Ethics in Practice, Part 3: Principles III, IV, & IX

Presented by: Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP and Angela E. Maxwell, PhD, CPS
Presented by: Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP and Angela E. Maxwell, PhD, CPS
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

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

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
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 relationships.
- Fostering the practitioner's self-knowledge and care for self.
- Enhancing the quality of professional knowledge and its application.
- Responsibility to the community, profession.

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 countertransference experiences

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?
Principle IV: Working in a Culturally Diverse World

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?

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?
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.

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

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?
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.

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

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.
Ethics in Practice, Part 3: Principles III, IV, & IX

Presented by: Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP and Angela E. Maxwell, PhD, CPS

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.

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?

HIV

Your client tells you he is HIV positive and has no intention of telling his casual 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?
Principle IX: 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

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?
Thank You! Any Questions?

Angela Maxwell, PhD, CSAPS
Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II

UPCOMING WEBINARS

March 10th, 2021
RACERing Through Revolving Doors
By: Anthony Andrews, PhD, LCMHC, LCAS, CRC

March 12th, 2021
Wellness and Recovery in the Addiction Profession: Part Three - Navigating the Wellness Plan
By: Stephanie F. Rose, DSW, LCSW, AADC, CS and Duston Morris, PhD, MS, CHES

March 17th, 2021
Wellness and Recovery is the Addiction Profession: Part Four - Supervision and Consultation
By: Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II, Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP and Thomas Durham, PhD

March 24th, 2021
Connecting the Continuum – How Prevention and Social Determinants of Health Connect
By: Jane G. Clark, MPA, CPS

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

Presented by: Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP and Angela E. Maxwell, PhD, CPS
Ethics in Practice, Part 3: Principles III, IV, & IX

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.

Join NAADAC!

Webinar Series
Over 300 CEs of free educational sessions are available. Education credits are FREE for NAADAC members.

Magazine Articles
4 articles in recent issues in addition to 2 previous NAADAC's magazines. Visit to view the articles.

Conferences and Events
NAADAC Annual Conference, October 29–November 3, 2021 Seattle, WA

Independent Study Courses
Individual membership levels.

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

Thank You

NAADAC, the Association for Addiction Professionals
- 703.741.7686 / 800.548.0497
- naadac@naadac.org
- www.naadac.org
- NAADAC

Presented by: Mita M. Johnson, EdD, LPC, LMFT, LAC, MAC, SAP and Angela E. Maxwell, PhD, CPS