

1

---

---

---

---

---

---

---

---



2

---

---

---

---

---

---

---

---



3

---

---

---

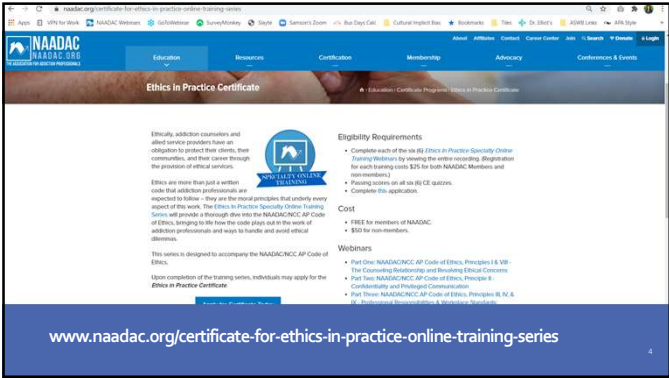
---

---

---

---

---



4

---

---

---

---

---

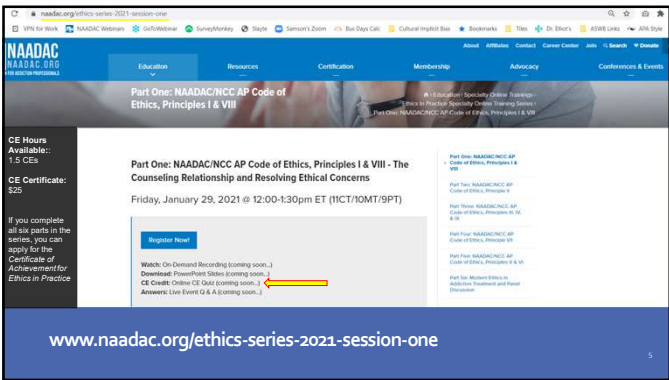
---

---

---

---

---



5

---

---

---

---

---

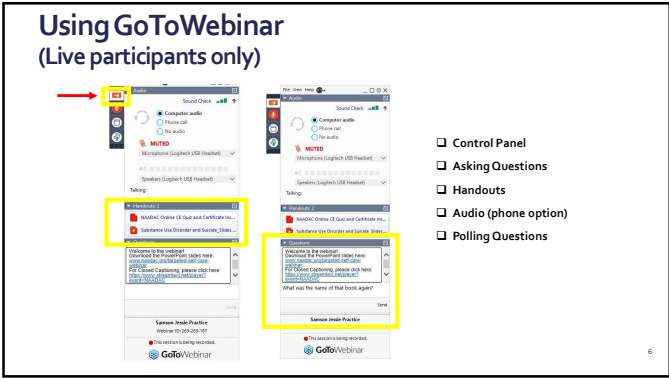
---

---

---

---

---



6

---

---

---

---

---


---

---

---

---

---



**Training Presenter:**  
Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II  
NAADAC President

- NAADAC, the Association for Addiction Professionals
- [www.naadac.org](http://www.naadac.org)

[www.naadac.org/webinars](http://www.naadac.org/webinars)

NAADAC, the Association for Addiction Professionals

7

---

---

---

---

---

---

---

---

Principle I:  
The  
Counseling  
Relationship



8

---

---

---

---


---

---

---

---

Service Provider: Addictions & COD



- Clinicians, service providers, peers, multidisciplinary care team, behavioral health professionals
- Scope of practice – scope of competency
- Standards of practice – industry specific
- Professional organization membership
- Clinical supervision
- Expert consultation
- Emerging: collaborative, integrated care

9

---

---

---

---


---

---

---

---

Clinicians: SUD/ABD Counselors



- *Credentials: State or territory*
- *Credentials: National/International*
- *Scope of competency*
- *Scope of practice*
- *Standards of practice*

10

---

---

---

---

---

---

---

---

Principle I: The Counseling Relationship - Key Topics

- Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity and compassion. Providers shall treat each client with dignity, honor and respect – and act in the best interest of the client.
- Informed Consent, Financial Disclosures
- Diversity, Discrimination, Legal Competency, Mandated Clients
- Multiple Therapists, Coverage, Exploitation, Commissions
- Boundaries, Dual Relationships, Prior Relationships, Previous Client
- Who is the “client” in a group setting? “couples”? “family”?
- Treatment Planning, Level of Care, Documentation

11

---

---

---

---

---

---

---

---

Informed Consent: Key Points

- Name of agency, name(s) of providers rendering services
- Role of providers
- Provider’s scope of competence: education, training, qualifications, state and national credentials, specialty areas
- Type of treatment services available at the practice/agency
- The nature of the proposed services
- Where the services will take place
- Length of time treatment will be rendered: session length and frequency
- What is privileged information, confidential, exceptions to confidentiality
- Mandatory duty to warn rules
- List of potential conflicts of interest regarding delivery of service
- Access to relevant ethics codes
- Documentation, document storage, length of time required to maintain records, disposal policies

12

---

---

---

---

---

---

---

---

Informed Consent: Key Points

- Expectations the facility has for clients and consequences of not meeting those expectations
- Boundaries of use regarding social media, electronic media, cloud storage
- Cancellation policy and consequences, if any, for missed appointments
- Costs of receiving services – session fees, copays, assessment costs, other agency costs, drug monitoring
- Nonpayment policies and procedures
- Collection protocol for delinquent accounts
- Information for filing grievances with provider, agency, state boards, NAADAC/NCC AP
- Other information provider or state may require

13

---

---

---

---

---

---

---

---

“

**Case:** It has come to your attention that a therapist you supervise is involved in an intimate relationship with a family member of a client being served by your treatment agency. The relationship was initiated by the therapist following the family member’s participation in a “family night” educational meeting at the facility. While the agency personnel policies explicitly prohibit intimate/sexual relationships with clients, the issue of whether the client’s family members are included in this prohibition has not come up before.

What are the key concerns in this case?

14

---

---

---

---

---

---

---

---

Sally

- Sally, an SUD therapist in training, is observed having a difficult time joining with adolescent clients during individual and group SUD treatment sessions. When brought up in supervision, Sally explains that she was sexually abused as an adolescent and struggles with adolescent females, with trauma and SUDs, during counseling.
- What are your recommendations?

15

---

---

---

---

---

---

---

---

Deborah

- Deborah, a 23-year-old female with an opioid addiction seeks counseling from Jerry. Her goal is to work through issues related to the sexual abuse by her stepfather that she endured when she was a child. After 2 months of counseling, Jerry initiates a sexual relationship with Deborah. He rationalizes his behavior by telling himself that she would benefit from having a "healthy" sexual relationship. Deborah feels guilty, confused and isolated by this betrayal of her trust. She wants to end the sexual relationship but has become so dependent on Jerry that she feels trapped. Deborah begins to have thoughts of suicide.

16

---

---

---

---

---

---

---



Dual relationships:

- definitions, examples
- rural & small community settings
- ethical quicksand
- warning signs

17

---

---

---

---

---

---

---

Principle VIII:  
Resolving  
Ethical Concerns



18

---

---


---

---

---

---

---

The graphic features a stylized human head profile in profile, facing right. The head is filled with a rainbow gradient. A large, colorful question mark is superimposed on the forehead area. The word "ETHICAL" is written in a bold, sans-serif font above the question mark. Below the head, the words "DECISION" and "MAKING" are written in a smaller, sans-serif font, separated by a vertical line.

Ethical Decision Making

All of us, personally and professionally, are confronted with ethically and morally questionable situations on a daily basis. In any questionable situation, the behavioral health/addictions profession has an expectation that its members and allied service providers will act ethically and in the best interest of the client and the profession. However, determining what is definitively ethical is difficult even for the most seasoned Providers. An established code is necessary to assist practitioners making these decisions. Even with a code, there will be numerous situations over the course of a Provider's career where he/she finds him or herself in gray, uncharted territory - where the solutions are not immediately apparent, and the issue is not specifically addressed within the code. It is in these gray areas where ethically-sound decision making is most needed. Ethical decision making is the process of evaluating and choosing among alternative solutions, in a manner consistent with NAADAC's Code and standards of practice.

19

---

---

---

---

---

---

---

---

19

The graphic features a stylized human head profile in profile, facing right. The head is filled with a rainbow gradient. A large, colorful question mark is superimposed on the forehead area. The word "ETHICAL" is written in a bold, sans-serif font above the question mark. Below the head, the words "DECISION" and "MAKING" are written in a smaller, sans-serif font, separated by a vertical line.

The process of ethical decision-making involves **3 key attributes**:

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

20

---

---

---

---


---

---

---

---

20

The graphic features a stylized human head profile in profile, facing right. The head is filled with a rainbow gradient. A large, colorful question mark is superimposed on the forehead area. The word "ETHICAL" is written in a bold, sans-serif font above the question mark. Below the head, the words "DECISION" and "MAKING" are written in a smaller, sans-serif font, separated by a vertical line.

Ethical Maturity

Ethical maturity is the reflective, rational, emotional and intuitive capacity to decide which actions are right and wrong, or good and better; the resilience and courage to implement those decisions; the willingness to be accountable for the ethical decisions made (publicly or privately); and, the ability to learn from and live with the experience.

21

---

---

---

---


---

---

---

---

21



ETHICAL  
DECISION MAKING

Ethical Maturity: 6 components

1. To foster ethical sensitivity and watchfulness: the creation of ethical antennae that keep us alert to when ethical issues/dilemmas are present. This results in a moral compass and moral character.
2. The ability to make an ethical decision aligned to our ethical principles and our values.
3. To implement ethical decisions made.

22

---

---


---

---

---

---

---



ETHICAL  
DECISION MAKING

Ethical Maturity: 6 components

4. The ability to articulate and justify to stakeholders the reasons why ethical decisions were made and implemented.
5. To achieve closure on the event, even when other possible decisions or better decisions could have been made. The ability to live peacefully with the consequences of ethical decision making is crucial to ongoing well-being.
6. To learn from what has happened and 'test' the decision through reflection. The integration of what we have learned into our lives develops our moral character and extends our ethical wisdom and capacity.

23

---

---


---

---

---

---

---



ETHICAL  
DECISION MAKING

NAADAC's Ethical Decision-Making Model

1. *Identify* the ethical dilemma or legal issues. Examine the nature and dimensions of the dilemma.
2. *Apply* the NAADAC/NCC AP Code of Ethics and applicable laws.
3. *Consult* with a clinical supervisor, consultant-expert, or experienced colleague. *Determine* if there are any potential legal concerns, and if consultation with an attorney is warranted.

24

---

---

---


---

---

---

---





4. *Generate* a list of potential courses of action and solutions.

5. *Evaluate* each option to identify potential consequences of acting on the actions/solutions generated.

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

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

25

25

---

---

---


---

---

---

---

---



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

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

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

26

26

---

---

---

---


---

---

---

---

- ✓ Why did you enter this field?
- ✓ What needs does this field meet for you?
- ✓ define "professional conduct"
- ✓ define "personal boundaries"
- ✓ professional boundaries
- ✓ boundary crossings/smudgings
- ✓ boundary violations



27

27

---

---

---

---

---

---

---

---

sandy

- Two years ago, Sandy provided 12 sessions of couples counseling to a client and his wife. There was live supervision during 4 of the 12 sessions.
- The couple is now divorcing, and both of their attorneys have subpoenaed Sandy and her supervisor to testify at the child custody and divorce hearings.
- What are your thoughts?

28

---

---

---

---

---

---

---

Jessie

- Jessie has been in therapy with Howard weekly for six years and has already resolved her presenting issues.
- Her emotional status has not changed in approximately four years except she has developed a growing attachment to Howard.
- Howard has not recommended termination. Howard's attitude is, "If the client thinks she needs to see me then she does."

29

---

---

---


---

---

---

---

Ethics Committee



The objectives of NAADAC's & NCC AP's Ethics Committees are to:

- define and endorse ethical conduct by Providers at the highest professional level;
- educate Providers concerning ethical, evidence-based and scientifically-supported standards of practice;
- protect the public/client(s) against harmful conduct by Providers; and
- assist NAADAC/NCC AP in achieving its objectives as reflected in their Mission/Vision statements and Bylaws.

30

---

---

---


---

---

---

---

What warrants filing a grievance?



- Any situation where a Provider has violated a NAADAC/NCC AP Code of Ethics Principle
- Any situation that violates a local, state or federal law - including insurance fraud
- Any situation that violates a standard of practice, placing the client at risk for harm or in fact harming the client

31

31

---

---

---

---

---

---

---

NAADAC: how & where to file an ethics complaint



- Code of Ethics Violation: Instructions and Complaint Form can be found at: <https://www.naadac.org/assets/2416/naadac-nccap-ethics-complaint-form-122016.pdf>
- Complainant: person filing a complaints against another person.
- Respondent: the person whom the complaint has been lodged against.

32

32

---

---

---


---

---

---

---

NAADAC: what information you need to file complaint



- As Complainant, your complete contact information
- Name and contact information regarding Respondent
- Complaint, including ethical principles and sections that you believe have been violated
- Documentation/evidence supporting the allegations against Respondent

33

33

---

---

---


---

---

---

---

Before filing complaint with NAADAC, please consider the following -



Complaints against a Respondent's credentials need to be filed with the **licensing board** in the state where the Respondent is certified and licensed **first**. NAADAC will take the State's findings of fact and final determinations into consideration when determining NAADAC's recourse against a person's membership and NCC AP's recourse against a person's national certifications. You would send the state's findings to NAADAC with your complaint.

34

34

---

---

---


---

---

---

---

Before filing a complaint with NAADAC, please consider the following -



- NAADAC cannot revoke a Provider's state certification or license or restrict a Provider from practicing. We cannot obtain a monetary award for the Complainant or require that a Provider/Respondent deliver a specific action that the Complainant is requesting.
- As a membership organization, NAADAC can create a stipulation(s) whereby the Provider keeps their certification/membership or expel the member from the association with notifications, and restrict or revoke their NCAC I/II, MAC or other NAADAC certification.

35

35

---

---

---

---

---

---

---

Before filing complaint with NAADAC, please consider the following -



- Complaints against an agency receiving federal block grant funding must be filed with one or more of the following:
  - SAMHSA's Single State Agency (SSA) for Substance Abuse Services
  - Directory link for SSA: [https://www.samhsa.gov/sites/default/files/sites/default/files/ssa\\_directory\\_8-20-2018.pdf](https://www.samhsa.gov/sites/default/files/sites/default/files/ssa_directory_8-20-2018.pdf)

36

36

---

---

---


---

---

---

---

Before filing complaint with NAADAC, please consider the following -



- Complaints against an agency receiving federal Community Mental Health Services block grant funding must be filed with one or more of the following:
  - SAMHSA's State Mental Health Authority
  - Directory link for SMH Authority: [https://www.samhsa.gov/sites/default/files/grants/mhbg\\_state\\_mental\\_health\\_commissioners\\_06182018-508c.pdf](https://www.samhsa.gov/sites/default/files/grants/mhbg_state_mental_health_commissioners_06182018-508c.pdf)

37

---

---

---

---


---

---

---

---

Before filing complaint with NAADAC, please consider the following -



- Check your state legislative laws and administrative rules specific to addiction counselors/counseling practice regarding prohibited activities. If the Respondent has violated a legislative law or administrative rule/board rule – you will file a grievance with your state regulatory board first prior to filing grievance with NAADAC. You would send their findings to NAADAC with your complaint.

38

---

---

---

---


---

---

---

---

NAADAC: types of complaints Committee **cannot** accept



- Complaints against a person or organization that is not a member of NAADAC and/or certified by NCCAP.
- Complaints against business or administrative policies and procedures. This is not in our jurisdiction.
- Complaints regarding billing and finances. We do not have the authority or power to make an organization/person refund money to anyone. This is a civil matter and the Complainant may be able to file a civil case.
- Anonymous complaints.

39

---

---

---

---


---

---

---

---

What happens when a complaint/grievance is filed with NAADAC?



1. A search is made to determine if the Respondent is a member of NAADAC or certified by NCCAP. If the person is not a member or certified by NCCAP, the Respondent is notified that we have no jurisdiction over the Respondent with suggestions of alternative agencies to file complaint.
2. The Complaint is read by the NAADAC and NCCAP Ethics Committee Chairs and Executive Director of NAADAC.
3. A determination is made as to whether the complaint falls within NAADAC's/NCCAP's jurisdiction.
4. Complaints that do not fall under our jurisdiction are sent back to the Complainant with suggestions for alternative actions.

40

---

---

---

---


---

---

---

---

What happens when a complaint/grievance is filed with NAADAC?



5. Complaints that do fall under our jurisdiction, but that need to be investigated by the state first – are sent back with request to file with the state and submit findings to NAADAC.
6. Incomplete complaints are sent back with request for additional information.
7. Once NAADAC has all the information it needs to proceed, the Respondent is notified of the Complaint and given an opportunity to provide a response to the Complaint. The complaint and response are read by the NAADAC and NCCAP Committee members.

41

---

---

---

---


---

---

---

---

What happens when a complaint/grievance is found to be valid?



Potential outcomes of grievance filed with NAADAC include, but are not limited to:

- Dismissal of case due to lack of malpractice
- Stipulations include but are not limited to:
  - Request for specific education/training/workshop, i.e., ethics class
  - Request for supervised experience
  - Time-limited suspension of credential or membership
  - Revocation of membership or certification

42

---

---

---

---

---

---

---

---

Typical Grievances Read by Ethics Committee

WRONG

←

→

RIGHT



- Boundary violations, i.e., personal versus professional
- Confidentiality and/or privacy breaches
- Lack of correct or adequate documentation
- Failure to keep records secured
- Inappropriate relationship with client or others connected to client
- Dual relationship questions
- Provision of inadequate treatment
- Failure to use evidence-based practices
- Inadequate clinical supervision

43

---

---

---

---


---

---

---

---

43



A grievance, complaint, malpractice suit can result in the following feelings:

- “A numbing shock that suddenly reputation and career may be at stake;
- A sense of betrayal that someone we tried to help has turned against us;
- Fear of uncertainty and the horrors in store for us;
- Reflexive self-blame, assuming that we must have done something terrible or else we would not be in this fix;
- Embarrassment, imagining that our colleagues now think the worst about us;
- Self-doubt; if we did so poorly with this client that we wound up in court, what if our other clients sue us;
- Depression;

44

---

---

---

---

---

---

---

---


UPCOMING WEBINARS

 February 3<sup>rd</sup>, 2021

117th Congress: What You Need to Know  
By: Julie Strayer, MDW and Robert Daley

 February 10<sup>th</sup>, 2021

The Fundamentals of Telemental Health and Ethics  
By: Glendora Davis, LPC

 February 12<sup>th</sup>, 2021

Part Two: NAADAC/ACC AP Code of Ethics, Principle II - Confidentiality and Privileged Communication  
By: Cynthia Moreno Turley, BSW, NCAC II, CDC II, SAP and Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II

 February 17<sup>th</sup>, 2021

Wellness and Recovery in the Addiction Profession Part Two: Food as Medicine  
By: Mukta Kaur Khatri, PhD



www.naadac.org/webinars

NAADAC, the Association for Addiction Professionals

45

---

---

---

---

---

---

---

---

45

Presented by: Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II

15



46

---

---

---

---

---

---

---



47

---

---

---

---

---

---

---



48

---

---

---

---

---

---

---



Webinar Series

Over 300 CEIs of free educational webinars are available. Education credits are FREE for NAADAC members.

Magazine Articles

In each issue of *Advances in Addiction & Recovery*, NAADAC's magazine, one article is eligible for CEIs.

Conferences and Events

NAADAC Annual Conference, October 29 – November 3, 2021 Seattle, WA  
[www.naadac.org/annualconference](http://www.naadac.org/annualconference)  
Engagement in the Black Community: A Virtual NAADAC Summit  
February 25 – 26, 2021  
[www.naadac.org/engagement-in-the-black-community-summit](http://www.naadac.org/engagement-in-the-black-community-summit)

Join NAADAC!

7:02

naadac.org

Join or Renew

Membership | Join or Renew

Related

NAADAC Dues = National + Affiliate Dues

Individual Membership Levels

PROFESSIONAL

Open to individuals who are credentialed/licensed/certified/registered addiction professionals.

Independent Study Courses

Earn CEIs at home and at your own pace (includes study guide and online examination).

Certificate Programs

Demonstrate advanced education in diverse topics with the NAADAC Certificate Programs:

- Certificate of Achievement for Addiction Treatment in Military & Veteran Culture
- Certificate of Achievement for Clinical Supervision in Addiction Treatment
- Conflict Resolution in Recovery
- National Certificate in Tobacco Treatment Practice

49

---

---

---

---

---

---

---

---

Thank You

NAADAC, the Association for Addiction Professionals

- 703.741.7686 / 800.548.0497
- [naadac@naadac.org](mailto:naadac@naadac.org)
- [www.naadac.org](http://www.naadac.org)

NAADACorg

Naadac

NAADAC

50

---

---

---

---

---

---

---

---

A grievance, complaint, malpractice suit can result in the following feelings:

- Suspicion of our other clients (are they going to sue us?) and colleagues (who can we trust to talk this over with?);
- Anxiety about what is going to happen, all the unknowns, being deposed and cross-examined, who will be in the courtroom during the trial (the media?) and on and on and on;
- Obsessive and intrusive thoughts, finding it hard to think about anything else;
- Insomnia, tossing and turning, thinking endlessly about what has happened and what may happen;
- Catastrophizing, that is, seeing only the most horrible possibilities unfolding;
- Loss of appetite or taking in too much food, alcohol, or other substances as a response to the stress."

51

---

---

---


---

---

---

---

---



**What to do if you find out you are being investigated by a Board:**

1. Contact your malpractice insurance carrier as soon as you are notified of the complaint and investigation – this is often required by your policy.
2. Contact a knowledgeable attorney immediately who is knowledgeable about the Board.
3. Help your attorney identify top experts in the addiction's profession about the issues at hand.
4. Be active in your defense. Help your attorney understand what happened and what you were thinking at the time.
5. Prepare for the long run focus on self-care. Investigations are highly stressful and take a long time to resolve. Be strategic and active in managing your stress and pulling together your support system.

52

---

---


---

---

---

---

---



**What NOT TO DO if you find out you are being investigated because of a complaint/grievance/suit:**

1. Do NOT ever take a board investigation lightly.
2. Do NOT ignore a board investigation.
3. Do NOT assume that your innocence will soon be acknowledged.
4. Do NOT respond to a letter or notification without consulting an attorney.
5. Do NOT contact the client or person who filed the board complaint.
6. Do NOT turn any documents or records over to the board without legal advice first.
7. Do NOT ever meet with the board investigator without legal representation.
8. Do NOT alter the records or create new documents in the record.
9. Do NOT discuss anything with the board investigator, without legal representation.
10. Do NOT assume that lack of harm to client will end the board inquiry.
11. Do NOT talk about the complaint indiscriminately to anyone who will listen.
12. Do NOT even think about trying to sue the person who complained against you.

53

---

---

---

---

---

---

---