NAADAC Pre-Conference Workshop

Basics of Addiction Counseling: Ethical & Professional Issues

September 22, 2017

Dr. Deborah Fenton-Nichols, EdD, LPC, LAC, NCC
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Agenda

• NAADAC Code of Ethics--Introduction
• Ethical Decision Making
• Nine Principles
• SAMHSA TAP 21 Addiction Counseling Competencies
• SAMHSA Tools & Practices to Guide Ethical Use of TAC$^{34}$
• Ethics Links and Resources
Workshop Objectives

- **Workshop Overall Objectives**
  - Present NAADAC 2016 Code of Ethics & SAMHSA Competencies & Their Relevancy
  - Review Professional & Ethical Behavior
  - Provide Tools for Critical Analysis & Ethical Decision-Making
  - Provide Resources for Further Professional Development
Ethics

• **Aspirational Ethics:** What is the best – highest level of practice?

• **Mandatory Ethics:** What does the law, rule, or ethic’s code require of me?

• **Positive Ethics:** How can I be da support, help, resource?

• **Principle Ethics:** What should I do?

• **Value Ethics:** Who am I – what do I believe personally?

• **Virtue Ethics:** Who am I when no one is watching? Who should I be?
Core Values: Principle/Virtue

• Autonomy
• Beneficence
• Competence
• Conscientious Refusal
• Diligence
• Discretion
• Fidelity
• Gratitude
• Honesty & Candor
• Justice
• Loyalty
• Nonmaleficence
• Obedience
• Restitution
• Self-improvement
• Self-Interest
• Stewardship
NAADAC 2016 Code of Ethics

• Purpose & Function—Standard of Practice, Assist, & Guide
  • Maintain Ethical Professional Practice & Risk Management
  • Highlight Emerging Issues & Areas of Concern
  • Study Guide for NCC AP’s Credentialing Exams
  • Professional Development
1. Position of trust & responsibility; High quality care; Acts in client’s best interests; Assists clients to help themselves.

2. Adhere to NAADAC Code of Ethics; High level of ethical conduct; Perform competently & consistently.

3. Read and promise to adhere to the code of ethics; Failure to meet ethical standards risks disciplinary action/revocation.
2016 Code of Ethics—Principles

- **Principle I**: The Counseling Relationship
- **Principle II**: Confidentiality & Privileged Communication
- **Principle III**: Professional Responsibilities & Workplace Standards
- **Principle IV**: Working in A Culturally-Diverse World
- **Principle V**: Assessment, Evaluation, & Interpretation
- **Principle VI**: E-Therapy, E-Supervision, & Social Media
- **Principle VII**: Supervision & Consultation
- **Principle VIII**: Resolving Ethical Concerns
- **Principle IX**: Publication & Communications
Four Transdisciplinary Foundations

Transdisciplinary Foundation I: Understanding Addiction

Transdisciplinary Foundation II: Treatment Knowledge

Transdisciplinary Foundation III: Application to Practice

Transdisciplinary Foundation IV: Professional Readiness
Eight Practice Dimensions

I: Clinical Evaluation
   Screening
   Assessment

II: Treatment Planning

III: Referral

IV: Service Coordination
   Implementing the Treatment Plan
   Consulting
   Continuing Assessment & Treatment Planning
Eight Practice Dimensions--Continued

V: Counseling
   Individual Counseling
   Group Counseling
   Counseling Families, Couples, & Significant Others

VI: Client, Family, & Community Education

VII: Documentation

VIII: Professional & Ethical Responsibilities
Ethics Links & Resources

NAADAC, the Association for Addiction Professionals
http://www.naadac.org

Ethical Decision Making

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1. Identify and define the problem.

2. Review the *NAADAC Code of Ethics* to determine which Principles are applicable.

3. Consult with a supervisor or experienced colleague.

4. Determine if there are any potential legal concerns, and if consultation with an attorney is warranted.
Comprehensive Decision-Making Process

5. Identify all potential courses of action and their potential consequences.

6. Decide on a specific course of action.

7. Implement the course of action. Document the entire situation appropriately.

8. Reflect on the outcome of the course of action. Make adjustments if needed.
Three Key Attributes

- **Commitment**: the desire to do the right thing, regardless of the cost;
- **Competency**: the ability to collect and evaluate information, develop alternatives, and foresee potential consequences and risks; and
- **Consciousness**: the awareness to act mindfully and consistently, applying moral convictions to behavior.
Important Elements

Best Decisions:

Are ethical and effective
Accomplish desired outcomes
Promote professionalism
Meet short-term and long-term goals
Remembers the client is the main concern
Case Evaluation

What is wrong with this picture?
Principle I: The Counseling Relationship

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Principle I Ethics Base

- Principle Ethics
  - Autonomy
  - Fidelity

- Virtue Ethics
  - Loyalty
Informed Consent/ Mandatory Disclosure

• Before services begin
  – Informed consent process
  – Orally
  – In writing (translations if needed)
  – Signatures of client and provider
  – Client copy and file copy

• Reminders of informed consent
  – After detox
  – Crisis
  – Elements arising in session
  – Cognitive challenges
Informed Consent Elements

- Names of agency & providers with roles in treatment
- Provider(s) scope of competence
  - Education/Training
  - Qualifications/Credentials
  - Specialty areas
- Specifics of services offered
- Nature/Effectiveness
- Referral & Termination policies
- Where, duration, and limits of services
Informed Consent Elements—Continued

- Privileged & confidential limits/breaches
- Duty to warn rules
- Conflicts of interest
- Access to all relevant ethics codes
- Parameters of documentation storage and time requirements
- Client expectations/consequences
- Social media boundaries/risks
Informed Consent Elements—Continued

- Cancellation policy/missed appointments
- Service costs
- Nonpayment policies and procedures
- Insurance use/denial
- Information for filing grievances
Counseling Relationship Services

- Right to language/medium of primary language
- Alternate arrangement – English proficiency
- Check understanding of the client
- Willing to change/not change
SMART Goals—Treatment Plan

- Specific
- Measurable
- Attainable
- Realistic
- Timely

➢ Collaboratively with client
Clinician Alertness

- Value conflicts
- Transference/countertransference
- Supervision/consultation
- No romantic or sexual relationships
  - Once a client—always a client.
Dual (Multiple) Relationships

• Discussed openly
• Professional not casual/personal
• No financial/material gain
• Will not exploit clients

• Seek supervision before attending social gatherings. Boundary extensions
  • Document decision & therapeutic rationale

• Rules for social media
  • Providers do not “friend” clients.
Responsibilities & Rights

• Provider to inform client of any change to role
• Client has right to refuse service due to provider role change
• Provider responsible to manage and maintain counseling relationship
  • Communicate nature of professional relationship
• Inform client of rights to autonomy
Professional Loyalties

- Maybe in conflict with client welfare
- Clearly define the client
- Communicate role & obligations to all parties prior to informed consent.
- Advocate for clients
- Know agency policies
  - Self-referrals, fee splitting, fees, termination
- Not abandoned or neglected
Documentation

• Record or file containing all documents related to the client.
• Complete in timely manner
• Changes require dates and signatures
• Meet agency, state & federal rules and regulations
• Safety and confidentiality maintained
• Cloud-storage: BBA—Business associate agreement
The Counseling Relationship

Case example
Principle II: Confidentiality & Privileged Communication

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Principle II Ethics Base

- Principle Ethics
  Beneficence

- Virtue Ethics
  Discretion
  Loyalty
Confidentiality

- The “assurance that information will be kept secret, with access limited to only appropriate persons.”

- General Rule
  - “Do not disclose any information concerning a client, to anyone, without their written consent.”
Do Not Confirm or Deny Enrollment In:

1. Facility Services
2. Support Groups
3. Self-Help Groups
**Do Not Reveal Session Contents To:**

1. Spouse
2. Third-Party Payor
3. Treatment Team Members
4. Courts

*Requires client written consent & only pertinent information is to be disclosed.*
"Legal recognition of a private, protected relationship where information disclosed between the two parties (Provider and client(s))—with a few exceptions—remains confidential and cannot be forcibly disclosed by the legal system" (p. 57-58).
Privacy

“The client’s right to be selective about what information is released and what information is kept confidential” (p. 58).
<table>
<thead>
<tr>
<th>Exception</th>
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<tbody>
<tr>
<td>1. Clear &amp; Imminent Danger</td>
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<td>2. Suspected Child or Elder Abuse/Neglect</td>
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<tr>
<td>3. Consultation</td>
</tr>
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<td>4. Medical Emergency</td>
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<tr>
<td>5. Ethical Grievance Filed</td>
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<td>6. Attorney Consultation</td>
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<tr>
<td>7. Crime Premises/Staff</td>
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<tr>
<td>8. Insurance “Need to Know”</td>
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<td>9. Written Consent-Legal Guardian</td>
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</tbody>
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Building Blocks for Trust

Provider Trust

- Transparency
- Genuineness
- Privileged Communication
- Maintaining Confidentiality
- Connection
- Engagement
Recognize Importance of Being:

- Culturally-sensitive
- Culturally-informed
- Culturally-appropriate

Informed consent
Services
Termination & Referral
Federal Confidentiality Act

- 42 CFR Part 2
- Providers: Federally-funded or –assisted programs
- Four possible disclosures w/o client consent
  - Medical emergencies
  - Research activities
  - Court order
  - Audit & evaluation activities
Disclosure cannot be made on any consent where:

- Consent has expired
- Fails to conform to required elements
- Known to have been revoked
- Materially false: known or reasonable diligence

Repeat disclosure requires client’s express consent.
HIPAA

• Health Information Portability and Accountability Act of 1996
  • Privacy rights & protections—health information
  • Use & disclosure
  • All devices & storage to be secure
Data Safeguards

- State & federal laws and professional ethic codes
- Virtual private network (VPN)
- Multi passcodes
- Encryption
- Data security
- Media sanitization
Fax is more secure than email
Email requires secure, encrypted server
Clients right to refuse mode of transmission
Appropriate Client Records

• Protects provider/agency
  • Malpractice & indictments of negligence
• Protects client
  • Provider & treatment accountability
• Documents client treatment
• Records supervision/consultation
Record Recommendations

- Legible & in written ink (no whiteout)
- Dates & type of service
- DAP or SOAP note format
- Clearly distinguish objective data from subjective interpretations.
Record Recommendations

- Provider signature, date, and credentials for each entry
- Medication dispensing meet federal & state laws
- Maintain for period stipulated by federal or state law or contract – whichever is longest (7 years)
Case example
References

• http://www.naadac.org/assets/1959/16ak_heyman-layne_hipaa_and_42_cfr_ppt.pdf
Principle III: Professional Responsibilities & Workplace Standards

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Principle III Ethics Base

- Principle ethics
  - Beneficence
  - Nonmaleficence

- Virtue ethics
  - Justice
  - Loyalty
Definitions

- **Integrity**: Being honest, decent, moral, fair, virtuous, truthful, congruent, genuine, principled.
- **Discrimination**: Unjust & biased treatment due to race, ethnicity, age, gender identity, sexual orientation, drugs used & abused, addictive behaviors, mental health disorders.
- **Microaggression**: Casual degradation of a marginalized group.
Definitions—Continued

- **Covert racism:** Racial discrimination disguised and subtle
- **Fraud:** Wrongful or criminal deception for financial or personal gain.
- **Advocacy:** Act or process of supporting a cause, idea, or proposal
Client Rights

- Respect
- Empathy
- Best treatment available
- Qualified & competent provider
- Own beliefs, values and attitudes
Definitions

• **Scope of Practice (Boundaries of Competence):** Gained through education, training, skills development, & supervised experience.

• **Standards of Practice:** Industry expectations and standards

• **Multidisciplinary Care:** A team of professionals from a range of disciplines collaborating delivering care and outcomes for clients
Definitions—Continued

• **Dual Relationships:** Where multiple roles (professional & personal) exist between Provider and client.

• **Impairment:** Loss of any normal functioning physiologically, socially, psychologically and/or emotionally.
Building Scope of Practice

- Professional organizations
- Conferences
- Webinars
- Educational & specialized training
- Supervision/Consultation
Providers Will...

- Seek supervision, consultation & training to increase multicultural knowledge
- Obtain supervision & consultation from person with extensive experience
- Obtain client written informed consent for new techniques, tools or treatment modalities prior to use
Providers Will…

• Engage in evidence-based, research-driven activities supported by outcome data
• Offer sliding-scale or pro bono services
• Engage in healthy self-care reducing burn-out and aid in the provision of the highest level of care
Definitions

- **Transference:** Where the client is redirecting feelings to others on to the Provider.

- **Countertransference:** Where the Provider reacts to the client’s transference by directing feelings toward the client.
Providers Will...

• Continually monitor themselves for issues needing to be addressed
• When impaired, Provider is expected to limit, suspend, or terminate professional responsibilities

When in doubt, seek supervision or consultation.
Providers Will...

• Correct errors in credentials, education, practice, and products

• Arrange for an identified colleague or records custodian in writing and outlined in the Provider’s Will in the event:
  - Provider retires
  - Is incapacitated
  - Or dies
Principle IV: Working In A Culturally Diverse World

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Culture

• The sum of attitudes, customs, beliefs, and history that distinguishes one group of people from another.

• Is transmitted through language, objects, art, ritual and institutions from one generation to the next.
Cultural Diversity & Competency

• Diversity is cultural variety and differences existing in:
  – An organization, institution, practice, community, nation, world

• Competency implies Providers function with thorough knowledge of customs and beliefs of another culture.
Humility

• Provider’s willingness to accurately assess:
  – Oneself & one’s limitations
  – Gaps in knowledge
  – Openness to new ideas
  – Contradictory information & advice—without stereotyping or bias
Cultural Humility & Sensitivity

• “Cultural humility is a life-long practice of self-reflection and self-critique that empowers the Provider to actively engage in interpersonal relationships that are dynamically diverse and mutually respectful” (p. 81).

• “Cultural sensitivity is the Provider’s willingness to adapt his/her behavior and communication to be compatible with a client’s cultural norms” (p. 81).
Multicultural Development

- CEU
- NAADAC
- Professional conferences
- Academically-rigorous professional websites
- TED Talks
- Webinars & podcasts
- Professional literature
- Culturally-experiential activities
Multicultural Treatment

- Match client needs with Provider competency
- Appropriate referrals to meet client needs
- Modify behaviors to be culturally appropriate
  - Professional distancing
  - Self-disclosure
  - Non-erotic touch, hugs
  - Meeting outside of the office
  - Accepting gifts
  - Incorporating traditional spiritual/healing activities
Multicultural Treatment—Cont.

- Use culturally appropriate assessment and diagnostic tools. Adjust as needed.
- Deliver information in a developmentally and culturally appropriate manner.
- Translation, interpretation & other services as needed
- Problems are defined and described through cultural lens
- DSM-5 Cultural Formulation Interview
- Address potential barriers & obstacles to treatment services.
Professional Responsibilities & Cultural Diversity

Case example
Principle V: Assessment, Evaluation & Interpretation

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Assessment

• Culturally sensitive & appropriate
• Linguistically-appropriate
• Validity
• Reliability
• Administer as standardized
• Sufficient empirical data
• Integrity & Security of assessments
• “Do No Harm”
Evaluation, Interpretation, & Diagnoses

- Accurate
- Culturally sensitive
- Encompass more than one instrument and clinical interview
- Proper Releases of Information
- Cultural Context
- Aware of and mitigate Provider biases
- Client’s mental capacity
- Sharing diagnosis with client
Forensic Evaluations

- Objective findings
- Accurate report of findings
- Based on professional knowledge, research, expertise, and supported by data.

- Clients informed in writing
  - Nature
  - Purpose
  - Who will see the results
  - Not therapy

- Court ordered evaluation can be done without client consent.
Principle VI: e-Therapy, e-Supervision & Social Media

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e-Therapy

- e-Therapy: telemental health, telepsychology, telepsychiatry, & telebehavioral health
- Use of technology (online, telephone) to provide services.
- Synchronous delivery: live real time, face to face
- Asynchronous delivery: emails, distant site, not live in the moment
e-Therapy

• Text messaging—synchronous or asynchronous
• Mobile devices—computers, tablets, mobile phones & smart phones
• “app”—application or software run on technology devices
Technology-Assisted Care (TAC)

1. Individuals
2. Couples
3. Families
4. Groups
Evidence-Based TAC Benefits

- Increased access of care
- Reduces travel time and costs
- Improves satisfaction with SUD, ABD, & MH system
- Enables continuity of care
Evidence-Based TAC Benefits

- Reduces delays initiating services
- Serves diverse group with similar presenting concerns
- Greater alignment with telehealth
- Reducing stigma
TAC Delivery Options

- Telephone-based services
- Email-based services
- Chat-based services
- Video-based services
- Social Network-based services
- Self-directed, technology-based therapeutic tools
TAC Providers

- Ensure electronic means are within regulatory standards
- Are located, certified/credentialed in the client’s state of residence
- Will document all relevant laws & regulations
- Will use encryption software & VPN servers
TAC Providers

• Provide a separate e-therapy/technology informed consent
• Communicate risks & benefits to client
• Maintain a secured backup system with its own encryption security.
• Screen potential clients for appropriateness.
Technological Competencies

- Knowledge
- Skills
- Attitudes


Clinical supervision/e-supervision require a distinct set of competencies.
• Will ensure client ID
• Establish codes for continued identification
• Establish emergency services in client area
• Discuss confidentiality
• Use cultural sensitivity
• Discuss safety & location of any documentation
Social Media

- Professional from Private
- Communicate boundaries in detail
- Use with active and former clients
- Discuss risks
- Viewing client’s social media pages
Electronic Health Records (EHR)

EHRs are intended to improve:

- Recordkeeping
- Outcome Reporting
- Quality of Client Care
- Patient Transitions Across Providers
EHR Benefits

• Access to client records remotely
• Alerts regarding lab results
• Alters regarding medication errors
• Reminders specific to preventative care
• Provide care meeting clinical guidelines
• Facilitate direct communication between Provider and Client
• Enhance overall patient care
Do you have any questions?
Principle VII: Supervision & Consultation

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Clinical Supervision

• Function
  – Monitoring and training
  – Job satisfaction
  – Treatment outcomes
  – Counselor wellness

• Relationship and Intervention
  – Observation, evaluation, & feedback
  – Instruction, modeling, & mutual problem-solving
  – Competent manner, ethical standards, legal prescriptions, & professional practices
Clinical Supervisor Roles

- Teacher
- Sounding board
- Mentor
- Evaluator
- Problem-solver
- Empower-er
The Relationship

- Professional, formal, hierarchical, & evaluative
- Extends over a specified length of time
- Enhances professional growth, development, and functioning of the junior member
- Monitors the quality of services provided
- Ongoing gatekeeping responsibility
Clinical Supervision Goals

- Promote professional & ethical growth and development of junior member.
- Protect the welfare of clients.
- Monitor performance of the junior member.
- Empower the junior member to “self-supervise”.
Cognitive & Behavioral Change

• Provided
  – Comprehensive plan of action
  – Management support
  – Effective mentoring & leadership
  – Invested for a sufficient period of effort
Clinical Supervision & Addiction Counseling

- Parallel Process
  - Strong supervisory = Strong clinical relationships
  - Supervisory relationship parallels clinical relationship
  - Supervisee’s interactions with supervisors parallel supervisee’s interactions with clients
Clinical Supervisors...

- Are culturally sensitive
- Clarify relationship boundaries
- Actively listen
- Do not stereotype supervisees.
- Recognize confidence and power differentials
- Self-aware of own identity & biases
- Teach to supervisee’s strengths
- Create a collaborative environment
Clinical Supervisors...

- Are gatekeepers of addiction & mental health counseling profession
- Uphold highest standards for clinical service delivery
- Acts as a role model
- Has awareness and responds to ethical concerns—timely & prudent manner
- Teach principles of ethical decision-making
Five Primary Ethical Issues

- Vicarious liability: liability to the supervisor due to supervisee’s actions or lack of action
- Dual relationships and boundary management
- Informed consent
- Confidentiality & appropriate releases
- Duty to warn
Supervisee’s 3 Levels Include

- Overview of Stage
- Self-Other Awareness
- Motivation
- Autonomy
Level 1

- Limited training or experience
- High levels of self-focus
- Little self-evaluation
- Anxiety related to supervisor evaluation
- Concern: “Doing it right”
- Motivation & anxiety are focused on acquisition of skills
- Wants to know the “correct” approach
- Very dependent upon supervisor
- Requires high levels of structure
- Need positive reinforcement
- Unable to tolerate direct confrontation
Level 2

- Transitioning from high levels of dependence & imitative forms
- Beginning to respond to highly structured supervisory practices
- Increased ability to focus on client & exhibit empathy
- Still struggles to balance focus on self & client
- May become confused & enmeshed with client
- Fluctuates high levels of confidence, feelings of incompetence, and confusion
- Vacillates between autonomy & dependence (resistance)
Level 3

- Developing personal approach to counseling
- Understands & utilizes “self” in therapy
- Greater level of self-awareness
- Ability to focused on client while attending to personal reactions & responses to client
- Motivation is consistent as confidence increases
- May still exhibit some self-doubt but less impactful
- Solid belief in own judgment and skills
- Supervision becomes more like consultation
Level 3i: Integrated

- Supervisee has reached Level 3 across multiple domains
- Personal style of counseling has emerged
- Demonstrates high levels of awareness regarding personal competency
Clinical Supervision

• Conducted on a regular basis
• Face to face or using electronic formats
• Supervision Contract
• Individual or group
• Group 6 supervisees/ 4 preferred
• Administrative supervisor providing clinical supervision discusses dual relationship keeping roles separate.
• Peer supervision: nonhierarchical
Supervisees...

- Provide clients with supervisory information on the mandatory disclosure statement
- Discuss requirements/limits of confidentiality
- Disclose frequency and modality
Supervisors...

- Do not counsel friends or family.
- Do not have intimate relationships with supervisees.
- Do not engage in sexual harassment activities against a supervisee.
- Is knowledgeable of technology requirements and competencies necessary for supervision when conducting e-supervision.

Supervision Is Sought…

- Rural area dual relationships
- Concerns regarding viability of the counseling relationship
- Discuss termination/referral
- To help determine area of competency
- Encouraged for all Providers to provide ongoing feedback regarding knowledge, skills, & areas of competence
- And documented as well as trainings and credentials
Administrative Supervision

- Assessing client, clinician, & staff needs
- Scheduling & planning agency/clinician/staff workflow, and human resources needs
- Tracking activities
- Applying for grants & other sources of funding, and monitoring funding compliance
- Scheduling clinician & staff vacations and other time off
- Managing the office/agency
Consultation

- Collaborative problem-solving process
- Clinician engages a subject-matter expert
- Advancing appropriate, ethical, & legal care to a specific client
- Act or not act on received advice
- Consultation is between two peers in non-hierarchical relationship
Supervision

Case example
Principle VIII: Resolving Ethical Concerns

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Dr. Deborah Fenton-Nichols
EdD, LPC, LAC, NCC
NAADAC’S 10-Step Ethical Decision Making Model:

1. **Identify** ethical dilemma and/or legal issues (nature & dimensions)
2. **Apply** the NAADAC Code of Ethics & applicable laws.
3. **Consult** with clinical supervisor, consultant-expert, or experienced colleague. **Determine** potential legal concerns (consult with attorney)
4. **Generate** list of all potential courses of action & solutions.
5. **Evaluate** each option for potential consequences (beneficial & detrimental)
NAADAC’S 10-Step Ethical Decision Making Model:

6. **Implement** the chosen course(s) of action.

7. **Document** the entire situation, including this ethical decision-making activity.

8. **Analyze** the implementation of the chosen course(s) of action.

9. **Reflect** on the outcome(s) of the course of action. Make adjustment if needed.

10. **Re-assess** if implementation was not successful, and begin decision-making process again.
Ethical Decision-Making

• Use NAADAC 10-Step Process
  – For questionable & concerning situations & problems
  – To demonstrate intent to act ethically, legally, & professionally responsible through documentation & consistent use.
  – Earlier in career provides more protection from future legal & ethical claims
  – Is intentional risk management cornerstone & underscores desire for excellent clinical care by protecting the client(s), Provider(s), agency, community, & profession
Ethical Decision-Making

• Case example
Principle IX: Publication & Communication
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Increasing

- Advancements
- Articles
- Books
- Presentations
- Contributions to knowledge base
Findings & Facts

- Obligation to present oral or written findings/facts in an ethical & professional manner
- Providers, researchers, scientists, & organizations have research & publication obligations & responsibilities
  - Planning, designing, conducting, & reporting findings
- Published consistent with relevant ethical principles, laws, institutional regulations, & pertinent scientific standards
Credit for Material Published

- Addiction-related materials to whom it is due
- Providers do not take credit for material they did not participate in developing.
- Providers do not present ideas, formulations, practices and/or research of others.
- Ethical providers always give appropriate credit to the originators in written & spoken communications
Credit for Material Published

- It is unethical to deny credit to those who provide assistance.
  - Editing, typing, background research, joint authorship
- Authors positions determined by size of contribution in descending order.
- Addiction professionals must never use any copyrighted material without permission for the author.
  - Materials can never be reproduced for profit, regardless of the educational purpose.