Welcome Colorado NAADAC Conference Participants from your Alaska Colleagues to our Presentation:

“ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges”

Presented By...

Dr. Kathryn Dziekan, LPC, CCMH, CRC, LPC Supervisor
Associate Professor for New Mexico Highlands University
Mental Health/Addiction Counselor for South Peninsula Behavioral Health Services in Homer, Alaska

Colleen Nusbaum, LCSW, CFMSW; CDC I; LPC Supervisor
Lupine Family Services, LLC: Counseling
What to Expect from our Presentation:

- We will examine how ASAM’s last risk dimension (Dimension 6) addresses the recovery environments and recovery supports for our case study of our moose family.

- This presentation will provide an Andromorphic story of the Mooses. This done in order to keep anonymity and confidential for human clients; the Mooses have agreed to tell us their story. This case study will be portrayed by Alaska’s state mammal the Mooses.

We will examine how ASAM’s last risk dimension (Dimension 6) addresses the recovery environments and recovery supports for our case study of our moose family – Loretta, Lester, and their children Louis and Lucille.
What to Expect from our Presentation:

- ASAM’s last risk dimension (Dimension 6) addresses recovery environments and recovery supports.
- This presentation examines:
  - How these Mooses’ with addiction and legal challenges succeed in overcoming the challenges their addiction poses for them such as not committing any further crimes, keeping their children from being taken away by Child Protective Services, and making it through their probation or parole.
  - We will examine how addiction clinicians and providers can ethically help the Mooses with ethical productive recovery supports that these individuals need and will embrace in their journey to overcome their addiction and legal challenges (Kampman & Jarvis, 2015).

https://scholarworks.alaska.edu/handle/11129/4877

Illegal Marijuana Grow Operation

WELCOME...
LET US INTRODUCE OURSELVES....
WELCOME...
LET US INTRODUCE OURSELVES....

Hi -- I am Loretta Moose

- We live on the Kenai Peninsula in Alaska but have moved often and need housing
- I am married to Lester Moose
- We have two children Louis 8 years old and Lucille 5 years old
- I sell candy and have had a variety sales jobs
- Lester and I have PTSD due to our mothers being killed on the highway by semi truck trailers
- I have problems with drinking alcoholic beverages too much
- I am have had legal problems and I am on probation several times for stealing alcohol from several liquor stores and several times I damaged farmer Lees orchard's who had fermented fruit and vegetables
- We are at risk of losing our children due to neglect and not being good at parenting and new criminal charges
- I need your help – Thank you

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Hi -- I am Lester Moose

- We live on the Kenai Peninsula in Alaska but have moved often and need housing
- I am married to Loretta Moose
- We have two children Louis 8 years old and Lucille 5 years old
- I sell a variety of things such as liquor and marijuana do manual labor such working with farmers growing marijuana
- Loretta and I have PTSD due to our mothers being killed on the highway by semi truck trailers
- I have problems with smoking too much marijuana, using opioids, and sometime methamphetamine too much
- I am have had numerous legal problems and on probation several times due to getting drug possession charges for opioids and methamphetamine and stealing cars
- We are at risk of losing our children due to neglect and not being good at parenting along with getting new drug charges
- I need your help – Thank you

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WELCOME...

LET US INTRODUCE OURSELVES....

Hi -- I am Louis Moose

- Live on the Kenai Peninsula in Alaska with my parents and sister
- I am 8 years old
- I am angry at my parents who neglect me and seem to be always drinking alcohol and/or using drugs and get in trouble with the law
- I attack, kick, and bite my sister Lucille and do not know why
- I started using alcohol and marijuana myself besides sniffing the gas from whipped cream cans, nutmeg, and mothballs
- I miss my maternal grandmother who got killed on the highway by semi truck trailers; my paternal grandmother was killed before I was born in the same fashion
- I have trouble at school when I go as my parents often do not take us to school and I am doing poorly academically
- My sister and I were living with the Leonards’ a foster home who was very restrictive with us – I did not like living there
- I need your help – Thank you

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WELCOME...

LET US INTRODUCE OURSELVES....

Hi -- I am Lucille Moose

- We live on the Kenai Peninsula in Alaska
- I am 5 years old
- My brother is mean to me and often kicks, bites, and attacks me and I do not know why
- My parents often are not around to protect me, I need them to take care of me, and wish they did not drink and use drugs
- I have an Aunt Lily who comes over to provide me help at times when my parents are not here to help
- My brother and I have gone to the Leonard’s, a foster home, but it is not a pleasant place to go as other kids that are there who make fun of me & hurt me physically by kicking my legs or hitting me in the head
- I want to stay with my parents but do not like when they are neglectful and are not home to care for us
- I am thinking that I too might use drugs to cope but have not yet
- I really need your help – Thank you

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WELCOME…
LET US INTRODUCE OUR PRESENTERS….

Dr. Dziekan  CCMH (LPCC), LPC, CRC

• On Faculty with NMHU for over 10 years and teach counseling courses in Counseling Department
• Bachelor of Arts in Social Work and Sociology from University of Wisconsin – Madison
• PhD in Rehabilitation Counseling with emphasis in Psychology from Syracuse University
• Clinician in Alaska working with co-occurring individuals with mental health and substance abuse challenges
• Taught online for over 10 years and providing telehealth for numerous years
• Published in Multicultural Implications for Clientele and Distance Education
ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges

Presented by: Kathryn Dziekan, PhD, LPC, CRC

OUTLINE:

1. ASAM Dimension 6: Recovery/Living Environment impact on Ethical Considerations related to Individuals with Addictions and Legal Challenges.

2. Statistics of Individuals with Addictions and Legal Challenges in jails and prisons who come from diverse backgrounds and types of crimes they committed.

3. Challenges and situation Individuals with Addictions and Legal Challenges:
   A. Recidivism of committing same or different crimes;
   B. Challenges with Child Protective Services;
   C. Probation and/or Parole Implications;

COLLEEN NUSBAUM
LCSW; CDC I; CMFS; LPC-S

- Bachelors of Science in Psychology with a Specialty in Human Development from Wayne State University, Detroit, Michigan.
- Master of Social Work from the University of Alaska, Anchorage in Anchorage, Alaska.
- Licensed Clinical Social Worker and Chemical Dependency Counselor 1 Certification since 2013.
- Clinician has worked in Alaska at Central Peninsula Hospital in Soldotna, Alaska as an Emergency Services Clinician and working at the Veteran’s Administration in Soldotna, Alaska providing behavioral health services including co-occurring individuals with mental health and substance abuse challenges.
- Owns and operates Lupine Family Services, LLC. in Soldotna, Alaska.
4. Ethical Concerns related to Individuals with Addictions and Legal Challenges

I. Considerations:
   A. Autonomy
   B. Beneficence
   C. Competence

https://www.naadac.org/code-of-ethics
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OUTLINE Continued:

Standards related to assistance for Individuals with Addictions and Legal Challenges

II. Principle I: The Counseling Relationship
   A. I-1 Client Welfare
   B. I-4 Limits of Confidentiality
   C. I-5 Diversity
   D. I-6 Discrimination
   E. I-7 Legal Competency
   F. I-10 Boundaries
   G. I-11 Multiple/Dual Relationships
   H. I-16 Communication
   I. I-17 Level of Care (ASAM)
   J. I-20 Advocacy

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OUTLINE Continued:

Applying ethical considerations, standards, and principles to the Mooses Case Study.

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ASAM

The ASAM placement criteria is used to evaluate clientele risk factors that help assess the best choice for treatment setting for clientele with addiction challenges and where they should seek the most optimum treatment for their level of care.

“ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.”

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The American Society of Addiction Medicine's (ASAM) Patient Placement Criteria (3rd edition) is the most widely used & comprehensive national guidelines for placement, continued stay, and discharge of patients with alcohol and other drug problems.

Dr. David Mee-Lee has published three editions of “The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.” His latest edition was the 3rd Ed. in 2013. Mee-Lee (2013)

Many states across the country are using The ASAM Criteria as the foundation of their efforts to improve the addiction treatment system. There are currently more than 37 managed care organizations that license an electronic version of the criteria, and these companies represent more than 147,000,000 covered lives that are provided addiction treatment.
• The ASAM Criteria defines the standards for conducting a Comprehensive Biopsychosocial Assessment to inform patient placement and treatment planning. These standards describe six dimensions that should be assessed
• The ASAM Criteria also provides standards for rating the patient’s risks in each dimension and dimensional admission criteria for determining the least intensive, but safe level of care for meeting the patient’s individual treatment needs.

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https://www.asam.org/asam-criteria/criteria-intake-assessment-form

• Patients are encouraged to work with their treatment providers to create an individualized treatment plan based on The ASAM Criteria’s assessment dimensions. The criteria views patients in their entirety, holistically, rather than by a single medical or psychological condition. This means it pays attention to the whole patient, including all of his or her life areas, as well as all risks, needs, strengths and goals.
• Using The ASAM Criteria, patients can:
  • Become active participants in their own care
  • Learn about, anticipate and understand treatment options and protocols
  • Use The ASAM Criteria’s six dimensions, or life areas, to better understand how risks and strengths, skills and resources in one life area can affect another
For treatment providers, *The ASAM Criteria* provides a holistic approach for determining individualized and outcome-driven treatment plans for patients. Using *The ASAM Criteria* as a guide, treatment providers can:

- Assist a patient from assessment through treatment.
- Work with the patient to determine goals.
- Help rank and rate all the patient’s risks, using *The ASAM Criteria*’s multidimensional approach to determine where to focus treatment and services.
- **Determine intensity and frequency of service** needed using *The ASAM Criteria*’s detailed guides for **levels of care**.

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Placement Criteria Purpose:

- The overall **purpose** of patient placement guidelines is to place a person with a substance abuse challenge in the **least intensive level of care** that will help them achieve their Addiction treatment objectives without sacrificing their personal safety or security.
- It is also an attempt to establish **patient placement criteria** that are acceptable to all treatment providers and payers.
- It supports an efforts to establish a **common language** for Addiction abuse treatment, to agree upon consistent placement decisions and provide a focus for future research

Mee-Lee (2013)
The ASAM PPC-2R (Mee-Lee (2013))

1. The ASAM PPC-2R provides two sets of risk guidelines, one for adults and one for adolescents, and four broad levels of care for each group.
2. The ASAM criteria were designed to provide guidelines for placing patients with specific combinations of problems in appropriate levels of safe and cost-efficient care.
3. A strength of ASAM’s criteria is that they characterize levels of care and patients in some detail.
4. The ASAM PPC-2R provides two sets of guidelines, one for adults and one for adolescents, and four broad levels of care for each group.
5. The ASAM criteria were designed to provide guidelines for placing patients with specific combinations of problems in appropriate levels of safe and cost-efficient care.
ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges

**Six Assessment Dimensions:**

**DIMENSION 1:** Acute Intoxication and/or Withdrawal Potential
- Evaluating an individual’s past and current experiences of substance use and withdrawal.

**DIMENSION 2:** Biomedical Conditions and Complications
- Assessing an individual’s health history and current physical health needs.

**DIMENSION 3:** Emotional, Behavioral, or Cognitive Conditions and Complications
- Investigating an individual’s mental health history and current cognitive and mental health needs.

**DIMENSION 4:** Readiness to Change
- Exploring an individual’s readiness for and interest in changing.

**DIMENSION 5:** Relapse, Continued Use or Continued Problem Potential
- Evaluating an individual’s unique needs that influence their risk for relapse or continued use.

**DIMENSION 6:** Recovering/Living Environment
- Examining an individual’s recovery or living situation, and the people and places that can support or hinder their recovery.

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**ASAM Adult Continuum of Care:**

**ASAM CONTINUUM OF CARE**

- **LEVEL 1:** Outpatient
- **LEVEL 2:** Intensive Outpatient/Partial Hospitalization
- **LEVEL 3:** Residential/Inpatient
- **LEVEL 4:** Continuing Care Services

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DIMENSION 6 - RECOVERY/LIVING ENVIRONMENT

4. Who do you live with? (friends, family, partner, roommates)
   Describe:

5. Are you working-going to school/retired/disabled/unemployed?
   □ School   □ Work   □ Retire   □ Disability   □ Other: ____________
   Describe: (Probe for job skills)

6. What are the sources of your financial support?
   □ Paid work   □ Benefits (SSI, SSDI)   □ Family/Friends   □ Legal/Under the table   □ Other: ____________
   a. Which of these is the biggest source of your income? (Circle one)

7. How do you spend your free time (e.g., when not working)? Probe for free time when not using alcohol or other drugs?
   Describe:

8. Do you have any reading or learning challenges that need support (e.g., in school did you require supports, do you require support for disabilities at work? Are you able to use workbooks, computers and email?)
   □ Yes   □ No
   Please describe:

9. Do you have needs in any of the following areas to help support you as you cut back on alcohol or other drug use?
   □ Transportation   □ Childcare   □ Housing   □ Employment   □ Other:
   □ Yes   □ No
   Please describe:

Survivor Instructions: Use MI skills to develop discrepancy between any problems they have previously mentioned and whether they might need support in the areas listed.

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16. Do any of your current relationships pose a threat to your safety?
   a. If yes:
      i. Has this person used a weapon against you or threatened you with a weapon?
      ii. Has this person threatened to kill you or your children?
      iii. Do you think this person might try to kill you?

17. Do any other current situations pose a threat to your safety?

18. Does your alcohol or other drug use ever create situations that are dangerous for you or threatening to others?
   Please describe:

**Interviewer instruction:** If yes, follow emergency protocols for your agency and county in situations involving imminent danger and reportable events.

- Immediate (TODAY)
- Urgent (WITHIN DAYS)

Timely placement is required as part of regular treatment.
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**DIMENSION 6 - RECOVERY/LIVING ENVIRONMENT**

**Problem Statements and Goals (Optional, for treatment planning purposes)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Problem(s):</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. What concerns or problems do you have with your current living situation or environment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. What changes in your work/home/community are you able or willing to make to support cutting back or stopping your alcohol or other drug use? (e.g., get peer support, move, change jobs, change friends)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. What changes in your work/home/community are you unable or unwilling to make to support cutting back or stopping your alcohol or other drug use? (e.g., get peer support, move, change jobs, change friends)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. If things improved in your environment, what would that look like? What are your goals for your environment? This might include getting a job, going back to school, getting social services, etc.</td>
<td>Goal(s):</td>
<td></td>
</tr>
</tbody>
</table>

**Severity Rating – Dimension 6 (Recovery/Living Environment)**

<table>
<thead>
<tr>
<th>Severity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None, Able to cope in environment/supportive</td>
</tr>
<tr>
<td>1</td>
<td>Moderate, Unsupportive environment, but able to cope in the community with structural support most of the time</td>
</tr>
<tr>
<td>2</td>
<td>Severe, Unsupportive environment, difficulty coping even with clinical structure</td>
</tr>
<tr>
<td>3</td>
<td>Very Severe, Environment too hostile to recovery, Patient needs immediate separation from a toxic environment</td>
</tr>
</tbody>
</table>

**Interviewer Instructions:**


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ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges

Statistics Of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

Racial disparities in incarceration rates, 2019

<table>
<thead>
<tr>
<th>Race</th>
<th>Prison</th>
<th>Jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>1,096</td>
<td>600</td>
</tr>
<tr>
<td>Al/AN*</td>
<td>547</td>
<td>420</td>
</tr>
<tr>
<td>White</td>
<td>214</td>
<td>184</td>
</tr>
<tr>
<td>Hispanic</td>
<td>525</td>
<td>176</td>
</tr>
<tr>
<td>Asian</td>
<td>46</td>
<td>25</td>
</tr>
</tbody>
</table>

*American Indian/Alaska Native

Sources: Bureau of Justice Statistics, Jail Inmates in 2019 and Prisoners in 2019, Appendix Table 2.
Prison incarceration rates for AI/AN and Asian populations calculated by Prison Policy Initiative from Census 2010.
ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges

Statistics Of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

More than half of all jail deaths occur within a month of admission. For people who die from drugs, alcohol, or suicide, even a day or week can mean the difference between life and death.

- Drug/alcohol intoxication: 1 day
- Suicide: 9 days
- Accident: 10 days
- All causes combined: 17 days
- Homicide: 29 days
- Illness: 33 days

Median time served before death by cause of death, 2000-2018

Statistics Of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

Timeline of Arrests for Drug Offenses Nationwide

Annual Arrests

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Statistics of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

Drug Related Crime Statistics

1.16 million Americans are arrested annually for drug related offenses.

Key Findings

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>The percentage of prison inmates who abuse drugs or alcohol.</td>
</tr>
<tr>
<td>244K</td>
<td>The number of Americans sent to prison annually for drug related crimes.</td>
</tr>
<tr>
<td>26%</td>
<td>The percentage of all arrests in America that are related to drug offenses.</td>
</tr>
</tbody>
</table>

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Average Cost of Drug Rehab

The average cost of drug rehabilitation per person is $13,475.

Key Findings

<table>
<thead>
<tr>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.75k</td>
<td>The cost for the cheapest medical detoxification programs.</td>
</tr>
<tr>
<td>$6k</td>
<td>The cost for the cheapest inpatient rehabilitation programs per month.</td>
</tr>
<tr>
<td>$5k</td>
<td>The cost of outpatient rehab for a 3 month program.</td>
</tr>
</tbody>
</table>

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Statistics of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

**People Sentenced to Federal Prison for Drug Related Crimes Statistics**

The rate at which individuals were sentenced to federal prison for drug related crimes was at its highest in the years between 2005 and 2015. Although a larger percentage of the female prisoner population is serving time for drug related offenses, the male population serving time for drug offenses is larger overall.

- 46% of prisoners in federal prison are there for drug related crimes.
- 59% of all women sentenced to federal prison are serving time for drug offenses.
- 6,500 women are serving time for drug offenses.
- 45% of all men sentenced to federal prison are serving time for drug offenses.
- 66,700 men are serving time for drug offenses.
- Nearly 60% of Hispanic federal prisoners were in prison for drug related offenses.
- 27% of parents in federal prison reported having a parent or guardian who abused alcohol or drugs.

Statistics of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

**People Sentenced to State Prison for Drug Related Crimes Statistics**

A majority of those who used drugs while they were being arrested reported using marijuana at the time of the offense. Crack/cocaine was the 2nd most popular response. Violent offenders are less likely than drug or property offenders to use drugs the month before they committed their crime.

- 26% of female state prisoners are serving time for drug related crimes.
- 13% of male state prisoners are serving time for drug related crimes.
- 3.7% of those sentenced to state prison had drug possession as their most serious offense.
- 10.4% of those sentenced to state prison had another drug charge as their most serious offense including the manufacture and sale of drugs.
- 1/3rd of all state prisoners and jail inmates committed their crimes in order to get drugs or get money for drugs.
- 1 in 6 state prisoners and jail inmates committed violent offenses in order to get drugs or get money for drugs.
- 40% of state prisoners and jail inmates said they used drugs at the time they were arrested.
- 34% of parents in state prison reported that their parents or guardians abused alcohol or drugs.
- 43% of mothers had a parent or guardian who abused alcohol or drugs.
- 33% of fathers had a parent or guardian who abused alcohol or drugs.
Statistics of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

Some research shows that an estimated 65% percent of the United States prison population has an active SUD. Another 20% percent did not meet the official criteria for an SUD but were under the influence of drugs or alcohol at the time of their crime.

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Statistics of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

- “To be effective for the prison population that has a substance use disorder, treatment must begin in prison and be sustained after release through participation in community treatment programs. By engaging in a continuing therapeutic process, people can learn how to avoid relapse and withdraw from a life of crime. However, only a small percentage of those who need treatment while behind bars actually receive it, and often the treatment provided is inadequate.”
- “Scientific research since the mid-1970s shows that treatment of those with SUDs in the criminal justice system can change their attitudes, beliefs, and behaviors toward drug use; avoid relapse; and successfully remove themselves from a life of substance use and crime.”

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Statistics of Individuals with Addictions and Legal Challenges in Jails and Prisons Who Come from Diverse Backgrounds and Types of Crimes They Committed

Effective treatment of substance use disorders for incarcerated people requires a comprehensive approach including the following:
- Behavioral therapies, cognitive therapies, REBT, existential therapies, and reality therapy can help modify the patient’s drug-use expectations and behaviors, and helps effectively manage triggers and stress
- Medications including methadone, buprenorphine, and naltrexone
- Wrap-around services after release from the criminal justice system, including employment and housing assistance
- Overdose education and distribution of the opioid reversal medication naloxone while in justice diversion treatment programs or upon release.

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Challenges and Situation Individuals with Addictions and Legal Challenges

A. Recidivism of committing same or different crimes
B. Challenges with Child Protective Services
C. Probation and/or Parole Implications

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https://californiainnocenceproject.org/issues-we-face/recidivism-rates/

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Contrary to myth, people incarcerated for violent offenses and released are least likely to be arrested again.

Percentage of people released from prison in 2005, by most serious offense type, who were rearrested for an offense in the same category within 3 years of release.

By almost any measure, people who are released after serving time in prison for violent offenses are the least likely to reoffend:

- Least likely to be rearrested for any offense
- Least likely to be convicted again
- Least likely to be incarcerated again
- Least likely to be sentenced to prison again.

“Facts Concerning the Effects of Parental Substance Abuse on Children

• An estimated 12 percent of children in this country live with a parent who is dependent on or abuses alcohol or other drugs.
• 8.3 million children under 18 years of age lived with at least one substance-dependent or substance-abusing parent.
• Of these children, approximately 7.3 million lived with a parent who was dependent on or abused alcohol, and about 2.2 million lived with a parent who was dependent on or abused illicit drugs.
• 400,000 infants each year are born exposed to substances prenatally.
• According to data from both the 2011 and 2012 National Survey on Drug Use and Health, approximately 5.9 percent of pregnant women aged 15 to 44 were current illicit drug users.
• Younger pregnant women generally reported the greatest substance use, with rates approaching 18.3 percent among 15- to 17-year-olds.
• Among pregnant women aged 15 to 44 years old, about 8.5 percent reported current alcohol use, 2.7 percent reported binge drinking, and .3 percent reported heavy drinking.”
ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges

Nearly 1/3 of children entering foster care do so in part because of parental drug abuse.

Statistics Of Individuals with Addictions and Legal Challenges in Jails/Prisons on Probation and Parole by Sex and Race

Across sex and race, people on probation and parole have lower incomes than the general population.

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Statistics Of Individuals with Addictions and Legal Challenges in Jails/Prisons on Probation and Parole by Sex and Race 2019 United States of America Data:

**People on probation and parole report higher rates of mental health and substance use disorders**
Rates of substance use disorders and mental health diagnoses are two to four times higher among people under community supervision.

<table>
<thead>
<tr>
<th>Have a Mental Health Diagnosis</th>
<th>Have a Substance Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population</td>
<td>11%</td>
</tr>
<tr>
<td>Probation population</td>
<td>21%</td>
</tr>
<tr>
<td>Parole population</td>
<td>20%</td>
</tr>
<tr>
<td>General population</td>
<td>7%</td>
</tr>
<tr>
<td>Probation population</td>
<td>31%</td>
</tr>
<tr>
<td>Parole population</td>
<td>28%</td>
</tr>
</tbody>
</table>

**Source and data notes:** National Survey on Drug Use and Health (NSDUH), 2019. Probation and parole populations are defined here as people who reported being on probation or parole in the past 12 months, and general population is defined as those not on probation or parole in the past 12 months.

Statistics Of Individuals with Addictions and Legal Challenges in Jails/Prisons on Probation and Parole by Sex and Race 2019 United States of America Data:

**Many people under community supervision with mental health or substance use disorders can’t access treatment**
Under community supervision, two-thirds of people with substance use disorders and almost one-third of people with mental health disorders are not receiving the treatment they need.

<table>
<thead>
<tr>
<th>No Health Insurance</th>
<th>Mental Health Disorder and Unmet Treatment Need</th>
<th>Substance Use Disorder and Unmet Treatment Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation population</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Parole population</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>Probation population</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>Parole population</td>
<td>72%</td>
<td>72%</td>
</tr>
</tbody>
</table>

**Source and data notes:** National Survey on Drug Use and Health (NSDUH), 2019. Probation and parole populations are defined here as people who reported being on probation or parole in the past 12 months, and general population is defined as those not on probation or parole in the past 12 months.
Ethical Concerns Related to Individuals with Addictions And Legal Challenges

I. Considerations:

**Autonomy**

- “The philosophical underpinning for autonomy, as interpreted by philosophers Immanuel Kant (1724–1804) and John Stuart Mill (1806–1873), and accepted as an ethical principle, is that all persons have intrinsic and unconditional worth, and therefore, should have the power to make rational decisions and moral choices, and each should be allowed to **exercise his or her capacity for self-determination.**”
- “This ethical principle was affirmed in a court decision by Justice Cardozo in 1914 with the epigrammatic dictum, “Every human being of adult years and sound mind has a right to determine what shall be done with his own body.”

[Source](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7923912/)

Dziekan & Nusbaum, 2023
Ethical Concerns Related to Individuals with Addictions And Legal Challenges

**Beneficence:**

- The principle of beneficence is the obligation of physician to **act for the benefit of the patient** and supports a number of moral rules to protect and defend the right of others, prevent harm, remove conditions that will cause harm, help persons with disabilities, and rescue persons in danger.
- The principle calls for not just avoiding harm, but also to benefit patients and to **promote their welfare**.

Dziekan & Nusbaum, 2023

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9945912/

Ethical Concerns Related to Individuals with Addictions And Legal Challenges

**Competence:**

- Treatment programs also are seeing clients who have co-occurring disorders and present with **complex life situations and concerns**.
- More **complex treatment concerns** call for more sophisticated and competent treatment and supervision skills.
- To meet increasing demands, modern treatment organizations must be able to—Monitor, evaluate, and promote clinical competence, directly and objectively; Ensure fidelity to evidence-based practices; and **Increase treatment efficacy** and cost-effectiveness.

Dziekan & Nusbaum, 2023

Standards Related to Assistance for Individuals with Addictions and Legal Challenges

II. Principle I: The Counseling Relationship:
A. I-1 Client Welfare
B. I-4 Limits of Confidentiality
C. I-5 Diversity
D. I-6 Discrimination
E. I-7 Legal Competency
F. I-10 Boundaries
G. I-11 Multiple/Dual Relationships
H. I-16 Communication
I. I-17 Level of Care (ASAM)
J. I-20 Advocacy

II. 2021 NAADAC/NCC AP Ethical Standards
Principle I: The Counseling Relationship:
I-1 Client Welfare

I-1 Client Welfare

Addiction professionals shall accept their responsibility to ensure the safety and welfare of their client, and shall 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.
II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:
I-4 LIMITS OF CONFIDENTIALITY

Addiction professionals shall clarify the nature of their relationship with each party, and the limits of confidentiality, at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

https://www.naadac.org/code-of-ethics
Dziekan & Nusbaum, 2023

II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:
I-5 DIVERSITY

Addiction professionals shall respect the diversity of clients and provide culturally-responsive and culturally-sensitive services to all clients.

https://www.naadac.org/code-of-ethics
Dziekan & Nusbaum, 2023
A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:

I-6 DISCRIMINATION

Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

Dziekan & Nusbaum, 2023
https://www.naadac.org/code-of-ethics

A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:

I-7 LEGAL COMPETENCY

Addiction professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client’s best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers shall balance the ethical rights of clients to make choices about their treatment, with their capacity to give consent to receive treatment-related services, and the parental/familial/representative's legal rights and responsibilities to protect the client and make decisions on their behalf.

Dziekan & Nusbaum, 2023
https://www.naadac.org/code-of-ethics
A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:
I-10 BOUNDARIES

Addiction professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Providers shall obtain consultation and supervision, and recommendations shall be documented.

https://www.naadac.org/code-of-ethics
Dziekan & Nusbaum, 2023

A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:
I-11 MULTIPLE/DUAL RELATIONSHIPS

Addiction professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care to ensure professional judgment is not impaired and there is no risk of client exploitation. Such relationships shall include, but are not limited to, members of the provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, providers shall take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be obtained, and the recommendations shall be documented.

Dziekan & Nusbaum, 2023
https://www.naadac.org/code-of-ethics
A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:
I-16 COMMUNICATION

Addiction professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers shall offer clear and understandable language when discussing issues related to informed consent. Cultural implications of informed consent shall be considered and documented by the provider.

Dziekan & Nusbaum, 2023
https://www.naadac.org/code-of-ethics

A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP:
I-17 LEVEL OF CARE (ASAM)

Addiction professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

Dziekan & Nusbaum, 2023
https://www.naadac.org/code-of-ethics
A. II. PRINCIPLE I: THE COUNSELING RELATIONSHIP: I-20 ADVOCACY

Addiction professionals shall advocate on behalf of clients at individual, group, institutional, and societal levels. Providers shall speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, providers shall obtain written consent prior to engaging in advocacy efforts.

Dziekan & Nusbaum, 2023
https://www.naadac.org/code-of-ethics

How Can We Help the Mooses

Loretta and Lester both got new criminal charges recently. They were partying at Farmer Lee’s Orchard, and both did damage to Farmer Lee property and accidently kicked a fire lantern and partially burned the right side of the farmer’s barn. Lester was using Methamphetamine and got an additional drug charge. Due to these new charges, they were not home to care for their children until they were bailed out by Loretta’s Aunt Lily. The children were alone the night they were in jail. Child Protective Services was called, and the children were taken to the Leonard’s. Loretta and Lester might lose their children due to their addiction challenges and criminal charges. Louis also is getting into trouble at school as he missed so much school and when at school, he is not doing his homework and getting into fights with others. Lucille is now depressed and does not know what to do. She would like her parents to be responsible.

Dziekan & Nusbaum, 2023
How Can We Help the Mooses continued

Loretta and Lester met with their attorneys for both the criminal and child protective services charges. They were encouraged to attend inpatient addiction treatment. Loretta did not want to go into treatment as she does not believe her alcohol problem is that problematic. She feels she needs to work and wants to be at home with her children when she is not working. Lester also does not want to go into inpatient addiction treatment as he wants to be with his family and does feel his addiction is that problematic. Their attorney shared that they might not get their children back and they might be doing prison time if they do not go into addiction inpatient treatment. Louis is also going to be working with juvenile probation due to giving his sister a black eye and broken hoof. He also beat up a classmate and gave them a minor head concussion. Louis was under the influence of nutmeg and alcohol when he harmed his sister and classmate. His probation officer wants Louis to go into inpatient drug treatment. He like his parents does not want to go.

How Can We Help the Mooses continued

You are an addiction counselor who is assigned to work with the Mooses and by assessing them using the ASAM placemat criteria and primarily focusing on the 6 Dimension -- Recovery Environment. What would you do ethically for the Mooses in regards to their situation?

1. Loretta:
   A. How would you assess Loretta using the ASAM criteria focusing on her Recovery Environment and what ethical considerations would you be sensitive to in regards to assessing Loretta?
   B. How would you ethically counsel Loretta about her current situation and her addiction challenges?

2. Lester:
   A. How would you assess Lester using the ASAM criteria focusing on his Recovery Environment and what ethical considerations would you be sensitive to in regards to assessing Lester?
   B. How would you ethically counsel Lester about his current situation and his addiction challenges?
How Can We Help the Mooses continued

You are an addiction counselor who is assigned to work with the Mooses and by assessing them using the ASAM placemat criteria and primarily focusing on the 6 Dimension -- Recovery Environment. What would you do ethically for the Mooses in regards to their situation?

3. Louis:
   A. How would you assess Louis using the ASAM criteria focusing on his Recovery Environment and what ethical considerations would you be sensitive to in regards to assessing Louis?
   B. How would you ethically counsel Louis about his current situation and his addiction challenges?

4. Lucille:
   A. How would you ethically counsel Lucille about her family’s current situation and their addiction challenges?
   B. How would you help Lucille ethically address her depression?

Concluding Considerations

Ethics: Autonomy verses Client Welfare

1. As an addiction counselor how do you balance a client’s autonomy with their client welfare as it relates:
   a) to criminal charges,
   b) their willingness to make the healthiest decisions for themselves and their family’s needs and
   c) their need to have a voice in regards to their own treatment decisions?

2. What are your thoughts on clients that choose jail/prison and have the possibility of losing their children over their addiction treatment decisions?

3. What are your thoughts on clients going to jail and/or prison and getting addiction treatment while being incarcerated?
ASAM’s Recovery Supports Ethical Considerations: Individuals with Addictions and Legal Challenges

References:


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• https://nicic.gov/resources/nic-library/state-statistics/2020

• https://drugabusestatistics.org/drug-related-crime-statistics/?=text=Total%20Drug%20Arrest%20Statistics&text=1.16%20million%20Americans%20are%20arrested%20annually%20for%20the%20sale%20of%20manufactured%20drugs%20in%20the%20U.S.