

## *NAADAC Code of Ethics, Part 2*

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**A question and issue I have had has to do with clinical supervisors who sign off of certification applications without actually supervising and/or documenting hours not worked. How do we hold clinical supervisors accountable for Ethics?**

A: The only persons who should be signing off on hours for certification and licensure are the clinical supervisors who provided actual clinical supervision on a regularly scheduled basis. Clinical supervision includes case presentations, case management, professional development activities, and ethical practice development. The clinical supervisor might also be the site supervisor who is responsible for the business side of the agency (hours, vacations, case load and assignment, etc.) – however not all site supervisors are also the clinical supervisor. The clinical supervisor meets with the supervisee weekly or on a regularly scheduled basis to go over cases. The clinical supervisor is the only person who knows how the supervisee is doing towards professional development and has a sense of whether this person will practice ethically, legally and safely (the clinical supervisor is the gatekeeper). NAADAC and most states expect that the person signing off on the hours worked is the actual supervisor ultimately responsible for the cases and counseling the intern/supervisee has been working on. Several steps need to occur:

1. Find out what your state regulatory board expects or requires – if the clinical supervisor is the one who is responsible for the cases or if it can be the site/administrative supervisor.
2. Find out what your state single state authority (SSA) or state licensing office (the office that licenses agencies that provide residential, outpatient, and DUI services) require and look for when auditing agencies such as yours. Find out if your agency is licensed by an Office of Behavioral Health or other licensing office.
3. Find out what the agency's policy regarding clinical supervision is – what it entails, how often are they expected to meet, is there a supervision contract, and what happens when the agency policy is not followed.
4. Once you know what each of these three sources expect/require – start with your supervisor first and voice your concerns. If that falls on deaf ears, go above the supervisor to the office manager/clinical manager. If that falls on deaf ears, go to your state licensing agency. If that falls on deaf ears, go to your regulatory board to file a complaint. You can also approach NAADAC Ethics Committee about your specific concerns, however, we will want to see that you have exhausted your state options first.

### Can you give the author reference again for "Cultural Humility" please?

A: Here are some relevant references:

- Derald Wing Sue is my reference for microaggressions and all topics multicultural – he has written many textbooks and is a dynamic speaker if you ever get a chance to hear him at a conference, etc.
- <http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>
- <http://ct.counseling.org/2016/12/practicing-cultural-humility/>
- <https://culturallyconnected.ca/cultural-humility/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043/>

### Can you please mention the name and agency that offers that credential online again?

A: Here is some information for you:

- Distance Credentialed Counselor: <http://www.cce-global.org/DCC>
- Telehealth Certification Institute: <https://telementalhealthtraining.com/dcc>
- [https://www.nimh.nih.gov/health/topics/technology-and-the-future-of-mental-health-treatment/index.shtml#part\\_152626](https://www.nimh.nih.gov/health/topics/technology-and-the-future-of-mental-health-treatment/index.shtml#part_152626)
- [http://www.zurinstitute.com/hipaa-digitaletics-telementalhealth-resources.html#telehealth\\_guidelines](http://www.zurinstitute.com/hipaa-digitaletics-telementalhealth-resources.html#telehealth_guidelines)
- <https://www.telementalhealthcomparisons.com/>

### Could you take a minute to address the need for lifelong and career-long clinical supervision and consultation?

A: Lifelong/career-long learning is a concept familiar to all behavioral health (MH/SUD?ABD) clinicians and service providers. Lifelong learning is demonstrated by reading current literature and research relevant to one's practice, participating in individual or group supervision, consulting on all cases that are at the edge of a person's scope of practice and competency, attending in-services offered at one's agency, and attending workshops, training, and conferences that are specific to one's profession and practice. Engaging in lifelong learning positions the professional to thrive and adapt in a profession that is witnessing rapid change and aligns with the expectations of clients/agencies/peers/regulatory agencies and boards that addiction professionals will engage in lifelong learning. To conceptualize clinical supervision within the framework of lifelong learning locates it within a contemporary landscape and agenda. A culture that empowers professionals to engage in lifelong/career-long learning is helping the clinician/provider and profession to remain relevant and responsive to individual, community, and societal needs. Ongoing supervision and consultation is the only proof a clinician has – if they get grieved – that he or she has proactively remained up-to-date on current evidence-based and outcome-driven practices.