Ethics – A Pressing Concern

This issue of NAADAC News brings sharp focus to a major issue addiction professionals must deal with every day: ethics. A thorough understanding of ethical obligations is mandatory in any professional who deals with clients who are vulnerable and whose actions have an impact on the community. NAADAC, the Association for Addiction Professionals, wishes to take this opportunity to share not only its revised NAADAC Code of Ethics, but also to share some illuminating articles concerning applied ethics. The validity of the profession depends on each and every addiction professional taking his or her ethical obligations seriously.

Beyond the focus on such a timely and important subject, this issue of NAADAC News also has some interesting articles pertaining to professional issues. NAADAC President Don Osborn is reporting back on his first year in office and we take a look at Recovery Month and the importance of insurance. We look forward to hearing your feedback!

I hope you enjoy the issue, and don’t forget to take advantage of the continuing education credits eligible quiz on page 12.

Donovan Kuehn
Editor, NAADAC News

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The NAADAC Code of Ethics, the main guide for counselors facing ethical dilemmas in their practice, has undergone a dramatic revision. The new code is a more extensive document that incorporates ten principles to provide guidance for the addiction-focused professional.

The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted standard of conduct for addiction professionals. NAADAC was founded in 1972 (known at that time as the National Association of Alcoholism Counselors – NAAC), and one of the first priorities for the organization’s leaders was to create a clear and coherent set of ethical principles to guide professionals. The Code of Ethics, accepted in 1977, was the first set of professional standards specifically for addiction counselors. (see box)

Since then, NAADAC has stayed true to the principle of helping professionals navigate the sometimes difficult demands the job places upon them.

As Anne Hatcher, EdD, CAC III, NCAC II, Chair of the NAADAC Ethics Committee, put it, “Rarely is an ethical dilemma a clear choice between right and wrong. Usually it is a choice between rights; the code of ethics guides us in making a choice that more clearly fits the values of the profession and our own professional standards for behavior.” (You can read more about how these changes came about in an interview with Dr. Hatcher on page 4.)

Ethical dilemmas appear in our personal and professional lives, usually without warning. The NAADAC Code of Ethics is meant to serve as an impartial guide to making ethical, timely decisions as our clients lives often hang in the balance.

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### NAAC Code of Ethics, 1977

- Orientation in all efforts toward the primary goal of recovery for the client and the family.
- Respect for the confidentiality of all records, materials and communications concerning clients.
- Respect for the client by maintaining an objective, non-possessive, professional relationship at all times.
- No discrimination among clients or professionals on the basis of race, color, creed, age, sex or sexual orientation.
- Respect for the rights and views of other alcoholism workers and other professions.
- Respect for the institutional policies and cooperation with management functions; initiative toward improving institutional policies and management functions.
- Evidence of a genuine interest in helping persons with alcohol problems and dedication to helping them help themselves as much as possible.
- Willingness to assess one’s own personal and vocational strengths and limitations, biases and effectiveness. Ability and willingness to recognize when it is to the client’s best interest to refer or release him to another individual or program.
- Willingness to take personal responsibility for continued professional growth through further education or training.
- Total commitment to providing the highest quality of care through both personal effort and the utilization of any other health professionals or services which may assist the client in his or her recovery plan.

I wanted to get some background on why the NAADAC Code of Ethics were being revised, as well as the importance of the code to the profession. The Chair of the NAADAC Ethics Committee, Anne Hatcher, EdD, CAC III, NCAC II, was just the person to talk to.

Donovan Kuehn: Why was the code of ethics revised?

Anne Hatcher: The NAADAC Ethics Committee is instructed to review the code of ethics and make revisions as needed every two years. Two years ago the committee recommended standards related to evaluation, assessment and interpretation of client data. The recommendations were made as a result of a request from a member who needed guidelines. A review of other codes of ethics found standards on evaluation, assessment and interpretation of client data while the NAADAC Code of Ethics did not address the issue. To the best of my knowledge, the recommendations submitted were not reviewed by the executive board and so the suggested change was not made. In early 2010, we were asked to review of the code of ethics and to make suggestions for revisions. The committee worked diligently comparing the NAADAC Code of Ethics to the codes of ethics of other professional organizations working with similar populations. In addition, some of the committee members made suggested revisions based on the experience of being asked to respond to ethical dilemmas and grievances. We found that the current code of ethics did not describe ethical standards in a clear manner that would support us in addressing some of the grievances.

Some sections of the recommended code were re-written to fit with the situations most likely to face us in 2011 as compared with the situations that arose in 2008.

DK: Why is it important for professionals to have a code of ethics?

AH: A code of ethics is a statement of an organization’s standards for professional behavior. All of us are likely to make mistakes in judgment unintentionally or when we are in stressful situations. The stated code of ethical standards provides a guideline for evaluation of the situations in which we find ourselves and helps us evaluate the choices that face us. Rarely is an ethical dilemma a clear choice between right and wrong. Usually it is a choice between rights; the code of ethics guides us in making a choice that more clearly fits the values of the profession and our own professional standards for behavior.

DK: How can the code of ethics help professionals who are facing challenging situations?

AH: When faced with a situation that the addiction professional finds uncomfortable or questionable, the code of ethics provides a standards with which the possible actions can be compared. As I said to your first question, the code of ethics provides a guideline for members of the ethics committee when responding to a grievance filed against a member or an agency holding NAADAC provider status. The revised code of ethics provides more detail than the previous one because, ethics committee members found themselves essentially saying “this person’s behavior does not meet our concept of professional standards and the code of ethics has no statement relating to the decision we need to make.”

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NAADAC Code of Ethics Principles

I. The Counseling Relationship

It is the responsibility of the addiction professional to safeguard the integrity of the counseling relationship and to ensure that the client is provided with beneficial services. The client will be provided access to effective treatment and referral giving consideration to individual educational, legal and financial needs. Addiction professionals also recognize their responsibility to the larger society and any specific legal obligations that may, on limited occasions, supersede loyalty to clients.

The addiction professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the professional relationship. In all areas of function, the addiction professional is likely to encounter individuals who are vulnerable and exploitable. In such relationships he or she seeks to nurture and support the development of a relationship of equals rather than to take unfair advantage. In personal relationships, the addiction professional seeks to foster self-sufficiency and healthy self-esteem in others. In relationships with clients he or she provides only that level and length of care that is necessary and acceptable.

II. Evaluation, Assessment and Interpretation of Client Data

The addiction professional uses assessment instruments as one component of the counseling/treatment and referral process taking into account the client’s personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.

III. Confidentiality/Privileged Communication and Privacy

Addiction professionals shall provide information to clients regarding confidentiality and any reasons for releasing information in adherence with confidentiality laws. When providing services to families, couples or groups, the limits and exceptions to confidentiality must be reviewed and a written document describing confidentiality must be provided to each person. Once private information is obtained by the addiction professional, standards of confidentiality apply. Confidential information is disclosed when appropriate with valid consent from a client or guardian. Every effort is made to protect the confidentiality of client information.

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IV. Professional Responsibility

The addiction professional espouses objectivity and integrity and maintains the highest standards in the services provided. The addiction professional recognizes that effectiveness in his or her profession is based on the ability to be worthy of trust. The professional has taken time to reflect on the ethical implications of clinical decisions and behavior using competent authority as a guide. Further, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical accountability of living responsibly. The addiction professional recognizes that even in a life well-lived, harm might be done to others by words and actions. When he or she becomes aware that any work or action has done harm, he or she admits the error and does what is possible to repair or ameliorate the harm except when to do so would cause greater harm. Professionals recognize the many ways in which they influence clients and others within the community and take this fact into consideration as they make decisions in their personal conduct.

V. Working in a Culturally Diverse World

An Addiction professional understands the significance of the role that ethnicity and culture plays in an individual’s perceptions and how he or she lives in the world. Addiction professionals shall remain aware that many individuals have disabilities which 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. Included in the invisible disabled category are those persons who are hearing impaired, have a learning disability, have a history of brain or physical injuries and those affected by chronic illness. Persons having such limitations might be younger than age 65. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

VI. Workplace Standards

The addiction professional recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the individual addiction professional and the profession as a whole. The addiction professional recognizes the need for ongoing education as a component of professional competency and development.

VII. Supervision and Consultation

Addiction professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation. Counseling supervisors are aware of the power differential in their relationships with supervisees and take precautions to maintain ethical standards. In relationships with students, employees and supervisees he/she strives to develop full creative potential and mature independent functioning.

VIII. Resolving Ethical Issues

The addiction professional shall behave in accordance with legal, ethical and moral standards for his or her work. To this end, professionals will attempt to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation as appropriate.

IX. Communication and Published Works

The addiction professional who submits for publication or prepares handouts for clients, students or for general distribution shall be aware of and adhere to copyright laws.

X. Policy and Political Involvement

The addiction professional is strongly encouraged to the best of his or her ability, to actively engage the legislative processes, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

FEATURE ARTICLE

When Personal and Professional Values Dance
Our Core Values Lead us on Our Professional Journey

Frances Patterson, PhD, MAC, BCPC

Do you ever consider why one person makes an ethical decision one way and another person arrives at a different decision? Some questions may come into play when an ethical situation arises.

Is this situation an ethical violation?
Do I need to report this situation?
Will I hurt my colleague if I report this?
How is this going to affect me?
Are there clients involved?

Dilemma: Marc, a Licensed Clinical Social Worker who works with eating disorders, was presenting a workshop at a national addictions conference. During the workshop many participants noticed that Marc appeared to be under the influence of either alcohol or other drugs. His behaviors indicated there may be some impairment. Marc completed his workshop and afterwards many counselors who attended it were talking among themselves about Marc. They expressed disbelief that he would “show up high” to present. None of them approached him to express their concern. As a result, gossip ran rampant throughout the conference.

What is the core value or belief that would prevent these counselors from approaching Marc and to perpetuate the gossip? When questioned about this one may hear many different answers.

“It’s not my place to stick my nose in his business.”
Possible belief: I don’t have a right to question another person’s behavior.

“I am not the ethics police.”
Possible belief: I have a responsibility to monitor my own behavior, not his.

“I don’t know if he is really impaired. It could be something else wrong.”
Possible belief: I don’t judge other people. It may embarrass him if I say something.

“I don’t want to ruin his career.”
Possible belief: I have to protect my colleagues.

“I don’t know him. And I don’t know if he is a recovering person. If not, doesn’t he have a right to drink if he wants?”
Possible belief: People have a right to do what they want.

“This is a conference. He’s not seeing clients here.”
Possible belief: Even as professionals, we have a right to our personal lives.

Our core values and beliefs lead us on our professional journey. They determine our philosophies and choices, why we chose a career in addictions counseling, the modality we use, even the population we choose as our focus. Our values not only influence how we interact with clients, but also how we interact with other professionals and how we make ethical decisions. The situations that are absolute e.g. sex with a client, financial dealings with a client, etc. are the easy ones. It is the grey areas that make it difficult and where, often times, there is a conflict between personal values and professional ethics.

In the example above, personal values have kept these counselors from addressing an ethical concern. Although the individuals may not be aware of the belief underlying their hesitancy to confront Marc, there may be a conflict between personal values and ethical obligations. This brings us to our ethical obligations around impaired colleagues.

Is Marc impaired? If he is in fact under the influence or impaired while teaching a workshop at a professional conference, there is definitely some level of impairment. His judgment, at the very least, is impaired. Is this any different then being under the influence or impaired while teaching a workshop at a professional conference, there is definitely some level of impairment. His judgment, at the very least, is impaired. Is this any different then being under the influence at work? Would these same counselors confront a colleague who came to work in the same condition as Marc?

An impaired professional is obligated to seek help. The professional has a responsibility to determine if the problem is affecting his/her professional competency. Often, an impaired person cannot make this determination because of that very impairment. Therefore, we as professionals have an ethical obligation to help our impaired colleagues obtain help. If we don’t help them, who will? Would we offer them any less help and respect than we would an impaired client?

We are the gatekeepers of our profession. If Marc is not willing to seek help and he continues to be impaired, we have an obligation to report that ethical violation. Lack of reporting is a major issue in our profession. We have ethi-

Dance, cont. on page 8
Counselor ethics consist of principles and standards that govern how we conduct ourselves in our clinical work. Some of these principles include non-maleficasance (“do no harm”), beneficence (“do good”), client autonomy (freedom of choice, informed consent, etc.), justice (fairness) and fidelity (keeping your word to the client). These are all high plane ideals that are found in most professional codes of ethics. Ethical principles help us stay the course, so to speak, in our interactions with clients.

This all sounds so natural and so uncomplicated. Just do the right thing. That will take care of all ethical concerns. Right? Not really…

You see, a common myth is that alcohol and drug counselors bring an intact and appropriate set of ethics with them to the job. Embedded in this myth is the wrong-headed notion that we all have common sense. Unfortunately, ethics don’t always come naturally and they don’t always coincide with everyone’s version of common sense. That’s not because counselors are inherently immoral. It’s because ethics are not as simple as they seem. And in certain situations we just don’t know what to do.

I’m pretty sure that the vast majority of alcohol and drug counselors don’t need to be told not to sleep with a client. But what about that slippery slope that starts with an innocent hug that may lead to emotional and physical arousal and weeks or months later ends up in a sexual relationship between counselor and client?

I’m also pretty sure that the vast majority of counselors in our field know that breaking client confidentiality is not only illegal but it is unethical. But what happens when you see a client in the grocery store or at church or in the park? How do you know what to do?

The examples could go on, but the point is that while ethical principles are often natural and intuitive, the practical application of those principles can be elusive and difficult. Hugs aren’t necessarily wrong, but how do you know when to hug and when not to hug? Saying “Hello” to a client or former client in the grocery store isn’t necessarily wrong, but how do you decide what to say or if you should say anything at all?

I believe that these issues, and the questions surrounding them, point to the fact that not all aspects of ethics are clear to everyone and we sometimes need help in navigating what can be murky waters. The clarity we need can and should be developed through several avenues but particularly through the supervisory process.

Clinical supervisors need to be practitioners of high ethical conduct. Clinical supervisors need to be able to impart those standards to those under their supervision. Clinical supervisors need to be able to impart those standards to those under their supervision.

Frances Patterson, PhD, LADAC, MAC, BCPC, CCJAS, QSAP, QCS, received her bachelor’s and master’s degrees at Virginia Commonwealth University in the Alcohol and Drug Education Rehabilitation Program and doctorate in Clinical Psychology at California Southern University. In addition to being a licensed alcohol and drug counselor in Tennessee, she is a NAADAC certified Masters Addictions Counselor and Qualified Substance Abuse Professional. She has worked as a counselor and program administrator in treatment programs in Virginia and Tennessee over the past 23 years, is the owner of Footprints Consulting Services, LLC in Nashville, Tenn., serves as the chair of the NAADAC clinical issues committee and is a member of the Ethics committee. She can be contacted at frances@footprints-cs.com.

Additional Reading
Barton Bernstein, J.D., LMSW, and Thomas Hartsell, Jr., JD. The Portable Ethicist for Mental Health Professionals. John Wiley & Sons, New York, 2000
their charge, as well. I would go so far as to maintain that one of the most important roles of a clinical supervisor is to provide support, structure and accountability to their supervisees in the area of professional ethics.

That’s my opinion, of course. But if clinicians entering the field are mentored by their supervisors in developing and exercising a strong sense of ethics, I believe that many complaints that come to licensing and certification boards would decrease dramatically. So what’s a supervisor to do?

Here are a few thoughts:

• Supervisors need to deeply care about ethics. This is really an issue of passion and attitude. It’s contagious.

• Supervisors need to demonstrate ethics to those they work with. This isn’t about “Do as I say, not as I do.” Supervisors need to lead by example. I once investigated a complaint against an intern related to alleged sexual misconduct with a client. By the end of the investigation, I discovered that the agency leadership had set a poor ethical example for their interns to follow. The intern was still held responsible for wrongful behavior, but I believe that situation could have been prevented through exercise of ethical principles in leadership.

• Supervisors need to teach their supervisees the basic principles of ethics. This can take the form of in-service trainings, case review, and general conversation. This becomes an everyday process, both formal and informal. This training should include development of an ethical decision making model and other guidance on how to work through ethical dilemmas.

• Supervisors need to understand the gravity of NOT infusing the highest ethical standards in their supervisees. I once supervised an intern who engaged in inappropriate behavior on social media with a former client who was also a minor. As a result, the counselor was discharged from employment. But the question I was asked by my boss was, “Did you do everything you could BEFORE the incident to ensure that this person knew that this was inappropriate and unethical behavior?” After a great deal of introspection and soul searching, I believe I had performed my duty, but I also realized that I could have been dragged into any lawsuit or complaint against this intern. My license is connected to all those who I supervise. That reality is never far from my mind.

• Finally, supervisors need to carefully choose who they supervise. I used to have the attitude of “Come One, Come All.” I thought I was obligated to take on whoever asked. One day, a colleague asked me why I agreed to supervise a particularly difficult person. The only answer I could come up with was, “Because he asked.” I felt a little foolish and realized that I hadn’t even considered this person’s capacity for ethical and skillful clinical work. I should confess that I used to think that ethics all come naturally. But doing the right thing isn’t always as apparent as it seems. I encourage all treatment programs, practices, and clinicians to engage in learning, living, and breathing counselor ethics. I’ll agree that some aspects of ethics come naturally but overall ethics need to be learned and they need to be practiced. This will help us stay the course as we encounter various complex and difficult issues and dilemmas in our practice and in our efforts to help the people we serve.

References


Kevin Quint is a Licensed Alcohol and Drug Abuse Counselor in Nevada. He is the Executive Director of Join Together Northern Nevada, which is a substance abuse prevention and treatment coalition located in Reno. He has presented workshops on counselor ethics in Nevada over the past ten years. Quint is Vice Chair of the Nevada State Board of Examiners for Alcohol, Drug, and Gambling Counselors.
Just don’t have sex with your client; following the ethical code is easy if you remember that rule.”

However, the “No Intercourse Rule” applies to far more than having sexual encounters with a client or with another person who holds lower status than that of a professional.

“The addiction professional understands that the goal of treatment services is to nurture and support the development of a relationship of equals of individuals to insure protection and fairness of all parties” (NAADAC Code of Ethic, Principle I, Standard 3, 2011). The primary goal when working with addiction clients is to support responsibility and change in the client’s life and to encourage independence (Swenson, 1997). A dual relationship is interacting with others in such a way that it interferes with one’s objectivity, professional judgment and/or conduct. A legal definition of a dual relationship might be maintaining relationships with clients that are likely to impair professional judgment or increase risk of client exploitation.

With this information in mind, the reader is asked to consider the unique relationships that might develop in addiction counseling. Typically the counselor is a person who has life experience abusing psychoactive substances and who is now in recovery. Clients and counselors might find themselves in the same 12-step meeting or at social events attended by addiction professionals as well as persons in recovery. In some cultural groups, interactions between clients or potential clients and professional counselors are a part of everyday life and not easily avoided. Small towns and rural locations provide even more opportunities for interaction between client and counselor in settings other than the treatment facility. Other options for multiple interactions are found through social networks and other online sites where personal and professional information is posted. How much information can a counselor post online before a boundary is crossed? Some clients use search engines to find out where a counselor lives and organizations in which she/he is active. With some diligence, clients searching online might even learn about debts the counselor owes. In such situations, whose boundary has been crossed and is an ethics complaint appropriate?

For many years, legal and ethical standards have advised mental health/addiction counselors to avoid interacting with clients in any situation other than the clinical treatment setting. A shift in this thinking began in the 1990s. Increased recognition that some boundary crossings such as self-disclosure and nonsexual touching might be clinical valuable in specific situations altered the rules to state that a dual relationship must be therapeutically helpful to the client or clearly defined to minimize harm to the client. One author cited by Corey, Corey & Callanan (2011) noted that the goal of ethical decision-making is to minimize the potential for exploitation. Zur (2011) described a number of situations in which a dual relationship might be a problem and contrasted those situations with dual relationships that might actually enhance the lives of both client and counselor. On the helpful side, he noted that dual relationships in which the counselor and client have established agreed upon boundaries are more likely to prevent sexual relationships than to encourage them. A problem is very likely to occur if the counselor also works as an expert witness and is called upon to be an expert witness in a client’s court case. Unexpected dual relationships can occur when a counselor is assigned to work with a client and then learns that the new client is the ex-spouse of a current client. In some situations and where boundaries are discussed and agreed upon, a dual relationship might facilitate recovery. Exploring the ramifications of being in a dual relationship and making a clearly thought out decision is recommended for addiction counselors. The following scenarios are included to help the reader think about situations in which he/she might find him/herself. Identify the slippery slope in these situations where one or more actions might be interpreted as a dual relationship:
**Case #1**
Ed, an addiction professional, counsels recovering persons at a DUI treatment center. On weekends, Ed teaches workshops required for persons seeking state certification in Idaho. The Idaho state certification board is taking applications for a position that requires the employee to evaluate course work completed in other states and that is included in applications for certification in Idaho. Ed has submitted his application.

**Case #2**
Gregory is a contract counselor who facilitates groups in several treatment agencies. In one of his groups, there is a very attractive woman that he would like to know better. Gregory suggested that she drop out of his group and enroll in a group facilitated by Sandra that meets at the same time. Since the groups end at the same time, they can meet for coffee afterwards.

**Case #3**
Georgina supervises entry-level addiction counselors at an addiction treatment agency with ten offices scattered across a metropolitan area. One of her supervisees, Larissa, who has ten years of recovery, reported that she used cocaine once last week. Larissa immediately began attending Cocaine Anonymous (CA) groups and entered individual counseling. She asked Georgina to be her sponsor in CA so she does not have to reveal her plans to be a counselor to a stranger.

**Case #4**
Felix is enrolled in an online course required for state certification as an addiction counselor. Online students taking state certification courses must take each of the three exams at a testing site where a proctor is present. Felix lives in a small town more than 60 miles from the nearest test site so he has asked permission to have his employer proctor the exams.

**Case #5**
Betsy, MSW, MAC, is an addiction counselor at San Juan Pueblo. She grew up in this community and understands the culture as well as the problems with alcohol and drug use. Tribal members consider each other to be relatives and refer to them as brothers, sisters, cousins, aunts, uncles, grandmother or grandfather. The state certification board/grievance committee has received a report that Betsy is counseling her brother who was arrested for driving under the influence of marijuana.

**Case #6**
Constance is a community college addiction studies educator who has a small private practice where she counsels persons in recovery. One of her students enrolled in a class taught by Constance after being a client for a year. Constance is required to serve on a community board to meet the service requirements of her teaching position. She has applied to the governor’s office to be a member of the state board that reviews applications for addiction counselor certification, monitors agencies that provide state required workshops, evaluates reports of ethical violations and updates educational requirements for persons who are pursuing state certification.

**Case #7**
Susie Q is a state certified addiction counselor who became a counselor after 17 years of prescription drug abuse, becoming sober and completing a bachelor’s degree in addiction studies. Two weeks ago, Susie attended her cousin’s wedding and the reception. She had several glasses of wine before starting her drive back home. A police officer stopped her for not coming to a complete stop at a stop sign. The officer completed a roadside sobriety test after smelling alcohol on Susie’s breath. A breathalyzer test indicated a BAL of 0.06. Susie was court ordered to complete five alcohol education classes and to work as a receptionist rather than as counselor for eight months. Susie enrolled in alcohol education classes taught in a town 30 miles from her home. Last night Carl, the group facilitator, seemed tired. He reported that he had been working overtime filling in for group facilitators who were on vacation. Susie suggested that she might be able to help him by facilitating a group or two in an office owned by the same agency and located in her home-town.

**Case #8**
Tracy has completed all course work for a doctorate in counseling. While taking courses, she has also worked with clients through the college counseling center. Her research for the dissertation was on the correlation between sexual trauma and alcohol abuse. The first draft of the dissertation has been written and reviewed by Tracy’s advisor. He suggested that the document be read and edited by someone who has specific training in editing and who is not familiar with the topic of the paper. Among Tracy’s clients at the counseling center is a student who is a single mother and who is always struggling to make ends meet. The client was an editor for The NY Times Sunday Magazine for 10 years prior to being laid off when the magazine decided to change its format. Tracy wants to offer the extra counseling sessions requested by the client for free in return for the editing assistance.

**References**


Anne Hatcher is Chair of the NAADAC Ethics Committee. She can be reached at hatchera@mscd.edu.
CE Quiz

Earn continuing education credits by taking this quiz on the articles from pages 3 to 11 of this issue. A grade of 70% or above will earn you a Certificate of Completion for three nationally certified continuing education hours. This is an open-book quiz. After reading the article, complete the quiz by circling one of the answers for each question. Please give only one response per question. Incomplete or multiple answers will be marked as incorrect. The quiz is worth three continuing education (CE) credits.

Send a photocopy of this page along with your payment of $35 for three CEs (NAADAC members) or $50 for three CEs (non-members).

Please complete the information sections below and print clearly.

1. Why is it important for professionals to have a code of ethics?
   A. A code of ethics ensures professionals can avoid being sued.
   B. A code of ethics provides a guideline for professionals to help evaluate the choices they face.
   C. A code of ethics means professionals don’t have to use their personal judgment in resolving conflicts.
   D. A code of ethics provides membership in a professional organization.

2. Which principle of the NAADAC Revised Code of Ethics is most important?
   A. Principle III. Confidentiality/Privileged Communication and Privacy
   B. Principle V. Working in a Culturally Diverse World
   C. Principle VII. Supervision and Consultation
   D. All of the principles are equally important.

3. NAADAC’s first Code of Ethics was adopted in:
   A. 1952
   B. 1972
   C. 1977
   D. 2011

4. Which of the following factors in NOT impacted upon by our personal value systems?
   A. How we interact with clients.
   B. How we interact with other professionals.
   C. If a professional is impaired.
   D. Making ethical decisions.

5. Which of these is a key factor for supervisors to consider?
   A. A person’s capacity for making ethical and skillful clinical decisions.
   B. A supervisor’s schedule.
   C. A person’s attitude.
   D. An employee’s work experience.

6. The potential of developing dual relationships becomes complicated by:
   A. Location.
   B. Cultural factors.
   C. Social networks.
   D. Technology.
   E. None of the above.
   F. All of the above.

I certify that I have completed this quiz without receiving any help in choosing the answers.

Signed ___________________________ Date ______

Method of Payment:
☐ Check ☐ VISA ☐ MasterCard

Amount enclosed $________

Credit Card Number ___________________________ Exp. Date ______

Name (as it appears on card) ___________________________

Authorized Signature ___________________________

Make checks payable to NAADAC, The Association for Addiction Professionals. Please allow three to six weeks for notification of your results and your Certificate of Completion. You may want to keep a copy of this quiz as a record for your licensing board. NAADAC, The Association for Addiction Professionals is an approved provider for continuing education home study (Provider #189). NAADAC maintains responsibility for the program.
Help Wanted!

Selections from the NAADAC Online Career Center

For a full listing of jobs, please visit www.naadac.org/jobs

SUPERVISOR CD PROGRAM
JELLINEK/CENTER CITY, MINNESOTA
posted August 9, 2011

Since its 1949 founding in a Minnesota lakeside farmhouse, Hazelden has grown into one of the world’s largest and most respected private not-for-profit alcohol and drug addiction treatment centers. We continue to break ground in the field of addiction and offer a breadth of products and services including the best addiction treatment and recovery services as well as education, research, and publishing products available today.

We are currently seeking a Supervisor CD Program – Adult Male extended care

Assume leadership and supervisory responsibility of a treatment unit to ensure coordination of staff and clinical services and continuity of patient care. Provide advanced clinical services in coordination with the multi-disciplinary team consistent with Hazelden’s Standards of Care.

Provide clinical supervision to staff, students, and interns to facilitate development of clinical competency and ethical practice.

JOB REQUIREMENTS
- Five years clinical experience working with addiction and related co-occurring issues within an interdisciplinary team setting.
- Licensed Alcohol and Drug Counselor (LADC) in Minnesota or eligible for transfer (Out-of-state applicants must have a license or certification in alcohol/drug counseling from their state of clinical practice.)
- Substantial expertise with integrating 12-steps and related literature into assessment, treatment planning, counseling and program design.
- Substantial expertise with utilizing ASAM dimensions of care for placement, assessment, documentation and variable length of stay.

MENTAL HEALTH THERAPIST
CHEYENNE, WYOMING
CHEYENNE REGIONAL MEDICAL CENTER
posted August 5, 2011

We seek it, we find it. Groundbreaking accomplishments, medical innovations that improve the way we care for our patients and dynamic, passionate leaders like you. The Cheyenne Regional Medical Center expanding healthcare system includes a 218-bed medical center with Level II trauma care in Cheyenne Physician Group and Home Care Centers that expand to Wheatland and Torrington.

OUTREACH MENTAL HEALTH THERAPIST
CHEYENNE, WYOMING
CHEYENNE REGIONAL MEDICAL CENTER
posted August 5th, 2011

We seek it, we find it. Groundbreaking accomplishments, medical innovations that improve the way we care for our patients and dynamic, passionate leaders like you. The Cheyenne Regional Medical Center expanding healthcare system includes a 218-bed medical center with Level II trauma care in Cheyenne Physician Group and Home Care Centers that expand to Wheatland and Torrington.

OUTREACH MENTAL HEALTH THERAPIST

Responsible for providing mental health assessment and counseling services to outreach clinic.

CORE RESPONSIBILITIES
- Provides consultation to physicians and nurses about referrals. Assists with early identification of mental health disorders.
- Observes patients in various situations. Conducts initial assessments and mental status evaluations, identifies areas of concern, makes independent diagnoses, and initiates mental health care and follow-up.
- Writes reports on mental status evaluations, initial assessments and other issues.
- Screens and documents patient adherence to medical advice.
- Plans and implements quality improvement programs to support goals and meet accreditation requirements.
Positioned in Purpose and Potential

A Busy First Year, With More in Store

Don P. Osborn, MS, MA, MAC, LMHC, President of NAADAC

Organizational Efficiency

With the transition that Immediate Past President Patricia Greer helped bring about, within days I was able to begin the process of assessing the financial and business “health” of NAADAC and its day-to-day operations. The poor economy was affecting our members and NAADAC. The Executive Committee (EC) was informed of NAADAC’s financial status and moved to further evaluate several aspects of the organization. As a part of this review, NAADAC staff were given a temporary salary decrease. The staff of NAADAC are the core of not only what NAADAC is but NAADAC’s existence. The EC and I commend and acknowledge their sacrifice.

This summer, an annual audit is being completed and NAADAC policies and procedures, holdings, grants and contracts are being re-evaluated to ensure ongoing accountability to our members. NAADAC will continue to be mindful of business practices, policies and finances.

Commission and Committee Efforts: Innovation, Transparency and Commitment

The National Certification Commission (NCC), chaired Jim Holder and supported by Director of Certification and Education, Shirley Beckett Mikell, has evaluated internal operations and the needs of the profession and is focused on bringing greater exposure to the NCC, and to be more distinct in the NCC’s identification in the addiction profession.

Last year the NAADAC Board of Directors (BOD) voted to maintain the collaborative relationship of NAADAC and the NCC and to review the corporate and financial relationship. Other initiatives are in process and will be revealed when they are completed.

I have asked that the Ethics Committee place findings of ethics board cases in NAADAC publications. The name of the person and NAADAC ethics citation will be made public with the final ruling of the Ethics Committee. This is in keeping with openness to the addiction and allied professions of internal and external accountability.

I am grateful for those who have accepted to chair the other distinctive NAADAC committees. Each committee endeavors to work toward the purpose and potential of NAADAC and will inform members in their committee reports at the conference in the BOD meeting.

Pathway to a Profession

A process initiated as an educational grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) came to fruition in 2010 with the development of a nationally standardized curriculum and the creation of the National Addiction Studies Accreditation Commission (NASAC) to help accredit addiction studies programs in higher education. I was happy to Chair the committee that began this process and lead a group of over 20 stakeholders as the process progressed. The NASAC will help ensure that the profession has a foundation of a nationally standardized curriculum, scope of practice and career ladder, clearly demonstrating to professionals and aspiring professionals, how they can advance in the profession.

Collaboration and Partnership

NAADAC has continued to work toward strengthening the organization, members and the profession with like-minded stakeholders in addictions. To ensure that the Association’s time and monies are not wasted, a business standard must guide all collaboration. Because of the history of NAADAC, other entities have in recent months sought to collaborate, or join with NAADAC in the goals and initiatives. Most notable efforts with the other stakeholders such as the ATTCs, NALGAP, NATAAP, Hazelden, Vendome and the resulting association with INCASE. Future collaborations will be announced in the upcoming year.

A Plan Implemented of Let’s Build Upon a Heritage and Leave a Legacy

When I became President-Elect, I shared with the Board of Directors and members a plan for the growth of NAADAC and the profession. That plan was endorsed, and the first phase of the plan has been implemented during this past year. It is my pleasure to highlight the process and accomplishments of the past year, along with individuals and entities who were integral in the process.
Current and Continuing Initiatives

I have had the opportunity to talk with past and current national and state affiliate leaders. Their counsel has been welcomed and has led to several Presidential Initiatives in the form of Executive Briefs designed to enhance what NAADAC does, resolve problems or add new components to NAADAC. Some of the Presidential Initiatives have included establishing an In Memoriam at our national conference to recognize NAADAC members who have died during the past year; establishing a Council of Past Presidents to engage past NAADAC leaders and tap into their vast wealth of knowledge; a March to Membership campaign to focus on special projects and activities will be taken on by affiliates to increase and retain membership in the month of March.

I want to be more than just a picture and an article in our publications. Over the past year, I have participated in several Regional Vice Presidents’ conference calls. The calls provide an opportunity to speak with the affiliate state presidents, discuss NAADAC initiatives and answer questions while meeting each state’s needs. I am grateful for Affiliate Services Director Diana Kamp for helping coordinate this and will continue this practice in the coming year. I also encourage individual NAADAC members to contact me with questions, issues, needs or just to have a conversation.

NAADAC is the Addiction Profession

One statement that I repeat wherever I go and to wherever I speak, is the fact that “NAADAC is the Addiction Profession.” NAADAC is the sole voice of the profession due to this one simple fact: NAADAC is the membership organization of the addictions counseling profession.

Regardless of the issue, NAADAC is the “organization of first contact” when it comes to policy and legislation on addiction issues. NAADAC has been the profession’s voice on the national level in consulting and advising on the future of the profession. NAADAC is a recognized presence in Washington, D.C., among Congress and federal agencies. My thanks to our Government Affairs Director Christopher Campbell, who has led NAADAC on this front. Without question NAADAC is the voice as the leading source in shaping the scope and profession.

On several occasions affiliates and affiliate members have told me that NAADAC not only represents them as a professional, but keeps them informed so they can make decisions. It is important for NAADAC and its affiliates to “take control of our destiny, because if we don’t some else will.”

Build Upon a Heritage and Leave a Legacy

Over the past year, unforeseen dynamics have emerged, yet the progress of NAADAC has not been diverted. I am grateful for the faith the Executive Committee, the Board of Directors and you, the addiction professional, has placed in me and the vision I presented for NAADAC and the profession. The Officers and the Regional Vice Presidents of NAADAC who represent you have led in a demanding and exhausting year. We are only half way through my term and there is more to come: you will soon hear about student chapters, a “national call,” new partnerships and an Addiction Profession Initiative.

I trust as your President I have been found faithful to you, our mission and most importantly those we serve, being “Positioned in Purpose and Potential.”

Build upon a heritage and leave a legacy,

Don

Donald P. Osborn serves as the President of NAADAC, the Association for Addiction Professionals. To contact him directly, please e-mail dposborn@hotmail.com.
Recovery Month Recap
2010 Events Spanned the Nation

Stephanie Lawler, NAADAC Intern

National Recovery Month 2010 provided many opportunities for communities nationwide to get involved with events focused on research of recovery and addiction treatment.

Sponsored by NAADAC, the Association for Addiction Professionals, and SAMHSA, Recovery Month is a way to celebrate addiction professionals and those who have recovered from a mental health or substance abuse disorder, as well as bring awareness of treatment opportunities available to communities.

There are various ways you, as a member, can get involved in your community. Examples include events such as picnics, walks and walk-a-thons, symposiums, conferences, rock-a-thons and luncheons. Speakers and special guests are a great way to educate the public and bring more attention to what recovery is all about. Events are posted on state webpages and you can also visit www.naadac.org for information about events being held locally in your state.

Here’s a quick recap of events that happened in 2010.

The state of Nevada chose to have three events. The first was their Steppin’ Out for Recovery, 7th Annual Walk-a-thon, the second was the 10th Annual Recovery Picnic which included food and games, as well as a Candidate Forum where the public could meet statewide candidates who are dedicated to supporting recovery.

Indiana issued a Proclamation declaring September as Recovery Month. The people of Indiana participated in Recovery Ride 2010 which started at the state capitol. After the ride, people congregated for a Rally for Recovery which celebrated those who have recovered from alcohol, drug or other addictions.

The Republic of the Marshall Islands held an Open House where all substance abuse prevention and treatment services gathered and spoke about programs and services they provide. Families and recovery clients were also able to participate in an Alcohol-Free Picnic where those involved could share their stories and inspire others. The last event was a luncheon in which treatment providers and addiction professionals were acknowledged and recognized for their services and dedication.

Kentucky held a 24-hour Annual Recovery Walk and Alumni Homecoming at the Hal Rogers Appalachian Recovery Center. Those who participated wore a Recovery Walk Medallion and also participated in games and recreational activities and camped out at the Center. The Medallion was passed along to those who completed the group sessions throughout the day. Kentucky also held a Recovery Rendezvous and a Candle Light Vigil to recognize those in recovery and those who have recovered from an addiction or mental health disorder.

Puerto Rico conducted a symposium, Simposio: Voces Unidas por la Recuperacion, that focused on recovery and addiction treatment. A proclamation was also made by Mayor Ramon Luis Rivera Cruz, of municipality of Bayamon, stating September as Recovery Month.

The state of North Dakota also issued a proclamation declaring September Alcohol and Drug Addiction Month. The public participated in Recovery Rocks: 3rd Annual Recovery Event which consisted of a gathering, a walk, live music and dancing and a motivational speech.

New Mexico, as well as the City of Alamogordo, both issued proclamations for the month of September. State members were invited to participate in the 4th Annual Santa Fe Recovery Week Celebration, which had informational booths, speakers and live music and food. The public also gathered for “National Celebrate Recovery Month.”

The year 2010 was an amazing one for Recovery Month activities, with many more planned in 2011. To stay up-to-date on all the details, please visit www.recoverymonth.gov.

David Cunningham and English Mountain Recovery got into the 2011 Recovery Month Spirit early, encouraging Mayor Bryan Atchley to proclaim National Addiction Counselors Day on September 20, 2011. You can do it too. For help, contact Diana Kamp at dkamp@naadac.org.

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The year 2010 was an amazing one for Recovery Month activities, with many more planned in 2011. To stay up-to-date on all the details, please visit www.recoverymonth.gov.
Drugs and alcohol don’t mix with our nation’s highways, rails and skies. The Department of Transportation (DOT) has established regulations to prevent, through deterrence and detection, alcohol and controlled substance users from performing transportation industry safety-sensitive functions. Substance Abuse Professionals (SAPs) are responsible for evaluating those employees who have violated a DOT drug and/or alcohol regulation and makes recommendations to an employer concerning education, treatment, followup testing and continuing care. The SAP qualification process is easy and can be obtained entirely through NAADAC.

Gain the required 12 hours of continuing education and written examination through NAADAC’s Substance Abuse Professional’s U.S. DOT Alcohol and Drug Testing Regulation Qualification and Re-Qualification Course. For both new and re-qualifying applicants, this independent study course provides a spiral-bound reference manual that reflects the most current regulations and a written examination that you may complete at your convenience within 90 days of purchasing the course. Upon receiving a passing score on the examination, applicants will be issued 12 CEUs, and a SAP Qualification Certificate to begin practicing.

For more information on the SAP qualification and requirements, please visit www.naadac.org/sap.

Yes! Please send me the newly revised Substance Abuse Professional’s U.S. DOT Alcohol and Drug Testing Regulation Qualification and Re-Qualification Course the moment it becomes available!

☐ I am qualifying as a SAP for the first time.  ☐ I am renewing my SAP qualification.

☐ $307 for member  ☐ $407 for non-member

☐ I am ordering the test ONLY (member and non-member fee of $250 plus $3.00 shipping. You may order the test only if you have taken SAP training within the past 24 months.

NOTE: You MUST submit a copy of your current license or certification with this order form. Please see www.naadac.org/sap for a list of accepted credentials.

Order Information

FIRST NAME   MIDDLE INITIAL   LAST NAME

SHIPPING ADDRESS (ALL ORDERS ARE SHIPPED VIA UPS. NO P.O. BOXES PLEASE.)

CITY     STATE   ZIP

EMAIL ADDRESS     PHONE #   FAX #

Payment Information

☐ Check enclosed, payable to “NAADAC”  ☐ Charge my  ☐ Visa  ☐ MC  ☐ AmEx  ☐ Discover

CARD NUMBER     EXP. DATE   SIGNATURE

☐ I am a member of NAADAC. Member # __________________

☐ I am not a current member of NAADAC but would like to take advantage of the member prices. I joined NAADAC/renewed through www.naadac.org/join, completed a Member Application or called NAADAC.
You Need Professional Insurance Now!
Professional Liability in a Down Economy

Adam Frank

Professional liability insurance covers liability for damages arising from the rendering of or failure to render professional services. With claims increasing during this economic downturn, the need for professional liability insurance coverage for Addiction Counselors is even more great. Protect yourself and your livelihood from claims that may not be covered by commercial general liability coverage.

Professional liability insurance, also referred to as Professional Indemnity Insurance or Malpractice Insurance, protects professionals against negligence claims made by their patients or clients. Addiction Treatment Professionals commonly purchase this type of liability insurance as do architects, home inspectors, lawyers, physicians, real estate brokers and accountants—among others. Specific professional liability insurance carries different names depending on the profession. For example, professional liability insurance for Addiction Counselors may be called medical malpractice insurance, while real estate brokers fall under errors and omissions insurance coverage. Because claims become more frequent in a down economy, protect yourself with professional liability insurance.

Professional Liability Considerations

The need for professional liability coverage developed due to typical general liability insurance policies only responding to bodily injury, property damage, personal injury or an advertising injury claim. Because Addiction Counselors can cause claims without bodily injury, property damage, personal injury or an advertising injury claim, additional coverage is needed to fill this gap.

Common claims made on these policies include negligence, misrepresentation, violation of good faith and fair dealing, and inaccurate advice. For example, if an Addiction Counselor were sued for rendering bad advice, it would not cause bodily injury, property damage or advertising injuries. Because of this, the general liability policy would not be triggered. But because the advice given by the Addiction Counselor could directly cause emotional hardship for the patient, the professional liability coverage would be triggered.

The Professional Liability Insurance Program provided by The Van Wagner Group exclusively for NAADAC Members covers Addiction Counselors and Professionals with up to $3,000,000 in aggregate limits for both Professional liability and General Liability. The cost for this coverage is less than $1/day in most cases.

To learn more about the program or to apply online, please visit www.insure-addictioncounselor.com.

Adam P. Frank is a Project Manager for Sterling & Sterling insurance and has over eight years of insurance and risk management experience. Frank received his Bachelor of Science degree in Applied Economics and Management with a concentration in Computer Science in 2002 from Cornell University. As a licensed NY insurance broker, he has managed the national insurance programs for Jewish Community Centers, Human Services Organizations and other related not-for-profit clients.

Need Continuing Education Credits?
For more details, visit www.naadac.org/education

Earn 22 CEs on NAADAC’s website.

For more details, visit www.naadac.org/education
Earn Education Credits
From your home, online or in face-to-face seminars

The Basics of Addiction Counseling Desk Reference and Study Guide, Tenth Edition has aided many addiction professionals in attaining their state and national credentials with its thorough and easy to understand descriptions of counseling concepts. The Basics can also be used as a quick reference tool for clinicians to use throughout their careers.

Module I: Pharmacology of Psychoactive Substance Use, Abuse and Dependence - This module outlines the pharmacological effects of each substance of abuse, drug interactions and treatment considerations.

Module II: Addiction Counseling Theories, Practices and Skills - This module addresses issues critical to clinicians and includes descriptions of individual counseling theories, family therapy, group therapy and multicultural considerations.

Module III: Ethical and Professional Issues in Addiction Counseling - This module provides a detailed explanation of the NAADAC Code of Ethics, with examples, application questions and case studies to augment understanding.

Enhance your learning by ordering the Independent Study Examination that supplements each module. Successful completion of these exams earn up to 42 CEs (between 12 and 16 CEs per exam) and help prepare for key concentration areas found on state and national certification exams.

*Best Value! Complete Professional Development and Study Package (All Manuals, Independent Study Exams and 42 CEs): $225 for members; $330 for non-members

Complete Set of Manuals: $150 for members; $225 for non-members
Single Manual: $50 for members; $75 for non-members
Complete Set of Independent Study Exams: $75 for members; $105 for non-members
Single Independent Study Exam: $25 for members; $35 for non-members

Integrating Treatment for Co-occurring Disorders: An Introduction to What Every Addiction Counselor Needs to Know is a skill-based training program that will help addiction counselors improve their ability to assist clients who have co-occurring disorders, within their scope of practice. This educational program is designed for those who do not have a significant background with co-occurring disorders and discusses the many myths related to mental illness treatment, barriers to assessing and treating co-occurring disorders, relevant research and prevalence data, commonly encountered mental disorders, applicable screening and assessment instruments and issues surrounding medication management and coordinating with other mental health professionals. Through the use of case studies, video clips and interactive exercises, participants will feel more comfortable and competent in addressing mental health issues with clients who have co-occurring disorders.

Manual Only: $75 for members; $125 for non-members
Independent Study Course w/Manual and Exam (6 CEs): $35 for members; $50 for non-members

Ethics and Professional Issues in Addiction Counseling Independent Study Course is a great way to gain the continuing education in ethics required to maintain many state and national credentials. This course is a component of the Basics of Addiction Counseling package and can be used as a stand-alone resource for those seeking additional guidance in ethics. The Independent Study Course includes a bound reference and study manual and 30 practice examination questions.

Independent Study Course w/ Exam and Manual (12 CEs): $85 for members $160 for non-members

Conflict Resolution in Recovery Kit is a skilled-based therapeutic training book that is focused on the brain, specifically how it works in conflict and how to affect the quality of recovery in relationships. These tools have been designed to help reduce relapse and sustain recovery of adult and adolescent substance use, abuse and dependent persons by improving their conflict resolution knowledge, attitudes and skills. This kit includes a Facilitator’s Guide that features talking points, exercises and role plays that focus around the course themes, as well as tips for interacting with groups and individual/family/couple clients around substance abuse conflict resolution issues, visual aids and evaluation forms and a Participant Workbook that outlines key concepts, provides visuals that reinforce content and includes homework assignments and personal exercise sheets. Certificate program also available.

Complete Recovery Kit: $150 for members; $180 for non-members
Participant’s Manual: $15 for members; $30 for non-members
Trainer’s Manual: $35 for members; $50 for non-members

To purchase, visit www.naadac.org/bookstore or call 1.800.548.0897.
For more information, visit www.naadac.org/education.
UPCOMING EVENTS

September 1–30, 2011
Recovery Month
Events nationwide
For more information, visit www.naadac.org.

September 11 through September 18, 2011
Exam Dates for the Fall NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exams
For credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exam, visit www.ptcny.com/clients/NCC.

September 15, 2011
Webinar – Your Voice Counts: Advocacy and the NAADAC Political Action Committee
Time: Noon–2pm EST (includes live Q&A at the end of the presentation)
Full details at www.naadac.org/education.

September 17–21, 2011
National Conference on Addiction Disorders
San Diego, CA
Earn up to 30 continuing education credits and hear from national speakers.

September 20, 2011
Addiction Professionals Day
Events Nationwide
For more information, visit www.naadac.org.

October 13, 2011
Webinar – Conflict Resolution for Clients and Professionals
Time: Noon–2pm EST (includes live Q&A at the end of the presentation)
Full details at www.naadac.org/education.

October 15, 2011
Application Deadline for the National Certification Commission Winter Testing Dates
Across the nation
For credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exam, visit www.ptcny.com/clients/NCC.

November 17, 2011
Webinar – Managing Health Information Technology
Time: Noon–2pm EST (includes live Q&A at the end of the presentation)
Full details at www.naadac.org/education.

December 4 through December 11, 2011
Exam Dates for the Winter NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic Exams
For credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exam, visit www.ptcny.com/clients/NCC.

December 15, 2011
Webinar – Clinical Supervision: Keys to Success
Time: Noon–2pm EST (includes live Q&A at the end of the presentation)
Full details at www.naadac.org/education.

MARK YOUR CALENDAR FOR 2012 EVENTS!

NAADAC Workforce Development Summit
Creating, Sustaining and Retaining the Addiction-Focused Workforce
Washington, D.C.
For more information, visit www.naadac.org.

Advocacy in Action Conference
Washington, D.C.
Meet with lawmakers and learn about trends impacting on the workforce.
For more information, visit www.naadac.org/advocacy.

For a complete interactive calendar, visit www.naadac.org/education > Calendar of Events
Have an event we should know about? Contact 800.548.0497, ext. 125 or email dkuehn@naadac.org.