

Addiction Professionals With and Without Lived Experience: Common Ethical Questions

By Mita Johnson, EdD, LAC, MAC, SAP, NAADAC Ethics Committee Chair

There are two questions that are posed regularly: (1) does a potential clinician/service provider have to have addiction and recovery in his or her story to be effective helping others struggling with addictive substances and behaviors, and (2) how long “should” a person be sober before accepting employment as a helper/service provider to others struggling with addictive substances and/or behaviors? The answer to the first question is easier to explain than the second question.

No, you do not have to have a personal history with addictions (directly or indirectly) to be effective in our profession. Understandably, clients may have the idea that we cannot relate to them or be empathetic to the hurdles of their recovery journey if we have not walked a similar journey to theirs. We all want someone who can relate to us — helping us. However, that similarity may not always work to the client’s advantage. The client is the expert on his or her own addiction-related experiences. Their stories and histories are uniquely theirs. We cannot compare where we have been to where they are. As clinicians and service providers we are here to collaborate with the client. The client brings the issues, concerns, and compulsions; the clinician/service provider brings a unique perspective and appropriate therapeutic and recovery tools to the professional relationship. The clinician/service provider is able to see the forest for what it is without being blinded by the individual trees. The clinician/service provider does not need to be clouded by his or her own experiences, nor does he or she need to measure their client’s successes and setbacks based on his or her own journey, regardless of how similar the stories are. When we are using our story to help a client, we are operating more from a counselor-centered than a client-centered agenda. The most effective clinician/service providers are those who are able to connect with and establish rapport with their clients. The most effective providers listen with the intent to understand and collaborate with the intent to support meaningful positive change towards functionality, health and wellness. Clients benefit from an unbiased collaboration that is respectful, honest, and client-focused.

To answer the second question, we consider the client who does really well in his or her treatment journey. That client has learned a lot about him- or herself, has tasted success in treatment and early recovery, and now wants to help others along their journey. How long should he or she be in recovery before seeking employment in our profession, treating addictions and supporting recovery? That is a valid question that is difficult to answer. Every treatment and recovery story is unique and complicated. No two people recover in the same way; a person in recovery has to discover what it means to be functional and/or sober, and has to hold him- or

herself accountable to his or her treatment and recovery goals. We know that one’s recovery journey is a factor influencing potential employment. There are other guidelines to consider. One of the primary reasons a client recidivates or relapses is stress. Life in early and sustained recovery can be very stressful physiologically, psychologically and socially.

PAWS (post-acute withdrawal syndrome) includes symptoms of anxiety, depression and cravings that persist for months to years after last use. Working in a treatment and recovery-oriented environment is stressful. Clients relapse, clients are suicidal, and clients are dealing with significant co-occurring disorders. Clients are sharing intimate details about their use and behavior patterns, as well as the cravings and triggers they are being bombarded with. There are moments when clients can be rude, angry and disrespectful. There are moments when you will hear and see things you do not want to remember, but will. We have all struggled with wanting

to make sure we are saying the right things and using the right tools to make a meaningful difference in a person’s life — but we are doubting our thoughts and actions. On top of these factors, if we want to work at the agency from which we graduated we have the additional layers of having been a client at that facility. Just because a person succeeded as a client in a specific agency does not mean that he or she will make a great employee of that agency. There are unspoken expectations of the client hired by the agency that he or she graduated from — by the staff, clinicians and active clients. Those expectations and the office politics around those expectations can cause a great deal of stress on the client hired as staff. There are also dual relationship concerns that would have to be addressed that could be avoided by working at another agency.

So, what are the recommendations for when a person in recovery can start working in the addictions-specific profession: right after they graduate from treatment, after several months or several years of recovery without any relapses, after several months or several years after last relapse, never ... ? Across our profession, the answer ranges from immediately after graduation to five years post-graduation from treatment and in recovery. The most consensus is around a minimum of one to two years of recovery time. This allows the client-turning-service provider time to work his or her recovery, address triggers and cravings, and allow his or her brain to heal and mature. The brain needs time and resources to create new neural pathways and heal. During this time, the individual should be working on addressing any trauma that has been fueling the addictive behaviors and/or substance use, and learning essential life skills in deficient areas. If a client-turning-service provider wants to start

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working immediately away after graduation, it is advised that he or she consider working at an agency that is not connected to the agency where he or she graduated. This keeps expectations realistic and avoids unnecessary dual relationships or conflicts of interest. NAADAC promotes the need for clinicians and service providers to invest in their self-care, which includes self-care in recovery. NAADAC, through its Code of Ethics, encourages all clinicians and service providers to seek clinical supervision that is meaningful and relevant. This is especially critical for a person newly in recovery who is also applying to work in our profession. Clinical supervision will serve a vital monitoring and gatekeeping function, alongside empowering and teaching the supervisee. A potential clinician, who is actively managing his or her recovery journey and doing the hard work of maintaining his or her recovery, will be in the best mindset to be valuable and relevant to the clients he or she wants to help.



Mita M. Johnson, EdD, LAC, MAC, SAP, has a doctorate in Counselor Education and Supervision, a Master's Degree in Counseling, and a Bachelor's Degree in Biology. She is a licensed professional counselor, licensed marriage and family therapist, and licensed addiction counselor, along with earning the national Master Addiction Counselor (MAC) and Department of Transportation Substance Abuse Professional (SAP) certifications. Johnson has two supervisory credentials (ACS and AAMFT) and is a NCC. She is a core faculty member at Walden University, and she maintains a private practice where she works with supervisees who are working on credentialing. Johnson

is the Past-President of the Colorado Association of Addiction Professionals (CAAP), and is currently NAADAC Treasurer and Ethics Chair. She previously served as NAADAC's Southwest Regional Vice-President. In Colorado, Johnson is involved in regulatory and credentialing activities as well as workforce recruitment and retention initiatives. She speaks and trains regionally and nationally on a variety of topics. Her passions beyond workforce retention include pharmacology of drugs of addiction, infectious diseases, ethics, motivational interviewing, and clinical supervision.

CALL FOR NAADAC LEADERSHIP NOMINATIONS

DEADLINE: January 31, 2019 at 5:00 pm EST.



Let your voice be heard! Make a difference by nominating a passionate, skilled, and dedicated addiction professional to serve as an Officer or Regional Vice-President on the NAADAC Executive Committee.

NAADAC is accepting nominations for the following positions:

- **President-Elect**
- **Secretary**
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- **Mid-Atlantic RVP**
- **Mid-South RVP**
- **Northeast RVP**
- **Northwest RVP**

Only NAADAC members in good standing who have been actively engaged in work in addiction counseling or as an addiction professional for at least two years immediately prior to the nomination shall be eligible for an elected office with the Association. Visit www.naadac.org/nominations-for-executive-leadership-team to view eligibility requirements for all positions and download a nomination form to submit today!

Candidate statements will be published in the Spring 2018 issue of *Advances in Addiction & Recovery* to help inform your vote in May. All 2019 terms begin October 9, 2018, after the NAADAC Annual Conference in Houston, TX.

If you have any questions about the nomination process, please email NAADAC Executive Director, Cynthia Moreno Tuohy at cynthia@naadac.org, or call 800.548.0497 x102.

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NAADAC members and non-members are invited to submit presentation proposals for 1.5 hour breakout sessions. NAADAC encourages young investigators, researchers, and addiction and co-occurring professionals from diverse organizations and disciplines to submit.

Submission Deadline: January 15, 2018

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