BEING OUR MOST ETHICAL SELF

PRESENTED BY:

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“WHAT LIES BEHIND US AND WHAT LIES BEFORE US ARE TINY MATTERS COMPARED TO WHAT LIES WITHIN US”

- RALPH WALDO EMERSON
I want to give appreciation and credit to Mita Johnson, Ed.D, MAC; who created, along with input from many of our colleagues, materials used in this presentation. This NAADAC presentation has been adapted from

**NAADAC The Basics of Addiction Counseling: Desk Reference**

**Module III: Ethical and Professional Issues in Addiction Counseling**

*Eleventh Edition - September 2017*
Introduction to NAADAC/NCC AP Ethical Standards

• Principle I: The Counseling Relationship
• Principle II: Confidentiality and Privileged Communication
• Principle III: Professional Responsibilities and Workplace Standards
• Principle IV: Working in A Culturally-Diverse World
• Principle V: Assessment, Evaluation and Interpretation
• Principle VI: E-Therapy, E-Supervision and Social Media
• Principle VII: Supervision and Consultation
• Principle VIII: Resolving Ethical Concerns
• Principle IX: Publication and Communications
• What drew you to be an addiction professional?
• What do you believe is the purpose of a Code of Ethics and its ultimate intention?
• What do these principles: autonomy, beneficence and justice mean to you?
• Who is your main person you currently consult with and why?
• Aspirational Ethics
The highest standards of practice to which a Provider can aspire – doing more than what is minimally required. **What is the best - highest level of practice?**

• Mandatory Ethics
Provider is acting in compliance with minimal standards. **What does the law or ethic’s code require of me?**

• Positive Ethics
A form of aspirational ethics. Doing no harm and providing services that help the client. Doing more than what is minimally required. **How can I be a support, help, resource?**
• Principle Ethics

Societal and personal morals are considered for ethical resolution of concern/issue. 
What “should” I do?

• Values Ethics

Morals & values are core beliefs (moral, social, aesthetic) that guide attitudes & behavior. Values help a Provider to select the better or best “option” when faced with an ethical dilemma. Who am I – what do I believe?

• Virtue Ethics

What is the right and what is the wrong way to handle this issue? Who am I when no one is watching? Who should I be?
Core Values Reflected by Principle and Virtue Ethics

- **Autonomy:** To allow others the freedom to choose their own destiny
- **Obedience:** The responsibility to observe and obey legal and ethical directives
- **Conscientious Refusal:** The responsibility to refuse to carry out directives that are illegal and/or unethical
- **Beneficence:** To help others
- **Gratitude:** To pass along the good that we receive to others
- **Competence:** To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques
- **Justice:** Fair and equal treatment, to treat others in a just manner
- **Fidelity:** Staying true to one’s word; keeping promises and commitments. Providers demonstrate this value by being trustworthy and honoring their commitments.
• **Restitution**: This value addresses the need to make amends to those who have been harmed or injured, when necessary.

• **Self-improvement**: Providers demonstrate this value by continually investing in their own professional and personal development.

• **Self-interest**: This value is demonstrated when a Provider protects him or herself and his/her career without harming client or others.

• **Diligence**: Providers demonstrate this value by working hard in one’s chosen profession; and being mindful, careful and thorough in the services delivered.

• **Discretion**: Valuing a client’s rights to privacy and confidentiality. Providers demonstrate this value by using good judgment; and honoring the confidentiality and privacy needs of others. Providers adhere to state, federal and NAADAC confidentiality guidelines and privileged communication laws related to their professional practice.
• **Honesty and Candor:** telling the truth in all dealing with clients, colleagues, business associates, and the community. Providers demonstrate these values by being genuine, congruent, and truthful without harming others.

• **Loyalty:** not abandoning those with whom you work. Providers demonstrate this value by actively supporting the client’s, organization’s and community’s needs.

• **Nonmaleficence:** doing no harm to the client; not exploiting the client or agency. Providers demonstrate this value by avoiding any behavior that could potentially and/or actually cause harm to an individual.

• **Stewardship:** Providers demonstrate this value by using available resources in a judicious and conscientious manner, and by giving back to our communities.

*Source: White (1993)*
PRINCIPLE I: THE COUNSELING RELATIONSHIP

I-1 Client Welfare   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 each client.
I-3 Informed Consent

Informed Consent shall include:

• explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized,

• purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services,

• the addiction professional’s qualifications, credentials, relevant experience, and approach to counseling,

• right to confidentiality and explanation of its limits including duty to warn,

• policies regarding continuation of services upon the incapacitation or death of the counselor,

• the role of technology, including boundaries around electronic transmissions with clients and social networking,

• implications of diagnosis and the intended use of tests and reports,

• fees and billing, nonpayment, policies for collecting nonpayment,

• specifics about clinical supervision and consultation,

• their right to refuse services, and

• their right to refuse to be treated by a person-in-training, without fear of retribution.
I-11 Multiple/Dual Relationships  Addiction Professionals shall make every effort to avoid multiple relationships with a client.

Discussion:

• What are your primary ethical obligations to a client?

• What role do your personal values play in your work as a service provider?

• What are the pros and cons of developing a personal relationship with a client?
II-1 Confidentiality  Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.
Confidential vs Privileged Communication
1. The **name of the patient**, other identifying information such as DOB, address, social security number

2. The specific **name(s)**, entity(ies), or individual(s) permitted to **make the disclosure**

3. The specific **name(s)**, entity(ies), or individual(s) permitted to **receive the disclosure**

4. How much and what **kind of information** that may be disclosed

5. The **purpose** of the disclosure

6. A statement that the consent is subject to revocation at any time

7. The date, event, or condition upon which the **consent will expire** if not revoked before

8. The **signature of the patient**

9. **Date** consent signed
II-2 Documentation  Addiction Professionals shall create and maintain appropriate documentation

II-5 Disclosure  Addiction Professionals shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for emergencies.
CONDITIONS FOR RELEASE OF CONFIDENTIAL INFORMATION

• Suicidal/Homicidal Ideation
• Suspected Child and/or Elder Abuse or Neglect
• Medical Emergencies
• Crimes On Premises or Against Staff Person
• Court Order/Legal Communication Addressing Subpoena
• Internal Communication
• Complaints Filed Against Provider
• Insurance reporting upon Client Request
• Signed Consent for Release of Information
II-6 Privacy  Addiction Professionals and the organizations they work for ensure that confidentiality and privacy of clients is protected by Providers, employees, supervisees, students, office personnel, other staff and volunteers.

DISCUSSION:

• How should confidentiality be address in group counseling sessions?

• How do you manage the ethical and legal use of computers, fax machines and cell phones?
PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES AND WORKPLACE STANDARDS

III-2 Integrity  Addiction Professionals shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.

III-4 Nondiscriminatory  Addiction Professionals shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.
III-14 Boundaries of Competence  Addiction Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

III-41 Impairment  Addiction Professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one’s own impairment.
III-42 Impairment  Addiction Professionals shall offer and provide assistance and consultation as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.

III-52 Supervision  Addiction Professionals, acting in the role of Supervisor or Consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

DISCUSSION:

• What are potential areas where you might have a dual relationship with a client or supervisor/supervisee?

• What steps would you take to address personal impairment so your clients and practice are not affected?
PRINCIPLE IV: WORKING IN A CULTURALLY-DIVERSE WORLD

IV-1 Knowledge  Addiction Professionals shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.

IV-2 Cultural Humility  Addiction services along the continuum of care are offered in diverse settings to diverse clients. Addiction Professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others).
IV-12 Needs Driven  Addiction Professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally-driven needs.

Sue, American Counseling Association suggest 3 components for an culturally sensitive practice:

• an awareness of the provider's personally-held cultural values, biases and assumptions;

• a willingness to learn and be aware of the cultural values, biases and assumptions of the diverse group of clients with whom he or she works; and

• a willingness to integrate culturally-appropriate and evidence-based individual and systemic interventions that assist the diverse clients?

D.W. Sue, American Counseling Association
Liu and Cross suggest that ethnically-sensitive providers must possess

• awareness of their limits in terms of knowledge and skills;

• an ability to consult comfortably with clients about ethnic issues;

• an openness to cultural differences; and

• an ability to use cultural resources.


DISCUSSION:

• What changes, if any, would you need to provide culturally-informed, culturally-responsive services to your clients?
PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION

V-1 Assessment  Addiction Professionals shall use assessments appropriately within the counseling process. The clients’ personal and cultural contexts are taken into consideration when assessing and evaluating a client. Providers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments.

V-4 Explanation  Addiction Professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand.
DISCUSSION:

• What makes a person qualified to administer a diagnostic assessment tool?

• How are diagnoses, concerns and referrals ideally handled? What would ethical, respectful and appropriate delivery of this information look like?

• What changes might you recommend for your agency or practice, that address how screenings, intakes, assessments, diagnosis, and referrals are conducted ethically and legally?
PRINCIPLE VI: E- THERAPY, E-SUPERVISION, SOCIAL MEDIA

VI-1 Definition “E-Therapy” and “E-Supervision” shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.
VI-3 Informed Consent  Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.
VI-4 Informed Consent  A thorough e-therapy informed consent shall be executed at the start of services. A technology-based informed consent discussion shall include:

- **distance counseling credentials, physical** location of practice, and **contact** information;
- **risks and benefits** of engaging in the use of distance counseling, technology, and/or social media;
- possibility of **technology failure** and alternate methods of service delivery;
- anticipated **response time**;
- **emergency** procedures to follow;
- when the counselor is **not available**;
- **time zone** differences;
- **cultural and/or language differences** that may affect delivery of services; and
- **possible denial** of insurance benefits; and social media policy.
VI-5 Verification  Addiction Professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client’s/supervisee’s identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture cues, code words, numbers, graphics, or other nondescript identifiers.

VI-7 State & Federal Laws  Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor’s practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client’s/supervisee’s state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.
VI-19  Friends  Addiction Professionals shall not accept clients’ “friend” requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.

VI-20  Social Media  Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client’s/supervisee’s rights to privacy on social media and shall not investigate the client/supervisee without prior consent.
DISCUSSION:

• What clinical technology do you use?

• What credentials are available to become a distance credentialed counselor?

• What are your thoughts about social media with clients?

• What policies do you need to develop around the use of social media?
PRINCIPLE VII: SUPERVISION AND CONSULTATION

VII-1 Responsibility  Addiction Professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.

VII-12 Boundaries  Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees.
VII-21 Gatekeepers  Clinical Supervisors are aware of their responsibilities as gatekeepers. Through ongoing evaluation, Supervisors shall track supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance as needed, including referral of supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when a supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall seek supervision-of-supervision and/or consultation and document their decisions to dismiss or refer supervisees for assistance.

DISCUSSION:

• What is consultation and how is it different and/or the same as clinical supervision?

• What kinds of clinical practice topics would you be uncomfortable bringing up with your supervisor?
PRINCIPLE VIII: RESOLVING ETHICAL CONCERNS

VIII-1 Code of Ethics  Addiction Professionals shall adhere to and uphold the NAADAC Code of Ethics, and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Providers strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation when necessary. Providers incorporate ethical practice into their daily professional work. Providers engage in ongoing professional development regarding ethical and legal issues in counseling. Providers are professionals who act ethically and legally. Providers are aware that client welfare and trust depend on a high level of professional conduct. Addiction Professionals hold other providers to the same ethical and legal standards and are willing to take appropriate action to ensure that these standards are upheld.
ETHICAL SURVEY
VIII-3 Decision Making Model  Addiction Professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

VIII-8 Agency Conflict  Addiction Professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be sued to determine the next best steps.
VIII-10  Violations without Harm  When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Addiction Professionals shall attempt to first resolve the issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved.

VIII-11  Violations with Harm  Addiction Professionals shall report unethical conduct or unprofessional modes of practice - leading to harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and/or NAADAC. Providers shall seek supervision/consultation prior to the report. Providers shall document supervision/consultation and report if made.
WHITE suggests that an ethical decision should be made based on the following 3 questions:

• Whose interests are involved and who can be harmed?

• How could the application of various universal values shed light on the appropriate action to be take in the situation?

• What standards of law or professional propriety apply to this situation?

William White, Critical Incidents
McGuire suggests an alternative 4 step process for ethical decisions:

- **Review** your code of ethics and legal mandates
- **Seek input** from a second party
- **Determine the values and motives** involved
- **Evaluate** the long-term effects of your choices on your client

*S. McGuire*, *Subtle boundary dilemmas: Ethical decision making for helping professionals*
NAADAC promotes the use of the **10-step comprehensive decision-making process/model** outlined below:

- **Identify** the ethical dilemma and/or legal issues. **Examine** the nature and dimensions of the dilemma.
- **Apply** the NAADAC Code of Ethics and applicable laws.
- **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.
- **Generate** a list of all potential courses of action and solutions.
- **Evaluate** each option to identify potential consequences (beneficial and detrimental) of acting on the action/solution generated.
- **Implement** the chosen course(s) of action.
- **Document** the entire situation, including this ethical decision-making activity, appropriately.
- **Analyze** the implementation of the chosen course(s) of action.
- **Reflect** on the outcome(s) of the course of action. Make adjustments if needed.
- **Re-assess** if implementation was not successful, and begin decision-making process again.
DISCUSSION:

• What are three ethical concerns you have noticed in your profession?

• In your state, what is the procedure for filing a complaint against a Provider?

• What is the difference between direct liability and vicarious liability?

• In your opinion, how does a professional safeguard themselves from initiating a personal relationship with a client?

• How would you decide which decisions need to be run through an ethical decision-making model?
IX-1 Research  Studies and publication shall be encouraged as a means to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Addiction Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.
IX-7 Welfare  Researchers who conduct research are responsible for their participants’ welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers take reasonable measures to honor all commitments made to research participants.

IX-11 Clients  Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely, without intimidation or coercion, choose whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.
IX-27 Proprietary  Addiction Professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall make every effort to only review materials that are within their scope of competency and to review materials without professional or personal bias.

DISCUSSION:

• What is plagiarism?

• When would you not have to give product credit to someone/organization?

• What concerns do you have about clients participating in a research study
What would it mean/ what would it take for you to:

• Be IMPECCABLE with your words?

• Take NOTHING personally?

• Make NO assumptions?

• Always do YOUR best?
Questions
Thoughts
Personal Reflection
and
Commitment to Self
MY WISH FOR YOU

THAT HAPPINESS MAY PUT HER ARMS AROUND YOU,
AND
WISDOM MAKE YOUR SOUL SERENE.