



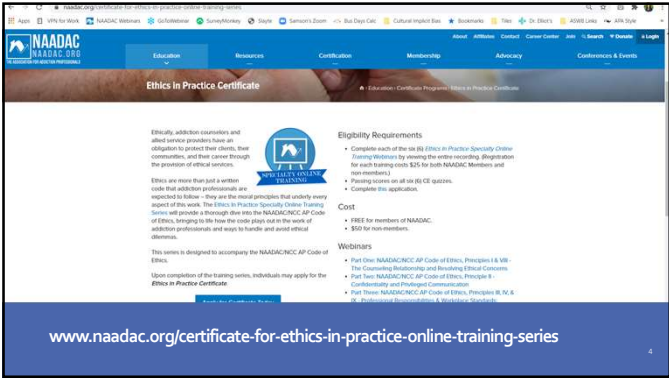
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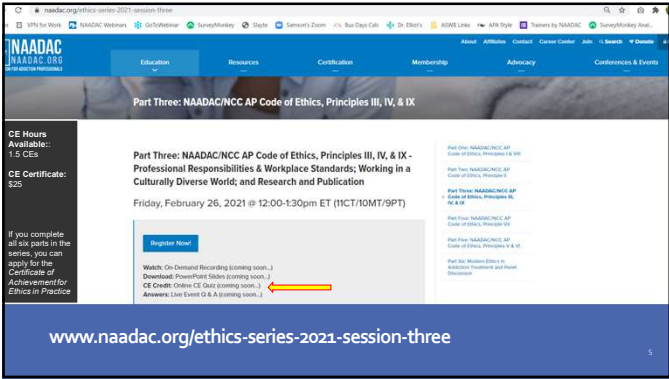
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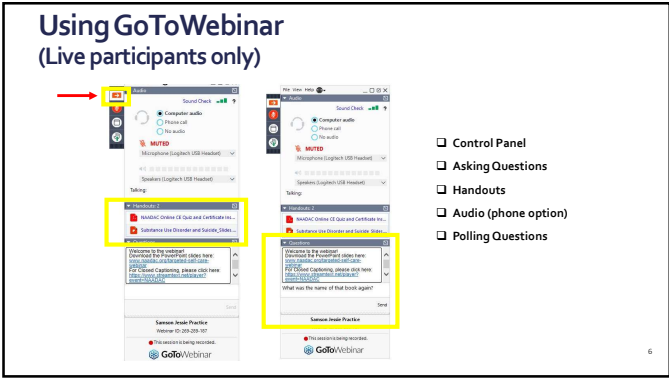
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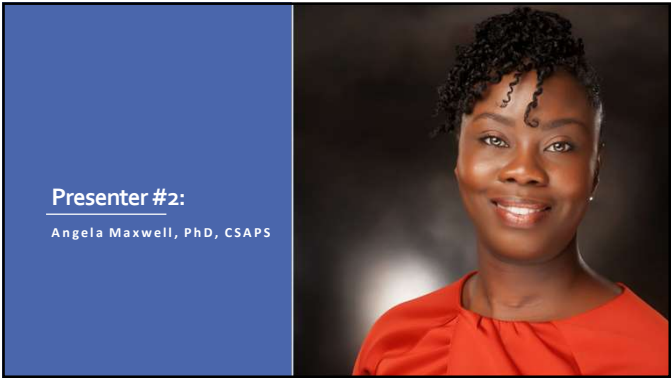
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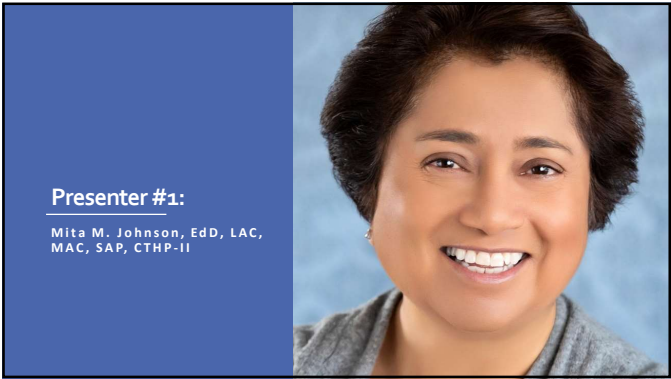
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Professional Responsibilities & Workplace Standards

- Responsibility ∞ Integrity
- Discrimination ∞ Fraud ∞ Criminal Activity
- Harassment
- Credentials ∞ Accuracy of Representation
- Scope of Practice ∞ Boundaries of Competence
- Education ∞ Professional Development
- Collegial ∞ Collaborative/Multidisciplinary Care
- Advocacy ∞ Public Policy ∞ Parity
- Comments: Organizational, Personal, NAADAC
- Self-Monitoring ∞ Functionality vs. Impairment

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Effective & Ethical Therapy

- **Partnership** – teamwork, engaging, connected
- **Exploratory** – open, no hidden agendas/biases
- **Supportive** – inquisitive, caring, thorough, listening
- **Collaborative** – equal – within professional boundaries
- **Healthy** – authentic, genuine, transparent, present

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Non-Therapeutic & Unethical Practices

- therapy becomes a competition
- client put on defensive
- client feels exploited
- client feels manipulated
- therapist is not respectful
- therapy feels suffocating
- agenda-driven – therapy feels forced

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Ethical Principles

- ✓ Respecting human rights and dignity.
- ✓ Respect for the client's right to be self-governing.
- ✓ A commitment to promoting the client's well-being.
- ✓ Fostering responsible caring.
- ✓ Fair treatment of all clients and the provision of adequate services.
- ✓ Equal opportunity to clients availing counseling services.
- ✓ Ensuring the integrity of practitioner-client relationship.
- ✓ Fostering the practitioner's self-knowledge and care for self.
- ✓ Enhancing the quality of professional knowledge and its application.
- ✓ Responsibility to the community, profession.

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Compassion Fatigue ...

- burnout: decreased passion, purpose, vision
- difficulty communicating in relationships
- difficulty showing empathy to others
- diminished creativity, humor, perspective
- despair, hopelessness, frustration, irritability
- physical, mental, spiritual exhaustion
- despite exhaustion, keep giving
- blaming others for issues/problems
- decreased productivity – increased sick days
- loss of resiliency
- secondary traumatic stress
- increased counter-transference experiences

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Scope of Competency

A therapist has been doing a good job providing therapy to kids who have been exposed to addictive substances, and now she wants to work with significant others and families of clients. She does not have systemic clinical experience or training in her scope of practice.

- What does she need to do?

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14-year-old

You have done an initial assessment of a 14-year-old girl, who was brought in by the biological mother for cocaine and cannabis use. Two days later, while you are in a meeting, you receive a call from the biological father who tells you that he, not the mother, is the custodial parent and he did not give the legally required consent for treatment.

- How could this situation have been avoided?

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Subpoenaed

Two years ago, you provided 12 sessions of couples counseling with 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 you and the supervisor to testify at the child custody and divorce hearings.

- What are next steps?

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Principle IV:
Working in a Culturally Diverse World

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Culture-Centered Approach

- The goal of a culture-oriented approach is to expand the repertoire of helping responses available to both the counselor and the client.
- Prudence, integrity, respectfulness, benevolence, trustworthiness and reverence are the most basic human ethical guidelines.
- Principle ethics are rational, objective, universal and impartial.
- Virtue ethics include motives, intentions, character and person.

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Societal Influences on Client

Addiction professionals recognize the need to scan continually for the potential presence of the following in the diagnosis, treatment and recovery support services used with SUDs and are aware of the long-term impact of not addressing such concerns.

- Stigma
- Discrimination ∞ Prejudice
- Personal & Professional Bias
- Microaggressions
- Favoritism
- Attitudes: "frequent flyers", Medicaid client

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Perception versus Reality

- To a client, perceptions can be as valid as reality.
- Professionals understand the significance of the role that cultural identifications play in an individual's perceptions and how he/she lives in the world.
- Professionals are aware that many individuals have disabilities that may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work, and health care interactions. Question: What don't you see?

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Culturally-Engaged Assessment

- Both the counselor's and the client's racial/cultural identity will influence how problems are defined. These unique identities dictate and/or define appropriate counseling goals and processes.
- These factors are carefully considered when making a clinical diagnosis.
- Assessment procedures are chosen thoughtfully.
- Assessment results are evaluated alongside cultural and ethnic factors.

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Cultural Humility

- Cultural humility is the ability to maintain an interpersonal stance that is other-oriented (open to the other person - client) in relation to aspects of cultural identity that are most important to that person/client.
- Awareness of culturally-learned assumptions
- Knowledge about culturally relevant facts
- Skill for culturally appropriate interventions
- Cultural competency & humility
- Cultural sensitivity & humility

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What does it mean to have humility?

As professionals, we –

- make a lifelong commitment to self-evaluation and self-critique: accountability and self-supervision.
- must be flexible and bold enough to look at ourselves critically, and desire to always learn.
- have a desire to fix power imbalances.
- aspire to develop partnerships with people and groups who advocate for our clients and others.

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Ethical Concerns

- Client feels judged.
- Client feels like a number
- Client does not get copies of paperwork they signed.
- Client feels lost and/or confused.
- Nothing is clear.
- Client feels talked down to.
- Client is not included in planning of treatment.

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Dating

Maria is frustrated because her parents won't let her date. Her parents are of Asian descent, where dating is not accepted. When her parents determine it is time for her to get married, they will find a suitable marriage partner for her. It is unlikely that the family will ask her opinion in this matter. As a result of this situation, she is drinking and smoking pot heavily. She feels very disengaged from the world.

- What would be a reasonable, client-centered, culturally-sensitive approach to this situation?

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HIV

Your client tells you he is HIV positive and has no intention of telling his sexual partner of his condition and intends to engage in unprotected sex. He has been drinking a lot of alcohol and using a lot of meth since finding out about his diagnosis.

- What would be a reasonable, client-centered, culturally-sensitive approach to this situation?

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Research & Publication

- Research: informed consent
- Participants: protection, welfare, confidentiality
- IRB: Internal Review Board
- Explanation of outcomes
- Verification of data analysis
- Publication
- Advertising
- Giving credit where credit is due
- Submissions

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In the Dark

Miguel was invited to participate in a study to look at cannabis use and changes in mood stability. He was told he would be given the results of the study when it was completed. Months later, when he asked about the outcome of the research, he was told that he would not understand the findings of the research and was given no information.

- What would be a reasonable and ethical approach to this situation?

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Thank You! Any Questions?





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UPCOMING WEBINARS



March 10th, 2021

RACEing Through Revolving Doors
By: Anthony Andrews, PhD, LCMHC, LCAS, CRC



March 17th, 2021

Wellness and Recovery in the Addiction Profession Part Three: Substances Use to Educate: Are We Moving from One Addiction to Another?
By: Stephanie F. Rose, DSW, LCSW, AADC, CS and Dustin Morris, PhD, MS, CHES



March 12th, 2021

Part Four: NAADAC/NCC AP Code of Ethics, Principle VII - Supervision and Consultation
By: Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II, Cynthia Moreno Tushy, BSW, NCAC II, CDC II, SAP and Thomas Dufham, PhD



March 24th, 2021


Connecting the Continuum - How Prevention and Social Determinants of Health Connect
By: Jane G. Clark, MPA, CPS



www.naadac.org/webinars

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Wellness and Recovery in the Addiction Profession

Specialty Online Training Series

NAADAC is proud to present the specialty online training series *Wellness and Recovery in the Addiction Profession*. Upon completion of the six-part training series, participants may apply for the *Certificate of Achievement for Wellness and Recovery in the Addiction Profession*.

www.naadac.org/certificate-for-wellness-and-recovery-online-training-series

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Ethics in Practice Specialty Online Training Series



This series is designed to accompany the NAADAC/NCC AP Code of Ethics. The Ethics in Practice Specialty Online Training Series will provide a thorough dive into the NAADAC/NCC AP Code of Ethics, bringing to life how the code plays out in the work of addiction professionals and ways to handle and avoid ethical dilemmas.



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Join NAADAC!

Webinar Series

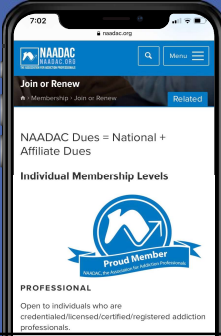
Over 300 CEUs of free educational webinars are available. Education credits are FREE for NAADAC members.

Magazine Articles

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

Conferences and Events

NAADAC Annual Conference, October 29 - November 3, 2021 Seattle, WA
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



NAADAC Dues = National + Affiliate Dues

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- 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

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Thank You

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