seeing addiction as a primary problem and mental health seeing it as a symptom?

**Mel:** I think that’s been a standard point of view of mental health from the beginning that it’s really not an illness, a sickness, not a disease, even though their own, their very own practitioners announced in the early promulgation of their definitions and their documents that you and I are both familiar with, they originally called it a disease, if I’m not, well at least the American Medical Association called it a disease back in 1956. When the first definitions were written by the American Society of Psychiatry, they did call it, alcoholism I believe it was a disease. And I don’t have that document on hand, but you know what I’m talking about.

Of course, we have the two basic definitions, one of which was that it is an abuse of the brew of alcohol. So we have the alcohol abuser, and the defined quote “medical term”, and then the other term, the early term was that of a person having an illness or a disease, but of course now, it’s been revised in [inaudible] now. We’re no longer alcoholics; we are substance dependent.

**Bill White:** What would you say to a new addictions counselor about the most important lessons you have learned in this field?

**Mel Schulstad:** I’d have to go back to my original thesis, which is that if you’re going to define recovery as I define recovery, then you must have a spiritual basis for that recovery. Recovery is not simply abstinence; it is finding a new dimension within my own life, my own spirit, my own being. It rests on a faith in an Almighty God who has given me a new life. I didn’t get it from a counselor, or a teacher or a preacher.

**Bill White:** Is there any kind of personal advice or coaching you would offer for someone just in the early days or weeks of the field?

**Mel Schulstad:** To the 70 percent of the people who have come into the field in the last 5 years out of an academic background with no experience

themselves personally with the disease, I would say, “Please acquaint yourself with how Alcoholics Anonymous works and find our how to integrate the wisdom of the recovery fellowships into your work.” I would also encourage them to weigh carefully each of the new innovative medicines and new treatment ideas to see how successful they’ve been.

### **Rewards of Addiction Counseling**

**Bill White:** What are some of the special rewards that have come to you from working in this field so many years?

**Mel Schulstad:** The greatest rewards I’ve had in my entire life are from helping other people begin a new life in recovery. The rewards are absolutely beyond description. I will be forever grateful of the opportunities this field has given me to touch the hearts of so many people who were once suffering and who today have a new life.

**Bill White:** Mel, thank you for all you have done for the field and for all you have done for me over these many years.