Haley Hartle, NAADAC: Welcome in everyone. We are going to get started here in about two minutes. We'll get started right at twelve Pm. Eastern time.

Haley Hartle, NAADAC: All right. Everyone welcome to today's Webinar Um, Our finally rescheduled part, two of our adolescent treatment and Recovery Specialty Online Training Series. We are super excited for this rescheduled training. Today we will be hearing from Kamala Drake. On respecting my privacy. Ethically,

Haley Hartle, NAADAC: we're Super happy that you're here with us today. My name is Hayley Hartle and I'm the training programs manager here at Nedak.

Haley Hartle, NAADAC: I'll be the facilitator for today's training. And then with me behind the scenes, you all know, and love Allison. Um. She is our training and customer, care specialist, and she'll be addressing any issues or questions you may have that aren't specifically for our presenter today. So you have us here supporting you. If you have any questions um or concerns definitely, let us know.

Haley Hartle, NAADAC: Our permanent homepage for nativace webinars is www dot nadak org forward slash webinars. So be sure to bookmark that web page and stay up to date on the latest in addiction education.

Haley Hartle, NAADAC: We are using zoom webinar for today's live event. So you'll notice the zoom control panel that looks like the one on my slide at the bottom of your screen. Um! It might look a little different. I didn't notice that live transcript button popping up anymore. Um! But if you do click on the ellipses, I believe it will allow you to select uh show subtitles. So

Haley Hartle, NAADAC: um be aware of that. The other one is our chat box. You can share uh chat messages with all of the host and panelists as well as other attendees.

Haley Hartle, NAADAC: Um! And then that second one is for the third one. Is that Q. A. Box. So if you open up the Q. A. Window, it will allow you to put questions in there. We'll collect all of those, and then we will ask our presenter during our live Q. A. Period

Haley Hartle, NAADAC: Um. So any presentation related questions be sure to put those in the Q. A. Box rather than the chat, so that we don't lose track of them. Any of the questions we don't get to at the live Q. A. Period we will collect those, send them to our presenter, and then um post those responses to our web page.

Haley Hartle, NAADAC: Uh, you will find the handouts uh that link will be posting in the chat. Allison will be sharing um, And that way you can find the user friendly instructional guide on how to get your cease um as well as the Powerpoint slides, and the references and everything for today's webinar

Haley Hartle, NAADAC: on that same web page that you did use to register. That's where the link to the online Ce quiz will be posted as soon as the Webinar is over. Everything that you need will be hosted here at this web page as well. References, Powerpoint slides, all of that included.

Haley Hartle, NAADAC: If this is your first time going through our Ce process, please be sure to follow the Instructions Guide. That's right underneath the online quiz link that will help make it a lot easier for you. There's screenshots on there. Um. And if you have any issues you can also email us at ce at

Haley Hartle, NAADAC: please. Note one important thing. If you need your certificate to say, live on it. You have to complete the ce quiz within the next twenty-four hours and download your certificate. So the two steps taken past the quiz, and then the second step you have to download it in order for it to stay live if that's a requirement that you have for um your continuing education requirements. Any social workers who are with us, Please stay on at the end of the presentation. If we have time we're going to be showing a brief two minute video on how to add that license number to your certificate. It's.
Haley Hartle, NAADAC: And now I can finally get to introducing today's presenter. Um. So today we are super excited to have with us. Kamala Drake, uh Kamala is an associate professor and program coordinator for the undergraduate addiction studies program at Alabama State University.

Haley Hartle, NAADAC: She possesses a doctoral degree in human services from Capella University, and she is a license professional counselor and clinical supervisor, as well as a national certified counselor, with two addiction certifications in the State of Alabama,

Haley Hartle, NAADAC: both a certified adolescent alcohol and drug, professional and a certified, compulsive, gambling counselor at Level Three.

Haley Hartle, NAADAC: She has worked in the field of addictions for over twenty years, and currently serves as the president of the Board of Directors for the Council on Substance Abuse in Montgomery, Alabama. So we're super excited to have you here. Dr Drake and I will turn things over to you.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Awesome and good morning or good afternoon, depending on where you are zooming in from.

Carmela Drake, PhD, LPC-S, NCC, CAADP: I am very grateful to that for allowing me this opportunity to share with you guys um

Carmela Drake, PhD, LPC-S, NCC, CAADP: an adolescence right to confidentiality. Let me get this to your screen,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and I hope you see my title screen name.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So again, today we're talking about respecting my privacy ethically. Um, and that's a minor right to confidentiality. Today the objectives are for for us to be able to summarize for common challenges with the dressing privacy within counseling adolescents,

Carmela Drake, PhD, LPC-S, NCC, CAADP: to also be able to describe who recording is ethical decision making. And So, although we may be talking about company challenge today, I want to be able to move through the process of understanding the adolescence rights to confidentiality, also addressing maybe some issues, some concerns about consent.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, but using the decision, making model as we navigate through that information, and then also be able again to apply the ethical decision making model when facing an an actual ethical dilemma, involving a minor with parents, and requesting information from the counselor.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So, as they stayed in my bio and professor. So one of the things that's important to me is engagement, and so I do think they're going to assist me with this one of the

Carmela Drake, PhD, LPC-S, NCC, CAADP: I like to ask questions, and I like to get responses. So one of the first questions I have here is just share with me some of the challenges that you have faced with confidentiality when working with adolescents, and I believe you can place it in the chat, and he was going to help me out with those responses

Carmela Drake, PhD, LPC-S, NCC, CAADP: would have been some of your challenges with confidentiality when counseling adolescents,

Carmela Drake, PhD, LPC-S, NCC, CAADP: so not getting any responses,

Haley Hartle, NAADAC: might just be taking them a second to type, so we'll We'll give everybody a few minutes to respond, but the um to all the attendees. The question is listed up here on chat. Yep. Now
we're getting some in. I figured this is taking a little time.

Haley Hartle, NAADAC: So um! Our first one is adolescents not wanting information shared with parents. Um. So the age of consent is in Colorado is twelve, but parents forcing
Haley Hartle, NAADAC: the child to sign a release
Haley Hartle, NAADAC: that was one. Um, Our next one parents requesting access as a condition of allowing me to work with their child.
Haley Hartle, NAADAC: Um. Our next one expectations on communication with school and parents managing patient needs and institutional needs as a school counselor.
Haley Hartle, NAADAC: Um. Parents are often responsible for attendance issues,
Haley Hartle, NAADAC: and then mostly just explaining to the principal's, parents and guardians.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so You're pretty much here on some of the most common challenges that we face with confidentiality when working with um adolescents, one being, of course, parental rights. Um, and explaining what criminal rights may be. Some of the some of the issues that come with that is, if the adolescent consents
Carmela Drake, PhD, LPC-S, NCC, CAADP: to treatment,
Carmela Drake, PhD, LPC-S, NCC, CAADP: they're using their parents insurance, and so naturally, as a result of consenting and using that insurance, the parents are going to be alerted, and so, of course,
Carmela Drake, PhD, LPC-S, NCC, CAADP: it's the parents right to be alert about what where their insurance is being used in process, and so that can probe some additional
Carmela Drake, PhD, LPC-S, NCC, CAADP: challenges. But
Carmela Drake, PhD, LPC-S, NCC, CAADP: going over the the four most common ones that we hear, and that I heard in the chat that was read through the chat box today. Is that permit? You know, colonel rights, and what are they? Um! It's understandable and natural for parents to want to know personal details about their children, and often the motivation is just the well being especially in in the school system.
Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, you know. There's, however, some other things that may play in the parts. The parents just trusted the counseling process, and then a fear of family secrets being uncovered in the sessions which can also impede the process.
Carmela Drake, PhD, LPC-S, NCC, CAADP: I'm consent to treatment. Of course this will depend on State and Federal laws regarding age of consent, and we will talk more, Give talk more about that. As we continue through the Webinar, I'll provide some general State laws in regards to consent
Carmela Drake, PhD, LPC-S, NCC, CAADP: adolescent distrust. This is a no brainer right? Um. The adolescent may not trust the counseling process and not seek help for an issue. Um, not in agreement with provide, you know, providing the consent. A release of information to the parent may be the desire to ask for help as a sign of weakness,
Carmela Drake, PhD, LPC-S, NCC, CAADP: as well as worried about whether the information shared between them and the professionals would actually be treated confidential,
Carmela Drake, PhD, LPC-S, NCC, CAADP: especially in the school system. You have administrators who may also require certain information to be shared because they're looking out for the well-being of the
The students in that community may also have an impact on the parents' distrust. They may be certain cultural factors that can complicate confidentiality when working with adolescents. One of the things that counselors just need to be mindful of this culture when explaining the purpose of confidentiality in the counseling process. As we continue through this Webinar, you'll see with the introduction of the um scenario, the dilemma that we will work on. Culture is going to be one of the main factors. So when we are faced with ethical dilemmas that concern confidentiality, addiction, professionals have an ethical obligation to make use of viable ethical decision-making model, that includes, but not limited to consultation, generate a potential course of action, and then, finally, a selection of the most ethically sound decision. So what I have. Alright. Here is Natex called the Back. It's principal eight d, three, which is in reference to the type of decision making model one should use, and so we will be using an eight-step decision making model that was created by cool recording Callahan. Alright, So those first four steps of call it up Corey, Core and Kellyan's eight step decision making model starts with um identifying the problem. I didn't find a potential issue that is involved. Reviewing the code of ethics as well as pertinent laws and regulations that step forward, Step five is consultation, way, options for actions, consider consequences of each option, and then decide and appropriate action. So I want to go back a little bit just to to review. But we'll talk about each of those steps as we go through this scenario. So again identifying the problem, identifying the potential issues that are involved, reviewing the code of ethics and applicable laws and statement. Um Federal laws and regulations, consult consultation, weighing options for actions, considering the consequences for each of those options, and then finally making the appropriate ethical decision. So again, we're talking about adolescents. No, it is not. That is a secret. It's just really none of your business, and that's how they look at that. You know they're coming in here, and they made a decision that they want to work out something with a professional. They made that decision to work out something with the professional, and that's their business. And so how do we navigate that when we have parents who feel that they have a right to be informed of their child, mean in treatment as well as what are the treatment issues that are being addressed.
Carmela Drake, PhD, LPC-S, NCC, CAADP: And so I thought. The best way to be able to talk about this is to work through an actual ethical dilemma. So when I get ready to switch to this slide I'll read through it, and then I'll give a few minutes to allow the participants in this Webinar to write down any notes as we get ready to talk about each of the steps,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and I'll read it first, and then, of course, I'm going to leave it here for um for maybe about a minute, just to give everyone an opportunity to write a few notes down,

Carmela Drake, PhD, LPC-S, NCC, CAADP: so as a fifteen year old client shares that she has started exploring her sexuality, and she feels really good about her explorations.

Carmela Drake, PhD, LPC-S, NCC, CAADP: She never reveals the details. She never reveals the details. The fifteen year old also indicates that she would like to work on boundaries

Carmela Drake, PhD, LPC-S, NCC, CAADP: well as issues. Regarding communication with her parents.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The parents have shared their religious and moral values. They have been very clear about how they feel about any premarital sexual exploration.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The client's mother specifically asked you to report whether her daughter reveals any sexual exploration

Carmela Drake, PhD, LPC-S, NCC, CAADP: later through your social media post. That Facebook and Instagram pops up in here.

Carmela Drake, PhD, LPC-S, NCC, CAADP: You read about your eighteen Year Old Email Cousin Sexual relationship with the friend. It's not a secret, but it's none of your business, huh? But we put them secrets out there as you continue to read the update you realize the friend she is referring to.

Carmela Drake, PhD, LPC-S, NCC, CAADP: It's actually your fifteen year old client.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So again we're going to give you about

Carmela Drake, PhD, LPC-S, NCC, CAADP: one,

Carmela Drake, PhD, LPC-S, NCC, CAADP: maybe a minute and a half, just to take a few notes. I'm a couple of things that I'll probably just. I'll read over it one more time. Why, why you're taking those notes. So the fifteen year old client shares

Carmela Drake, PhD, LPC-S, NCC, CAADP: She has started exploring her sexuality, and she feels really good about her expiration of expiration. She, um never reveals the details, never reveals the details. She also indicates that she would like to work on boundaries and issues regarding communication with her parents.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Her parents have shared their religious and moral values with you.

Carmela Drake, PhD, LPC-S, NCC, CAADP: They're very clear about their stance on premarital sexual exploration,

Carmela Drake, PhD, LPC-S, NCC, CAADP: even to the point where they have quoted on that it is unacceptable in the threat to the immortal soul.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The mother has asked to report to her any sexual exploration is revealed by the daughter.
Carmela Drake, PhD, LPC-S, NCC, CAADP: So, as you are scrolling through the social media,

you read about your eighteen year old female cousin Sexual escapes.

Carmela Drake, PhD, LPC-S, NCC, CAADP: You realize that she is actually referring to your fifteen year old client,

Carmela Drake, PhD, LPC-S, NCC, CAADP: so I hope everyone had an opportunity to take a few notes. I don't know, hey? If anyone popped anything in the chat, asking me to hold up a minute. Oh, wait a minute to see if not

Haley Hartle, NAADAC: um so One One response that just came in is, i'm concerned about the age difference, but she still has confidentiality.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Oh, that's so awesome. Remember to write that note down, and we're going to address that when we go further down, awesome,

Carmela Drake, PhD, LPC-S, NCC, CAADP: all right, so great. So we can look to the next one.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Alright, So step one and two, which is identifying the problem and potential issues. Part of the process of making an ethical decision.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um involves identifying and examining um ethical principles that are relevant in this situation. And so, although we haven't gotten to step three and four, yet

Carmela Drake, PhD, LPC-S, NCC, CAADP: when you're identifying the problem and the potential issues, one of the things that is suggested is that you keep in mind as you're trying to prioritize which of these might be the most important problem or issue that needs to be addressed or considered when working through the steps, is to consider your six fundamental more principles.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so Nadak um in the very to get when we get further down, I'll also reveal those those principles, too, but they outline, and everybody pretty much knows what those those the main six

Carmela Drake, PhD, LPC-S, NCC, CAADP: principals are. But then you'll notice some variation between um codes of ethics with uh State institutions as well as national institutions. But the main six fundamental moral principles, of course, is autonomy in the non-mount. They see it's been a busy it's just as fidelity and ferocity so I think we can safely say for the most part across all our state

Carmela Drake, PhD, LPC-S, NCC, CAADP: um organization, ethical state, ethical standards as well, the national ones we share in those in those same six fundamental ones. So, keeping those in mind as you are identifying problems and potential issues. Here are a few. Of course there could be many others that might have been

Carmela Drake, PhD, LPC-S, NCC, CAADP: brought up like the one that was um brought up in the chat that you mentioned early Hayley about the age differentiation. Um. But the relationship,

Carmela Drake, PhD, LPC-S, NCC, CAADP: the clients rights and welfare

Carmela Drake, PhD, LPC-S, NCC, CAADP: downhill Number six confidentiality values and multicultural factors that are taken that have been brought to our attention in the relationship with the parents
Carmela Drake, PhD, LPC-S, NCC, CAADP: parental rights client sexual relationship. Were there any others that work that you saw that were mentioned in the chat outside of what?

Haley Hartle, NAADAC: Yes, we actually yeah, We actually have a few in here, so I can go through and read each one. Um, but first one was, Do we know if there is an roi in place for the parent? No, roi, no comment is what he said.

Haley Hartle, NAADAC: Um! And then we had a question from Steven. Is it ethical to continue to work with the client? Given the professional personal boundary that's being crossed by the counselor.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Hmm.

Haley Hartle, NAADAC: And then the third one and last one, for now is when you take yourself off the case due to the relationship with the family member you are now aware of. So both of those last two are related

Carmela Drake, PhD, LPC-S, NCC, CAADP: definitely want to make sure we keep note of that so? For for those who may not have known the acronym for all I'm assuming that is release of information,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and then um

Carmela Drake, PhD, LPC-S, NCC, CAADP: the boundary

Carmela Drake, PhD, LPC-S, NCC, CAADP: issue.

Carmela Drake, PhD, LPC-S, NCC, CAADP: If you reread that one for me again. I think I heard something about boundary issues with the boundary issue in relationship to the the Facebook. Yes, the professional and personal boundary that's being crossed by the counselor. Now that a family member is involved.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Okay, i'm not. And I might need to write that down. But please keep that in mind. So I can remember that because that one, I think, is a very good one. And then that last one um recusing, or I guess, referring this client to someone else as a result

Carmela Drake, PhD, LPC-S, NCC, CAADP: uh

Carmela Drake, PhD, LPC-S, NCC, CAADP: the potential ethical or boundary crossing a boundary violation that's occurring as a result of the the Facebook discovery.

Haley Hartle, NAADAC: Yeah. And then one last one came in. Duty to report depends on the State. But in New Hampshire you must be sixteen years old to consent.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Okay,

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so those will all be in the chat so we can go back to them

Carmela Drake, PhD, LPC-S, NCC, CAADP: issues. Let me back up um as we identify again. I just want to reiterate. That is important that we keep in mind the six fundamental principles of our code of ethics. And so we've got these six, as well as the other ones that were brought up in the chat

Carmela Drake, PhD, LPC-S, NCC, CAADP: by steps three and four. So this will be a little more extensive, because Here we are getting ready to review the code of ethics applicable law, State Federal laws and regulations and relationship to this particular scenario. So um again, just re iterating what made at. And so

Carmela Drake, PhD, LPC-S, NCC, CAADP: for me in the State of Alabama. We, of course, um i'm also a
member of the Board Counseling Association. We have a set of um,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and then, of course, being license under the out on the board of exam using counseling, we do just adapt or dot the um

Carmela Drake, PhD, LPC-S, NCC, CAADP: api code of um ethics. And so

Carmela Drake, PhD, LPC-S, NCC, CAADP: it may be. Again, it may vary by state. And so you want to ensure that you're following the code of ethics in which you are credential to provide services, since this is addictions. Um,

Carmela Drake, PhD, LPC-S, NCC, CAADP: of course. Uh, With that I chose to use Netx code of ethics for this Webinar.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So just looking at some of the things that's really important to um point out is that Nadak first wants you to make sure that you are keeping in mind that there are certain

Carmela Drake, PhD, LPC-S, NCC, CAADP: principles that they follow to include the six that were mentioned. They also address obedience, which is the responsibility to observe and obey legal and ethical directives, as well as conscientious refusal, which is the responsibility to refuse to carry out directives that are illegal and or unethical

Carmela Drake, PhD, LPC-S, NCC, CAADP: um gratitude, which is to pass along the good that we received to others competence to possess the necessary skills and knowledge, to treat clientele and a chosen discipline, and to remain current with treatment, modality, theories, and techniques. They also include stewardship

Carmela Drake, PhD, LPC-S, NCC, CAADP: and honesty and candor. And so those are some additional things. Um principles that are part of need act outside of the six fundamental ones. In regarding autonomy, I think the one that is most important with this ethical dilemma is autonomy,

Carmela Drake, PhD, LPC-S, NCC, CAADP: which is to allow each person to freedom to choose their own destiny. And so the question here is that principle being followed,

Carmela Drake, PhD, LPC-S, NCC, CAADP: or is this principle in danger of being violated in this ethical

Carmela Drake, PhD, LPC-S, NCC, CAADP: um dilemma.

Carmela Drake, PhD, LPC-S, NCC, CAADP: We also have principal two: one with this confidentiality, you know, addiction, professional shell understand that confidentiality and anonymity are foundational to addiction, treatment and um shell accept the duty to protect the identity and privacy

Carmela Drake, PhD, LPC-S, NCC, CAADP: of each client is primary obligation and provider shell communicate the parameters of confidentiality in a culturally sensitive manner.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, you have your limits of confidentiality and This is principal two-seven where addiction professionals doing informed consent shell disclose the legal and ethical limits of confidentiality, and shell disclose the legal exceptions to confidentiality,

Carmela Drake, PhD, LPC-S, NCC, CAADP: confidentiality, and limitations to confidentiality shall be reviewed as needed during the counseling relationship,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and providers shall review each client all circumstances with confidential information they requested, and where disclosure of such information is legally required, and so um just just recapping on the ones I read so far again. This is in the latex code of conduct.
Carmela Drake, PhD, LPC-S, NCC, CAADP: Um! What the information that I shared thus far as under I dash three, and it’s the lower case. I. Which is introduction three principal, two, one principal, do two dash seven. Both of these address, confidentiality and limits of confidentiality.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So I heard someone in the chat mentioned the issue about duty. To warn

Carmela Drake, PhD, LPC-S, NCC, CAADP: this would address principle two dash eight, if you know imminent danger. Addiction. Professionals should only reveal client identity or confidential information without clients consent. When a client presents a clear and imminent danger to themselves, or to another person, so it's imminent danger, a concern here is they are a duty

Carmela Drake, PhD, LPC-S, NCC, CAADP: warranted here.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Principal day uh two day. Seventeen talks about minors and others. No addiction. Professionals Shell protect the confidentiality of any information received when counseling minor clients or adult clients who lack the capacity to provide voluntary, informed consent regardless of the meeting

Carmela Drake, PhD, LPC-S, NCC, CAADP: in accordance with Federal and State laws and organization, policies and procedures, parents, guardians, and appropriate third party. She'll be informed regarding the role of the provider, and the limits of confidentiality and the counseling relationship, as it was already acts

Carmela Drake, PhD, LPC-S, NCC, CAADP: in the chat, was an Ro. I established. So when we were looking over the ethical dilemma. The information you was given is the information we’re working with,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and so was a release of information established in that ethical room. I think the best thing we can do is assume, because this is the limit in regards to what the rights are. For an adolescent and confidentiality is that that a release of information may not have been

Carmela Drake, PhD, LPC-S, NCC, CAADP: um

Carmela Drake, PhD, LPC-S, NCC, CAADP: sign given that this that the adolescent has shared that um.

Carmela Drake, PhD, LPC-S, NCC, CAADP: She wants to work with boundaries and communication, but it can also be assumed they may have been because there was. There was um.

Carmela Drake, PhD, LPC-S, NCC, CAADP: She wants to eventually be able to talk to them about communication. So that is an important question to ask was, and was a release of information established in that time so principal. Three three dash twenty-one is on multicultural competence. There is a um cultural factor that is being involved in this,

Carmela Drake, PhD, LPC-S, NCC, CAADP: because the religious religion and religious practices should be regarded as a cultural factor, and so addiction. Professional shell deliver multicultural, sensitive counseling and other services by gaining knowledge specific to multiculturalism, increasing awareness of the diverse cultural identification of the clients, so

Carmela Drake, PhD, LPC-S, NCC, CAADP: that is

Carmela Drake, PhD, LPC-S, NCC, CAADP: in general, and there can be other ethical

Carmela Drake, PhD, LPC-S, NCC, CAADP: guidelines that also need to be reviewed. But the ones that immediately stood out were those that were read, and i'll just. I won't. Read them in detail again. But
just give you those um the titles of those specific ones. Again, it would be introduction

Carmela Drake, PhD, LPC-S, NCC, CAADP: principles, two, one and seven principal, two over eight

Carmela Drake, PhD, LPC-S, NCC, CAADP: principal, two hundred and seventeen and principal three twenty, one. All ethical calls that will be considered in this ethical decision making process,

Carmela Drake, PhD, LPC-S, NCC, CAADP: if anyone else happens to have theirs or have it handy to look at. And you decide, You know, as you as you're reviewing, and we continue to discuss. You know more than welcome to throw that one right on in the chat for us to also consider,

Carmela Drake, PhD, LPC-S, NCC, CAADP: I think, as we're looking at step three um

Carmela Drake, PhD, LPC-S, NCC, CAADP: more in depth. One of the things that we need to ask ourselves is whether the standards or the principles of our professional organization can offer a possible solution to the problem. A lot of times we we get

Carmela Drake, PhD, LPC-S, NCC, CAADP: these situations get brought to our attention, and they may have already been addressed previously through our professional organization, and so that would be one of the first places that we can reach out to to see if this has already been addressed, and what has been, what has been the suggested

Carmela Drake, PhD, LPC-S, NCC, CAADP: measures to take with this type of dilemma?

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um. We also should consider whether our own values and ethics are consistent with or in conflict with, relevant colors,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and we can also see guidance from our professional organization in any specific concern relating to ethical legal situations. If we're not sure exactly how an ethical standard is interpreted, it is

Carmela Drake, PhD, LPC-S, NCC, CAADP: best to address the professional organization which provides our credential that provides us our license for additional information or interpretation about how that code is interpreted.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So any questions regarding the review of the code of ethics, or any additional code of ethics that you think should be considered as we work through this ethical dilemma,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and if if anything comes up as I continue talking, hey, will just just interrupt me, and i'll be glad to stop.

Haley Hartle, NAADAC: Okay, Yeah, There were a couple of more that came in before you just asked that specific question. So first one from Kate. Um said I agree that it'd be a good idea to refer out and take yourself off of the case due to the personal professional boundary crossing. But I am curious how you would go about that. For example. How would you explain to the client and the parents without disclosing that you personally know someone

Haley Hartle, NAADAC: that they're involved with.

Haley Hartle, NAADAC: So that was one question. How would you go about that? And then Billy noted um that it's a mandatory reporting issue because of child sex abuse.

Haley Hartle, NAADAC: And Kristy just said: Since the client is fifteen, she is not her own legal guardian, she isn't required to sign a release of information. The Guardian has inherent rights. The ethical question is, how much information should the counselor disclose with disclosing that information cause harm to the client.
Carmela Drake, PhD, LPC-S, NCC, CAADP: Okay, awesome, awesome comments. Now, this is what I want to say about the first question. So we're actually working through the ethical decision making model.

Carmela Drake, PhD, LPC-S, NCC, CAADP: to assist us in making the most ethical decision. And so it sounds like a lot of us have already made a decision. We've only got step three. So we're wanting to work through all eight of the decision making steps before we jump into the decision.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, so I some of the comments i'm hearing is we? We've already decided what we're going to do.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so what do we need to do with that? But have we actually looked at each of the steps. We viewed all of the code of ethics that are relevant to that as well as State and Federal applicable laws. Before we just jump to conclusion.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So we want to make sure,

Carmela Drake, PhD, LPC-S, NCC, CAADP: when we're faced with any type of dilemma, especially one like this, that we take the time careful the time to go through an ethical decision-making model, as stated, with not just in that code of ethics, but i'm pretty sure um whatever license your certification um entity in which you received your credentials have also stated that when making an ethical decision, we need to use a reputable ethical decision making model

Carmela Drake, PhD, LPC-S, NCC, CAADP: in making that ethical decision. So before we jump to the end, let's try to get through each of those steps. The other comments. Yes, I think it's important because it's going to be different.

Carmela Drake, PhD, LPC-S, NCC, CAADP: It's going to be different for each State

Carmela Drake, PhD, LPC-S, NCC, CAADP: ensuring no harm. So you got your your six ethical principles. Atomic autonomy is one that that's number one. But of course you can prioritize, so

Carmela Drake, PhD, LPC-S, NCC, CAADP: it may not be number one for you, and maybe not math. This that's number one for you. But prior to rising, what is going to be the biggest concern or or the biggest concern towards you, making the right decision for this adolescent.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so. Autonomy is one of the issues I hear in here. Not now. It's it's been a fifteen. It is another issue that is um ringing as we continue to review over

Carmela Drake, PhD, LPC-S, NCC, CAADP: and and make sure

Carmela Drake, PhD, LPC-S, NCC, CAADP: we got everything that we saw on there. So i'm gonna i'm gonna back up a little bit

Carmela Drake, PhD, LPC-S, NCC, CAADP: um fifteen year old client shares that she has started exploring her sexuality, and she feels good about it.

Carmela Drake, PhD, LPC-S, NCC, CAADP: But she does not reveal any details to the counselor.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The fifteen year old, also indicates that she would like to
work on boundaries as well as issues. Regarding communications with her parents. The parents have shared their religious and moral values. They've been very clear about how they feel about any premarital sexual expiration.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Specifically, they stated it's unacceptable, and the threat to the immortal. So we. We're quite clear about how the parents feel about this.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The client's mother specifically ask you to report whether her daughter reveals any sexual exploration

Carmela Drake, PhD, LPC-S, NCC, CAADP: with your family members. Not Not that your friends I didn't You're not friends with the client on social media.

Carmela Drake, PhD, LPC-S, NCC, CAADP: You would look at your family's post,

Carmela Drake, PhD, LPC-S, NCC, CAADP: saw your family talking about

Carmela Drake, PhD, LPC-S, NCC, CAADP: sexual relationship with the friend Doesn't. Define how that sexual relationship is, is

Carmela Drake, PhD, LPC-S, NCC, CAADP: they didn't get the details on that. And again, there's also something we're just reading, reading as well through our families

Carmela Drake, PhD, LPC-S, NCC, CAADP: posts.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And as you continue to read the update, you realize the friend is referring to your actually to your fifteen year old client,

Carmela Drake, PhD, LPC-S, NCC, CAADP: so I I wanted to revisit that

Carmela Drake, PhD, LPC-S, NCC, CAADP: as we continue to work through the steps, and we're on step three,

Carmela Drake, PhD, LPC-S, NCC, CAADP: And for regarding,

Carmela Drake, PhD, LPC-S, NCC, CAADP: I saw the number pop up in the chat, so

Carmela Drake, PhD, LPC-S, NCC, CAADP: i'm curious to know what those are about. Hayley.

Haley Hartle, NAADAC: Sorry, could you let me know which one I don't know I think the last time I saw was number thirty-four, and it's on thirty-nine. So i'm i'm so sorry I didn't.

Carmela Drake, PhD, LPC-S, NCC, CAADP: I did not keep track

Carmela Drake, PhD, LPC-S, NCC, CAADP: so I don't know I know the last time you talked to me it was thirty-four, so it's been five additional comments made since the last time you shared.

Haley Hartle, NAADAC: Yes, so um let me see. One of them was asking for a specific copy of something.

Haley Hartle, NAADAC: Um, I think I believe this slide, so i'll handle that one.

Haley Hartle, NAADAC: Um. But then there's you want me to read the next two that came in.

Haley Hartle, NAADAC: Sure. Awesome. Okay, um. So Chip just said she may not be having sex at all, just exploring through thought for gathering info.
Haley Hartle, NAADAC: That was one thought. And then Billy says I don't see a boundary issue here, as the counselor is looking at her social media, not the clients,

Haley Hartle, NAADAC: Thank you, I believe, meaning It's that the counselor is looking at the family members social media rather than the clients,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and that's correct, and that's why I wanted to revisit

Carmela Drake, PhD, LPC-S, NCC, CAADP: the

Carmela Drake, PhD, LPC-S, NCC, CAADP: so the um ethical dilemma. But I but I don't think that's uncommon. You know kind of the the dialogue that we're having here. I don't think that's uncommon. I think, a lot of times as professionals. We see something, Of course, if it becomes a little alarming, we immediately want to try to come to a solution.

Carmela Drake, PhD, LPC-S, NCC, CAADP: But that's why it's important, even with issues regarding confidentiality which I think we face more often than we like.

Carmela Drake, PhD, LPC-S, NCC, CAADP: It's important that we go through the ethical decision Go through an ethical decision making model. There's some. They have a lot less steps in this. I This is just a a personal preference. There are a number of different ethical decision making models out there that you can use. I just like this one, because it it shows the more

Carmela Drake, PhD, LPC-S, NCC, CAADP: for me,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and slows me down in my thought process as i'm evaluating. I do use the same ethical decision making model with my my Alc's as a clinical supervisor, just getting them to slow down your thought process, you know. Hey? Wait a minute before you just go ahead and run into making a decision about this.

Carmela Drake, PhD, LPC-S, NCC, CAADP: What are the facts?

Carmela Drake, PhD, LPC-S, NCC, CAADP: What are the potential issues

Carmela Drake, PhD, LPC-S, NCC, CAADP: in Federal laws that protect or warn our need to um

Carmela Drake, PhD, LPC-S, NCC, CAADP: or alarmed the the need for duty where there is a duty to one here. So it is important that we just take our time to work through one so that we can ensure we're making

Carmela Drake, PhD, LPC-S, NCC, CAADP: the best

Carmela Drake, PhD, LPC-S, NCC, CAADP: ethical decision.

Carmela Drake, PhD, LPC-S, NCC, CAADP: This process. It's not going to be. It's going to be a number of different

Carmela Drake, PhD, LPC-S, NCC, CAADP: um choices. But what's going to be the best in the situation and in the area in which we later, So I do want to also provide you with some general State laws and regulations. Naturally you will be more aware

Carmela Drake, PhD, LPC-S, NCC, CAADP: of the specific State laws for your jurisdiction. But just given a general one. So in two thousand and fifteen there was a study that was conducted, and again this was in two thousand and fifteen. I haven't seen one more recent, and if you have, i'd love to hear um.

Carmela Drake, PhD, LPC-S, NCC, CAADP: You let me know where I can find that. But in two thousand
and fifteen. There was a study that conducted a thorough review of all fifty State laws concerning decision making authority for adolescents.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um. Seeking both substance, use disorder, treatment as well as mental health treatment. But for the purpose of this, Webinar I’m. Going to share the findings that address uh so treatment consent. So um in this study it identified nine States that required only minor consent for treatment,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and those nine States are one being the State that I reside Alabama, Colorado, Indiana, Louisiana, Minnesota, New Mexico,

Carmela Drake, PhD, LPC-S, NCC, CAADP: Oklahoma, South Carolina, and Vermont. So these were the nine States that required only minor consent for treatment

Carmela Drake, PhD, LPC-S, NCC, CAADP: for substance use disorder tree

Carmela Drake, PhD, LPC-S, NCC, CAADP: five States accepted either the minor or the parents consent for substance. Use disorder, treatment in those States for Idaho, New England, New York, Pennsylvania, and Texas.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Utah. In this two thousand and fifteen study. So again, this is two thousand and fifteen.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Utah at the time was the only state that required parental consent for drug treatment, but not necessarily no help but for drug treatment. And so again, this study did reveal both drug and mental health treatment. But I only

Carmela Drake, PhD, LPC-S, NCC, CAADP: um

Carmela Drake, PhD, LPC-S, NCC, CAADP: I’m. Only sharing the information as it relates to drug treatment.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So to keep in mind Again, this is general information i’m sharing with you regarding consent for substance use disorder, treatment. It was retrieved in two thousand and fifteen and a two thousand and fifteen study.

Carmela Drake, PhD, LPC-S, NCC, CAADP: It is always encouraged, as well as our responsibility as addiction professionals to research any updates, any updates to our State laws regarding minor consent for treatment. Additionally, each State will vary in regards to its parents

Carmela Drake, PhD, LPC-S, NCC, CAADP: parent versus minor decision, making authority even across treatment settings, so where they may have minor consent,

Carmela Drake, PhD, LPC-S, NCC, CAADP: where they may only require minor consent, would say outpatient. It may require both parent and minor consent for inpatient treatment, so those will even vary, and it’s our responsibility as addiction professionals to know the State laws within the States between practice

Carmela Drake, PhD, LPC-S, NCC, CAADP: um. The same study also revealed the age of consent by State, but for the majority of the States, which is about sixty-two, actually did not specify a minimum age to consent for, say, inpatient or outpatient drug treatment,

Carmela Drake, PhD, LPC-S, NCC, CAADP: but for the States that did specify a minimum age of minor consent. The mode age, mode, minimum age, was twelve years of age. Now, again, that varies because for our State, for the State of Alabama, the minimum age of consent is fourteen,

Carmela Drake, PhD, LPC-S, NCC, CAADP: so it varies across,
Carmela Drake, PhD, LPC-S, NCC, CAADP: you know the States. But when they did the study in two thousand and fifteen, the mode age was was twelve years of age. Again, that does vary across state. I'm not sure the different states that rep are represented here in this um particular Webinar, but for those that are represented here. If you don't mind just throwing in the box chat box, what's that minimum age of consent for your state,

Haley Hartle, NAADAC: and as people do that. Um! We had a few more messages come in. So one was a thought regarding boundaries. I just see it as a problem going forward. If if the youth continues to discuss their exploration regarding the counselor's family member, even though they never share a name.

Haley Hartle, NAADAC: So that was one thought and then another was how certain is the counselor there? Isn't any reason to report, especially since there was no details to share. The counselors only allowed to disclose what was discussed in session,

Haley Hartle, NAADAC: and then the next need to be clear with parents about confidentiality back when they requested to be notified of sexual activity that is, protected information, unless there is a disclosure of abuse,

Haley Hartle, NAADAC: and then, as long as the therapist doesn't mention, knowing the client

Haley Hartle, NAADAC: to the relative, what's the issue? But they should let the client know

Haley Hartle, NAADAC: um another. We have quite a few come in. So the counselor, the counselor, could keep communication um open to gather more information from the client get the facts,

Haley Hartle, NAADAC: and the next was just an interaction with another attendee. Um! And then I think the first thing I would do is get more accurate information. What does sexual relationship mean to the fifteen year old? Since the partner is same sex? She may be be exploring her sexuality rather than having sex, more information is needed,

Haley Hartle, NAADAC: and how harmful would it be to the client to refer them out.

Haley Hartle, NAADAC: So, considering that um

Haley Hartle, NAADAC: a few more thoughts and then. Now we're getting into the the

Haley Hartle, NAADAC: um.

Haley Hartle, NAADAC: And then another thought. Should we be looking at a possible report to Dhs

Haley Hartle, NAADAC: for them to decide a need to investigate sexual exploration with an adult before we worry about disclosure to the parent in Oregon as a mandatory reporter. This is the first dilemma I see in this scenario.

Haley Hartle, NAADAC: Um suspected child abuse social media is hearsay. That's another thought. We had um Massachusetts to sixteen North Carolina,

Haley Hartle, NAADAC: and that's It's also fine

Carmela Drake, PhD, LPC-S, NCC, CAADP: and thank you everybody for just um for engaging me through the chat. That that's very helpful hearing all of that. Um!

Carmela Drake, PhD, LPC-S, NCC, CAADP: It was one of the things you had read to me earlier, Hayley, that someone brought up in in regards to
Carmela Drake, PhD, LPC-S, NCC, CAADP: that that made me think about the the six principles. Again, I think

Carmela Drake, PhD, LPC-S, NCC, CAADP: the individual stated something about mentioning to the client the discovery of the sexual relations with the with the counselors

Carmela Drake, PhD, LPC-S, NCC, CAADP: relative.

Haley Hartle, NAADAC: The counselor could keep communication open to gather more information from the client, and then

Um!

It’s that far,

Carmela Drake, PhD, LPC-S, NCC, CAADP: really. The first thing came to my mind was autonomy and all we are we still respecting the clients autonomy. Once we reveal to them

Carmela Drake, PhD, LPC-S, NCC, CAADP: something that we learned outside of what they share with us in session,

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so again, just wanted to make sure we always keep in mind as we’re going through all of these steps. Um, those six fundamental principles, you know, fundamental ethical principles, you know, of autonomy and and math. They see it, and it's in justice and fidelity,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you know. Are we respecting

Carmela Drake, PhD, LPC-S, NCC, CAADP: the clients ability to to make their own decision, you know, make an informed decision to have control over their destiny when we reveal to them

Carmela Drake, PhD, LPC-S, NCC, CAADP: that we're aware of information they did not choose to share with us.

Haley Hartle, NAADAC: I think I found it. Yeah, it was from Thomas as long as the therapist doesn't mention. Knowing the client to the relative, then that's not an issue. But they should let the client know.

Haley Hartle, NAADAC: Yeah. And so my my question to that is,

Carmela Drake, PhD, LPC-S, NCC, CAADP: is that an

Carmela Drake, PhD, LPC-S, NCC, CAADP: that an issue of autonomy?

Carmela Drake, PhD, LPC-S, NCC, CAADP: So that's that's what came up and came up to mind when I heard that statement. But it's a good question.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so, before I start going to the Federal laws and regulations, Hayley. I got to work, and i'm so sorry I just saw that number public to sixty two,

Carmela Drake, PhD, LPC-S, NCC, CAADP: so I don't know if in it, with some additional ages or questions in regards to as we're working through step three and four.

Haley Hartle, NAADAC: No, you are fine, so the last one was the age. The last one given was the age of twelve in Colorado, and we read everything leading up to that. So some of those other numbers might be in response to Powerpoint slides or things like that. So
Carmela Drake, PhD, LPC-S, NCC, CAADP: and so. Um, I don't know if you guys had the opportunity. I think I know I participated, but made I had a webinar that was on forty-two cfr and um. It was two parts, I believe, if i'm not mistaken, i'm trying to remember.

Carmela Drake, PhD, LPC-S, NCC, CAADP: But if you have not gone through that I encourage you to go back and look through the Webinar offerings and go through part one and two of the forty, two Cfr. And so that is, in regards to our Federal laws and regulations. And so I want to address what those are that would be

Carmela Drake, PhD, LPC-S, NCC, CAADP: pertinent to this ethical dilemma. And of course there's two point fourteen in regards to minor patients, and of course it says that State law not requiring

Carmela Drake, PhD, LPC-S, NCC, CAADP: parental consent for treatment. That's a If a minor patient, acting alone as legal capacity under the applicable State law, to apply for and obtain substance, use disorder, treatment, any written consent for disclosure, authorize

Carmela Drake, PhD, LPC-S, NCC, CAADP: under sub part, c. And And again, I just encourage you to please a team, Those that part, one in part, two of forty, two Cfr. But those are applicable to this dilemma, but authorize on this so part, c. Of this part may be given only by the minor patient.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um. This restriction includes, was not limited to any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement.

Carmela Drake, PhD, LPC-S, NCC, CAADP: These regulations do not prohibit a part. Two program from refusing to provide treatment until the minor patient consents to the disclosure necessary to obtain reimbursement, but refusal to provide treatment may be prohibited

Carmela Drake, PhD, LPC-S, NCC, CAADP: under state or local law, requiring the program to furnish the service irrespectively to ability to pay. So that’s in regards to

Carmela Drake, PhD, LPC-S, NCC, CAADP: payment where the minor, where their State law is not requiring parent consent to treatment. That last part there

Carmela Drake, PhD, LPC-S, NCC, CAADP: State law requiring parental consent to treatment where the State law requires consent of a parent, guardian, or other individual for minor to obtain treatment or substance, use disorder, any written consent. The disclosure that is, un, that's authorized under so part, C

Carmela Drake, PhD, LPC-S, NCC, CAADP: uh must be given by both the minor in their parent, guardian or other individual authorized under State law to act in the minor’s behalf.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Now, where the State law requires parental consent to treatment, The fact of a minor’s application for treatment may be communicated to the miners, parent, guardian, or other individual authorized under State law.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The minor has given written consent to disclosure, or the minor lacks the capacity to make a rational choice Regarding such consent. Again. What I'm reading to you are reviewing over with you is forty-two Cfr two point fourteen and in regards to minor patients.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, as well as state law that that requires or does not require. So they're They're specific about each of these.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And then, of course, minor applicant for services that lacks capacity for rational choice. So facts real event to reduce in a substantial threat to life or physical well being of the minor applicant, or any other individual, may be disclosed to the parent guardian or other individual authorized under State law to act in the behalf
Carmela Drake, PhD, LPC-S, NCC, CAADP: of the minor,

Carmela Drake, PhD, LPC-S, NCC, CAADP: in part two program director judges, and then it just goes on with that. And so the applicable law and regulation Federal apple, the applicable Federal law and regulation that relates to this ethical dilemma is forty-two Cfr. Two point one, five. If you have not. I just want to say it again.

Carmela Drake, PhD, LPC-S, NCC, CAADP: But in the shameless club I did participate in both of them. They were great participating in the forty, two Cfr. Part, one and part, two trainings that are offered through that that will talk more in detail about this law, and how it um relates to our miners.

Carmela Drake, PhD, LPC-S, NCC, CAADP: All right, So

Carmela Drake, PhD, LPC-S, NCC, CAADP: we up to sixty-five is that have any questions for me before? We move on two steps,

Carmela Drake, PhD, LPC-S, NCC, CAADP: five and six.

Haley Hartle, NAADAC: So Christy shared that the minimum age at which an individual is considered legally old enough to consent

Haley Hartle, NAADAC: to participation in sexual activity in Colorado is seventeen, so I think that was a different number given versus um. The ability to consent to treatment, and then the other one. Was. I shared the forty-two Cfr webinar that’s available on our website in the chat box for people to for people to access.

Haley Hartle, NAADAC: Other than that you're good to go

Carmela Drake, PhD, LPC-S, NCC, CAADP: All right. So let's look at consultation. Let's look at consultation. And so that is we've gone over Step one. We've identified the issues potential problems. We have. Um!

Carmela Drake, PhD, LPC-S, NCC, CAADP: Those were steps, one or two we've looked at step three and four, which was to review over relevant ethical calls is where, as well as know the applicable laws and regulations. Again, just understand that essential for us as addiction professionals to stay up to date on relevant State and Federal laws that might apply to ethical dilemma such as this. And so now we're ready to obtain consultation. And so one reason for poor ethical decisions stems from our inability to view a situation

Carmela Drake, PhD, LPC-S, NCC, CAADP: objectively because of our prejudice, biases, personal needs, or even our emotional investments. And so one way to be able to combat, that is, to see consultation, and so it's important to maintain client confidentiality when we are seeking consultation from others.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um. It is generally helpful to consult with several trusted colleagues to obtain different perspectives on the area of concern, and to arrive at the best possible decision. The a healthy dialogue that's going on in our chat here is just like a consultation. We're all here with this. With this one ethical dilemma we're all providing some feedback, some concerns some of the things that we might need to look into in order to assist the individual in making

Carmela Drake, PhD, LPC-S, NCC, CAADP: the best ethical decision. But again, just ensuring that when we are seeking that consultation that we are still maintaining our clients confidentiality. So let's give a hand at step. Five. Let's start this consultation. Step out with first addressing this social media issue.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So social media is a part of our reality.
Carmela Drake, PhD, LPC-S, NCC, CAADP: We also know that our code of ethics has evolved along with the innovation of um, Internet. So, as we have made innovations in the area of counseling, it has allowed for us to incorporate telehealth in various other avenues of media,

Carmela Drake, PhD, LPC-S, NCC, CAADP: there was a need for our code of ethics to also address that. One thing we need to look at is the potential talk with your client about the use of social media, and the effects it can have on the therapeutic relationship is important that they might need to be part of the discussion. Part of the informed consent part of that. The initial,

Carmela Drake, PhD, LPC-S, NCC, CAADP: because it’s part of our reality is

Carmela Drake, PhD, LPC-S, NCC, CAADP: we’re not getting around it. And then there's always something new, being

Carmela Drake, PhD, LPC-S, NCC, CAADP: anything that came after that. I I have no clue about right now. It’s just been really difficult to keep up with all of these different platforms, and and um almost wonder if these platforms, changing or or new ones coming up so often, is a way of being able to escape the influx of

Carmela Drake, PhD, LPC-S, NCC, CAADP: of parentals. Um

Carmela Drake, PhD, LPC-S, NCC, CAADP: ability to also be able to engage in in monitor search certain activities, but it's made it quite difficult, as things keep coming up a new

Carmela Drake, PhD, LPC-S, NCC, CAADP: almost yearly.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um! I've seen the the chat pop up some more. Any additional comments as I get ready to continue to talk about this social media reality that we mail it in

Haley Hartle, NAADAC: uh one attendee had asked what was Step four, and so I just reached. I shared that it was reviewing the code of ethics, laws and regulations from that slide.

Haley Hartle, NAADAC: Yes, and

Haley Hartle, NAADAC: uh, just another. Just a comment from Steven. So no no more, no additional questions right And just to reiterate that step three is review. The relevant ethical codes and step four is know the applicable laws and regulations. I just combined it to two.

Carmela Drake, PhD, LPC-S, NCC, CAADP: We just talked about step, two, three, and four together. So three is reviewing the ethical code for is the um to know the applicable law and regulations.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so, as we talk about social media. It is a part of our reality. It is um potentially. One of the good things to do is to talk with our client about the use of social media and the effects it can have on the therapeutic relationship. In this case one of the effects that it has

Carmela Drake, PhD, LPC-S, NCC, CAADP: is that it may it. It has removed some of the autonomy from the client by the counselor,

Carmela Drake, PhD, LPC-S, NCC, CAADP: learning additional details that was never shared with her. In the first place about these sexual explorations.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um. When counselors choose to engage in social media, they bear the responsibility of proving that clients benefits are not harm. So That was the question I heard asked earlier when we were in the discussions as we, working through steps one, two, three, and four.
Carmela Drake, PhD, LPC-S, NCC, CAADP: We have the responsibility of proving
that our engagement in the social media will not harm the client.

The discovery of the relationship between the family member and the client is considered unintentional disclosure,
and this is considered one of those everyday life hazards that may occur that wasn't intentional. So is it really considered a boundary violation on the counselor's part

A. To them discovering additional information through a family member about their client.

It was an unintentional disclosure, because the client never disclosed that information. They just said that they was exploring, and they feel good about it. Never given the details to the to the client counselor.

The counselor discovered it unintentionally, and it is part again, because social media is a reality it has is one of those everyday life hazards,

Autonomy at this point is being compromised. The balance of power shifts in the counselor's direction, and him create harm in the therapeutic relationship,

and then, therefore the client no longer feels safe in control of what she is willing to share and work on in the relationship with the with the counselor.

So i'm sorry

But so let's address the um ethics in regards to social media. So may that does address that through principle Number six, nineteen, and this is in regards to friends and social media addiction. Professional shall not accept client-friend request

on social networking sites,

or email providers who choose to maintain a professional or personal presence for social media use. She'll create a separate professional and personal web page and profiles which, to clearly distinguish between the professional and personal virtual presence.

Nedak also addresses it in their principal um six twenty in regards to social media. Still addiction, professionals shall clearly explain to their client's supervisors as part of informed consent.

The benefits, inherent risks, including lack of confidentiality and necessary boundaries surrounding the use of social media.

Providers, should clearly explain their policies and procedures specific to the use of social media and clinical relationships with the client, as well as supervising
Carmela Drake, PhD, LPC-S, NCC, CAADP: and providers, should respect the clients or supervise these rights to privacy on social media,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and shall not investigate the client supervisee without prior consent.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so these two,

Carmela Drake, PhD, LPC-S, NCC, CAADP: again,

Carmela Drake, PhD, LPC-S, NCC, CAADP: our social media reality in principle six, nineteen and six

Carmela Drake, PhD, LPC-S, NCC, CAADP: in our

Carmela Drake, PhD, LPC-S, NCC, CAADP: of the ethics,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and so, as well as the other area, other credentials in which you possess, you need to see what are the social media.

Carmela Drake, PhD, LPC-S, NCC, CAADP: What are the code of ethics that address those social address, social media usage,

Carmela Drake, PhD, LPC-S, NCC, CAADP: the hail? Did we have anything additional in regards to the social media?

Haley Hartle, NAADAC: One comment that just said Social media is a legality reality.

Haley Hartle, NAADAC: I like that. It's catchy

Carmela Drake, PhD, LPC-S, NCC, CAADP: it, and it it creates a number of um.

Carmela Drake, PhD, LPC-S, NCC, CAADP: I think it creates a number of ah

Carmela Drake, PhD, LPC-S, NCC, CAADP: challenges number of complications, but but nedak is clear, and I I I think it’s quite clear in principle. Six dash twenty, especially with that last um statement. Providers share. Respect the client supervising right to privacy on social media, and she'll not investigate the client or supervise the prior consent, so that goes back

Carmela Drake, PhD, LPC-S, NCC, CAADP: to the question of autonomy again. You know, of course, we have unintentionally learned some additional details that was never revealed to us by this client,

Carmela Drake, PhD, LPC-S, NCC, CAADP: but we do not have an and it wasn’t it’s not like we, we to our clients page and discovered this information. You know we we're just

Carmela Drake, PhD, LPC-S, NCC, CAADP: visiting our our phone in our I mean our um relatives page in notice,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and then I and then also question, you know, I guess enough information was provided by the cousin

Carmela Drake, PhD, LPC-S, NCC, CAADP: to give us an idea that that was our client.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Do we have a duty to warn that the client’s name was not shared. We’re just making this. We could be making the assumption because enough information we
We know how
carmela Drake, PhD, LPC-S, NCC, CAADP: we have to be careful about what we share, especially during consultation. So we don't break the company jail with the clients that we're working with. But other people don't follow that. And so, because we pay attention to detail, we're trying to.

Carmela Drake, PhD, LPC-S, NCC, CAADP: It may have been certain details that were shared by the family member.

Carmela Drake, PhD, LPC-S, NCC, CAADP: that gave us reason to believe. Oh, this is this is my fifteen year old client she's talking about,

Carmela Drake, PhD, LPC-S, NCC, CAADP: but a name might not have been revealed.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So do we. Are we, even in a position. Is that enough for us.

Carmela Drake, PhD, LPC-S, NCC, CAADP: to have? So I guess suspicion, because for the State of Alabama you can do a can based off suspicion. You gotta do no investigation if you just suspect that there is abuse.

Carmela Drake, PhD, LPC-S, NCC, CAADP: But can I suspect abuse exists? Sexual abuse exists with my client, if I can't even say this is actually my client.

Haley Hartle, NAADAC: We had one comment pop up as well um from Joe. We should always follow the most stringent of all laws and regulations to protect both client rights and personal liability standards.

I like that. Yes,

Carmela Drake, PhD, LPC-S, NCC, CAADP: the most stringent when protecting our clients confidentiality and rights.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Thank you

all right.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So let me know, because I know how I can go with time.

Carmela Drake, PhD, LPC-S, NCC, CAADP: So we're at step six and seven, where we weigh the options, and we consider the consequences. So it's almost like we got to go all the way back to those first set of comments that were made where everybody had already made a decision about what they were gonna do.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um before we got to six and seven, so that we can. We all the potential options.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, and consider the consequences of each of those potential options. So if you recall it, this would be a great time for you to drop in the chat. What those things were that you were talking about earlier. But this time now you've received some additional information. We've had an opportunity to look at the code of ethics, State laws as well as Federal laws.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um! And we visit those facts. You've gotten a little consultation from the individuals that's in the group that has been participating, as well as the
additional information that we needed to revisit. We in in the code of ethics regarding

Carmela Drake, PhD, LPC-S, NCC, CAADP: because That was one of the things that was consulted about. Hey, having you revisited the code of ethics in regards to social media. So that's what we did. We went back, and we looked at that, and we know that principal, six, nineteen, and twenty in that speak specifically about

Carmela Drake, PhD, LPC-S, NCC, CAADP: what addiction professionals are responsible in regards to the use of social media as well as not investigating into um our clients social media pages,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you know, respecting their privacy on such. And so Now, what are our options? What are things that we need to consider as potential consequences with these options? I do remember hearing earlier is that when we make this decision. Will this decision create harm?

Carmela Drake, PhD, LPC-S, NCC, CAADP: You know.

Carmela Drake, PhD, LPC-S, NCC, CAADP: How will it impact the relationship

Carmela Drake, PhD, LPC-S, NCC, CAADP: between the there of this in the counselor? You know, having that additional information.

Carmela Drake, PhD, LPC-S, NCC, CAADP: How will it impact the continued relationship with

Carmela Drake, PhD, LPC-S, NCC, CAADP: I mean, how would the parent not know that you didn’t share?

Carmela Drake, PhD, LPC-S, NCC, CAADP: Is there a consequence to come later, as a result of maybe, once the client gets to a point where they begin to work on communication with the parents and their child communicate with the parent what they have already decided to do, and what will be the ramifications of that once

Carmela Drake, PhD, LPC-S, NCC, CAADP: we’re faced with it, and the parent learns you’ve already knew about this. We explained to you already that we wanted you

Carmela Drake, PhD, LPC-S, NCC, CAADP: to tell us

Carmela Drake, PhD, LPC-S, NCC, CAADP: when our child was engaging in sexual exploration.

Carmela Drake, PhD, LPC-S, NCC, CAADP: You know what How will we handle that. So that’s where we we are. With step six and seven. We're looking at what those options are, what the option would be for you, and your facility is not going to be the same for me a month,

Carmela Drake, PhD, LPC-S, NCC, CAADP: because the laws are going to be different. But you still want to be able to make sure that you've taken all the information that you received

Carmela Drake, PhD, LPC-S, NCC, CAADP: ethical decision

Carmela Drake, PhD, LPC-S, NCC, CAADP: towards handling this dilemma. And so i’m just curious to hear from the the participants. What are some options

Carmela Drake, PhD, LPC-S, NCC, CAADP: we have right now towards resolving? This?

Carmela Drake, PhD, LPC-S, NCC, CAADP: Is it an issue to resolve,

Haley Hartle, NAADAC: hey? We have some comments coming in some thoughts, so from Steven. One option disclosed to the adolescent slash client about your discovery on Facebook, and the
relationship, and that it presents you with a conflict.

Haley Hartle, NAADAC: We know the parent requested that we disclose any sexual behavior, but I don’t recall agreeing to that with the mother.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Nor do I recall that the um

Carmela Drake, PhD, LPC-S, NCC, CAADP: minor agreement

Carmela Drake, PhD, LPC-S, NCC, CAADP: to that. I do remember someone making a comment that the minor

Carmela Drake, PhD, LPC-S, NCC, CAADP: it cannot act as the legal guardian.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so I was curious. If there is a state regulation regarding that. And

Carmela Drake, PhD, LPC-S, NCC, CAADP: what is How is that weigh in on the options?

Haley Hartle, NAADAC: Yeah, I can go back and look for that one. I know which one you're referring to. But um, Keith just said, without more information from the youth, I don’t feel I could go any further.

Haley Hartle, NAADAC: Um! And then I think it's Lamar or Lamara. I work in Juvenile Hall. What if the client is in placement?

Carmela Drake, PhD, LPC-S, NCC, CAADP: So

Carmela Drake, PhD, LPC-S, NCC, CAADP: my experience and again, I guess that that will vary

Carmela Drake, PhD, LPC-S, NCC, CAADP: um, and usually when I worked with adolescents that were mandated to treatment,

Carmela Drake, PhD, LPC-S, NCC, CAADP: they still we still didn't inform consent,

and we let them know.

Carmela Drake, PhD, LPC-S, NCC, CAADP: You know if you do not sign this release,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you know this could be the potential consequence

Carmela Drake, PhD, LPC-S, NCC, CAADP: for refusing

Carmela Drake, PhD, LPC-S, NCC, CAADP: release of information to the appropriate authorities.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um! Within this agency

Carmela Drake, PhD, LPC-S, NCC, CAADP: we Normally, i'm not sure if you working with Juvenile Hall, you're an employee of juvenile call, or you are an employee of a contracted entity that provides services for juvenile that I have some

Carmela Drake, PhD, LPC-S, NCC, CAADP: that will have some um

Carmela Drake, PhD, LPC-S, NCC, CAADP: have a difference, or it will make a difference in how something can be handled as well.

Carmela Drake, PhD, LPC-S, NCC, CAADP: When I worked with
Carmela Drake, PhD, LPC-S, NCC, CAADP: adolescents that were mandated, I was working with a agency that was contracted to provide a service, so it was him we still had to have a release of information, even to talk to the probation officer, who, you know, even if we were going in the facility like we that had our department of new services. They had several

Carmela Drake, PhD, LPC-S, NCC, CAADP: well incarceration they had. They were several buildings that incarcerated you for various different um crimes and sentences, but we were still a contract entity

Carmela Drake, PhD, LPC-S, NCC, CAADP: that the service we we weren't part of the Department of Youth Services. So we still had to get a release of information. It probably looks a different. If you're an employee of Juvenile Hall, it's almost the same as as it could,

Carmela Drake, PhD, LPC-S, NCC, CAADP: because I believe this will probably be the same instance with school counselors,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you know, and how that looks, and how that would work when you're having to report certain things to principals or administrators in regards to the work that you may be doing

Carmela Drake, PhD, LPC-S, NCC, CAADP: it. Will,

Carmela Drake, PhD, LPC-S, NCC, CAADP: that's going to have to be considered when trying to make that decision.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Is there a separation even within that

Carmela Drake, PhD, LPC-S, NCC, CAADP: agency, you know, distinguish in between

Carmela Drake, PhD, LPC-S, NCC, CAADP: what are the the of your miners that are incarcerated

Carmela Drake, PhD, LPC-S, NCC, CAADP: or detained

Haley Hartle, NAADAC: awesome. We had a few more come in. So from Katie um Katie suggestion we could work with the client on boundaries, and disclosing to the client's parents about their sexual exploration. When the client is ready.

Haley Hartle, NAADAC: And then Justin's thought is any discussion, disclosure, or decision made should always be made with prioritizing and protecting the clients best welfare and prioritizing the legal and ethical therapeutic relationship,

Haley Hartle, NAADAC: and Christy just dropped one in in North Carolina. A minor under sixteen, must have a physician refer for mental health treatment to maintain confidentiality from the legal guardian. So if this member is self referred in North Carolina,

Haley Hartle, NAADAC: it is still a matter of ethics to determine what is shared in this situation, and that was, I believe, referring back to Christie's original comment of the minor is not their own legal guardian,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and so I did not see. I'm glad you stayed at what state that was? It was North Carolina, because I know when I was looking at the two thousand and fifteen study that was done on.

Carmela Drake, PhD, LPC-S, NCC, CAADP: I believe North Carolina does not distinguish between substance, use, disorder, treatment, and mental health treatment. I think the consent, if there is a
consent.

Carmela Drake, PhD, LPC-S, NCC, CAADP: It's this: I don't think they distinguish between the two.

Carmela Drake, PhD, LPC-S, NCC, CAADP: The laws, the State laws are are relevant to both. If I'm in correct, let me know, but it seems like That's what I read that,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and I believe it requires. Does the Does the state of this North Carolina requirement to a minor consent

Carmela Drake, PhD, LPC-S, NCC, CAADP: to treatment,

Haley Hartle, NAADAC: Uh, Kristy said. I believe you are correct with that question. Um. And then Kate just said, If it is substance use treatment, forty-two Cfr part two applies, which means the minor must consent, not just the parent. If it is only mental health treatment. The parent signing is enough.

Haley Hartle, NAADAC: Minors consent for themselves is not required,

Haley Hartle, NAADAC: and Kate is in North Carolina as well.

Thank you. Thank you. Thank you, Kate.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Right.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so we've heard from a few people in regards to weighing the options, and then considering the consequences. And so, of course, our last step is making the decision, making the best ethical decision. Um, in regards to this client. And so

Carmela Drake, PhD, LPC-S, NCC, CAADP: I would like to know if, from the

Carmela Drake, PhD, LPC-S, NCC, CAADP: inception of the Webinar to now are we still with the same decision, or have. Some of those have some of those change in regards to what we know to be the best option for our fifteen year old.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And then there's not. There's not a right answer. It's what will be the most ethical decision.

Carmela Drake, PhD, LPC-S, NCC, CAADP: For where you are with a client like this,

Carmela Drake, PhD, LPC-S, NCC, CAADP: I think that's what's important. Sometimes I think we would like to have just, you know, we can have this troubleshoot chart. Okay, we have an issue where confidentiality is violated. This This is what we should do so unfortunately. Is not that black and white? Um, Because there's such variation across our States and um

Carmela Drake, PhD, LPC-S, NCC, CAADP: our state loss, And of course, whatever the factors that might also come into play, the different for different helping professions, it may be approaching the particular dilemma, so all those things have to be um considered when we're making the best ethical decision

Carmela Drake, PhD, LPC-S, NCC, CAADP: for this client

Carmela Drake, PhD, LPC-S, NCC, CAADP: in our area.

Haley Hartle, NAADAC: Looks like people are still typing here, so we'll give everybody a few minutes on their final thoughts.

Haley Hartle, NAADAC: Yeah, everybody's been really responsive. It's great.
It's awesome.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Well, of course, I know we're getting ready to enter into the question and answer part. But I just wanted to go ahead and put up this last slide, just to show you the um information I use to assist in getting

Carmela Drake, PhD, LPC-S, NCC, CAADP: this out to you today, and so I don't. I do know that these slides are made available to those participants. Um in today's Webinar, and you know, I believe, even if someone comes back later, they can access it. Correct.

Haley Hartle, NAADAC: That's correct. Yep. So the references um the references This slide won't be in the Powerpoint slides, we put it into a different document. So um. The references are listed on the same web page where the Powerpoint slides and everything are at

Haley Hartle, NAADAC: um, and it doesn't look like there's any questions in the Q. And a box yet right now, because people were asking their questions in the chat as they were sharing comments. So, um! If any of you have questions

Haley Hartle, NAADAC: to put in the Q A. Box specifically, we can wait for those

Haley Hartle, NAADAC: um. And then, if you had any final thoughts, Dr. That you wanted to share any contact information, things like that um feel free to do that as as people type any final thoughts or questions. Yes, I do have some contact information. My contact information I like to share. But before I do, I just want to encourage everyone, if you have not

Carmela Drake, PhD, LPC-S, NCC, CAADP: already taken on part in the forty two cfr um part two,

Carmela Drake, PhD, LPC-S, NCC, CAADP: two-part webinar series that May day offers. Please take advantage of that. Please take advantage of that. And then this is my contact information. Here.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um, again I am at Alabama State University here in Montgomery, Alabama,

Carmela Drake, PhD, LPC-S, NCC, CAADP: And so that's my email address and my um office number. But I believe I have.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Um.

Carmela Drake, PhD, LPC-S, NCC, CAADP: I have all that information in my profile to. So if you are in member of um, you'll be able to find me through the through the members

Carmela Drake, PhD, LPC-S, NCC, CAADP: to do so

Haley Hartle, NAADAC: for me. Awesome. Thank you. We're really happy to have you as a member, and here, as a presenter, we had one thought pop up in the chat box from Steven. Um, Steven says I would need to understand more about how the age of consent and mandatory reporting are a factor.

Haley Hartle, NAADAC: But even if I disclosed that i'm related to the sexual partner, I wouldn't feel comfortable working with the client

Haley Hartle, NAADAC: in there in case their relationship continues

Carmela Drake, PhD, LPC-S, NCC, CAADP: right. And and if you remember when when I was talking earlier about

Carmela Drake, PhD, LPC-S, NCC, CAADP: steps, two and three. One. The question I ask is, how is your
personal um standards

Carmela Drake, PhD, LPC-S, NCC, CAADP: and beliefs?

Carmela Drake, PhD, LPC-S, NCC, CAADP: It affect your involvement in this in this decision. So if you're not comfortable. That's an important part of the decision making process. And so it would be Probably the one of one of the options you need to weigh

Carmela Drake, PhD, LPC-S, NCC, CAADP: is referring the client to someone else. But as you're looking at that option,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you need to also see how that would have, you know, referring back to those, not those six fundamental principles. You know. How would this affect the relationship? Um! Is it a benefit? Or could it calls harm? Um as you're looking into again, just just going back.

Carmela Drake, PhD, LPC-S, NCC, CAADP: How much of that information has been revealed to you

Carmela Drake, PhD, LPC-S, NCC, CAADP: in the social media post that you discovered through your family member, you know. Um! What are the the

Carmela Drake, PhD, LPC-S, NCC, CAADP: look into detail about the mandated reporting

Carmela Drake, PhD, LPC-S, NCC, CAADP: um criteria. You know how much of that criteria has a that. That's what I and that's i'm so glad that you mentioned that because

Carmela Drake, PhD, LPC-S, NCC, CAADP: I should have also included that in this in this Webinar to look at Mandated reporter reporting um statues. And how much of it do we

Carmela Drake, PhD, LPC-S, NCC, CAADP: has a bearing on the decision that we made,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and it would have been good to have those those referenced as well, and so I think, is important. Um, I know for for me. Looking at that again, i'm i'm looking at the code of the ethics, especially those principles regarding social media and the privacy. But also how much of that

Carmela Drake, PhD, LPC-S, NCC, CAADP: discovery do do I have that I can stand on, you know could as I'm, assuming that this is my client to it, could it not be my client? And then, if I report it, am I creating more harm, because i'm mistakenly

Carmela Drake, PhD, LPC-S, NCC, CAADP: reported something just to They have suspicion, because again, much of it is just based off of the suspicion, not whether you have that, but suspicion. Um! And then my suspicion was incorrect,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you know, and and that Um!

Carmela Drake, PhD, LPC-S, NCC, CAADP: But who's gonna know

Carmela Drake, PhD, LPC-S, NCC, CAADP: that it was my family member and my client,

Carmela Drake, PhD, LPC-S, NCC, CAADP: you know.

Carmela Drake, PhD, LPC-S, NCC, CAADP: How does how my family member doesn't know? That's my client. My client doesn't know That's my family member. All of those things got to be put into into play when you're trying to make that decision.

Haley Hartle, NAADAC: Yeah, thank you very much for that, and Billy agrees with Steven. Um. But then
Billy also said. However, the client is not old enough to consent to sex. It is not our job to investigate.
I'd report it.

Haley Hartle, NAADAC: Um, Stephen agreed. And then Billy also stated. I have clients read my disclosure statement so that they know what mandatory reporting issues are.

Haley Hartle, NAADAC: And then we have one other questions. Pop up one other question pop up in the Q. A. Um from Keith. Do you feel in this situation the priority would be to discover more about what the actual sexual relationship is as a mandatory as a mandated reporter. That would be my first concern.

Carmela Drake, PhD, LPC-S, NCC, CAADP: I don't so I think

Carmela Drake, PhD, LPC-S, NCC, CAADP: I want. I'm gonna go back a little bit from the first comment to was making um in regards, to, of course, is not our job to investigate, but just to re-report the suspicion.

Carmela Drake, PhD, LPC-S, NCC, CAADP: And then. Um,

Carmela Drake, PhD, LPC-S, NCC, CAADP: because we don't we know it was sexual exploration. Is that defined the same as sexual? I I guess how a sexual exploration defined,

Carmela Drake, PhD, LPC-S, NCC, CAADP: and so Are you defining sexual exploration as meaning? There is sexual

Carmela Drake, PhD, LPC-S, NCC, CAADP: in a course

Carmela Drake, PhD, LPC-S, NCC, CAADP: of some type, whether it's or is that what you define how you define it? I guess that's that's the uh first question, and then

Carmela Drake, PhD, LPC-S, NCC, CAADP: what it it did. He said he. He agreed

Carmela Drake, PhD, LPC-S, NCC, CAADP: it was the second part. She stated

Haley Hartle, NAADAC: they were. There was just communication in the chat between a few attendees that they were agreeing on um on reporting that, but then also sharing the thought about

Carmela Drake, PhD, LPC-S, NCC, CAADP: that probably was discussed. Hence the reason why no details were shared with you by the client.

Carmela Drake, PhD, LPC-S, NCC, CAADP: Your your additional information was learned through your family member,

Carmela Drake, PhD, LPC-S, NCC, CAADP: not through the not based off of what the client reported. So if you reporting the suspicion based off of the client saying she's engaging in a self-exploration

Carmela Drake, PhD, LPC-S, NCC, CAADP: there there's two things that's gonna happen. You're reporting that she's engaging in sexual sexual exploration. Are you going to report it to the parent as well?

Carmela Drake, PhD, LPC-S, NCC, CAADP: Because the parents said you needed to report that to them,

Carmela Drake, PhD, LPC-S, NCC, CAADP: but you know, and then I guess, because once you mandate, when you once you report it as the mandated reporter is the parent not informed of this

Carmela Drake, PhD, LPC-S, NCC, CAADP: report
Carmela Drake, PhD, LPC-S, NCC, CAADP: in that
Carmela Drake, PhD, LPC-S, NCC, CAADP: you know in that state the parent is the parent also informed of this. There's been a
Carmela Drake, PhD, LPC-S, NCC, CAADP: a report of sexual
Carmela Drake, PhD, LPC-S, NCC, CAADP: abuse
Carmela Drake, PhD, LPC-S, NCC, CAADP: of a child. Your child
Carmela Drake, PhD, LPC-S, NCC, CAADP: I think you are. If i'm not mistaken you're you're protected. I think your anonymity is protected. I don't think they reveal who reported it.
Carmela Drake, PhD, LPC-S, NCC, CAADP: But I guess now the other thing, the other option, the way, or the other thing to consider is that once it's been reported. I'm sure the parent at this point will be alerted.
Carmela Drake, PhD, LPC-S, NCC, CAADP: And then there's the the possibility that the parent will come to you about
Carmela Drake, PhD, LPC-S, NCC, CAADP: you not sharing? And then how do we address that?
Carmela Drake, PhD, LPC-S, NCC, CAADP: Um,
Carmela Drake, PhD, LPC-S, NCC, CAADP: Because i'm, I guess i'm trying to see if
Carmela Drake, PhD, LPC-S, NCC, CAADP: if
Carmela Drake, PhD, LPC-S, NCC, CAADP: if we didn't suspect that the chat, the person they was talking about. The family member was talking about was our fifteen year old client. Would we have been reporting it
Carmela Drake, PhD, LPC-S, NCC, CAADP: where we have been reporting a family member, we didn't think. Oh, this sounds like this is my fifteen year old client.
Carmela Drake, PhD, LPC-S, NCC, CAADP: Now i'm not saying i'm just asking questions, because again the ethical decision that's going to be made is going to be best based off of what's best for you
Carmela Drake, PhD, LPC-S, NCC, CAADP: with this client where you are.
Carmela Drake, PhD, LPC-S, NCC, CAADP: But these are questions.
Haley Hartle, NAADAC: Yeah, very. So much to between individual states and unique situations. So
Haley Hartle, NAADAC: um, Billy, saying good thoughts. So yeah, everyone was very um, very active. So Thank you all for your participation. Um, we're right at time to wrap up So that worked out wonderfully. Um, We answered all questions so
Haley Hartle, NAADAC: that was that was flawless. That was perfect time. So thank you so much, Dr. Drake. We really appreciate and value you. Um. So we're We're just gonna do some final wrap up things um, and then we'll have everyone be on their right. So if you can, i'm going to go ahead and start sharing my screen,
Haley Hartle, NAADAC: and we'll go over again the
Haley Hartle, NAADAC: the ce information, and just be sure that everyone understands that. Um. And actually, I think I need to redo that and make sure I am sharing with,

Haley Hartle, NAADAC: so that we can share that social work and video.

Haley Hartle, NAADAC: All right. Well, everyone, thank you so much for your participation again. Just a reminder that the Ce equals link will be posted here on this web page.

Haley Hartle, NAADAC: So you'll be able to access that here soon and again, if you need that to stay, live on it, be sure to take and pass the quiz, and then download that certificate within twenty-four hours.

Haley Hartle, NAADAC: Um some upcoming webinars we are ending that um we're ending two thousand and twenty-two, which is

Haley Hartle, NAADAC: awesome and super exciting. We've been working on our two thousand and twenty-three calendar so that will be announced very soon. Um! But we do have another Webinar next Wednesday, and then we finish out December with two different webinars uh before the holidays and before we wrap up

Haley Hartle, NAADAC: the rest of the year, so uh be sure to stay tuned and stay aware of

Haley Hartle, NAADAC: that two thousand and twenty-three calendar um. We do have a few different specialty series that are available on demand, including all of the other parts of this adolescent training series. Um. So be sure to check that out on our website you can receive um the

Haley Hartle, NAADAC: the specialty certificate. Um. That evidence is your accomplishment from taking all of the parts in each specialty series. So um, This is obviously not correct for part two. But this is the adolescent treatment series overview Um. And then we also have our women in Recovery Specialty Online Training Series. That is all available on the website.

Haley Hartle, NAADAC: Um. Another reminder. Thank you, Dr. Drake, for mentioning the benefits of becoming a native act member. You do get access to over three hundred and twenty Ce. With that benefit

Haley Hartle, NAADAC: as a member. Um, and then you will become part of our national initiative for advocacy, for the addiction profession and those that we serve. Um. So you can find out a lot more benefits to joining Madeac. You can visit our website, Nadak, dot Org, forward, flash, join, or you can email Natash at net dot Org for some additional information.

Haley Hartle, NAADAC: So thank you all again for being here social workers. I'm going to show that video for you to get your license number added to your certificate. Everyone else will see you at the next one.

Hi, everyone. Thanks for watching this quick tutorial on how to enter your social work license number into inpeixium. Our association management software. And home to your Nadak member account. You will only need to do this one time. After that the system will be set up to pull your license number into your certificates of completion that you earn after attending and needac webinar or training.

All right, so let's get started. You can see here on my screen first step is to log into your member account.

Once you're logged in, you want to go to my profile right here in the lower left-hand corner

ensure that you've selected account in the account, Tab, and then arrow down and ensure You've
selected additional information as you can see here on my screen. Next, go over here to the right. Select the licenses, tab It's all set up here, as you can see,

and then click, add new license.

Here's where you really want to pay attention. You want to make sure under lessons. Type, that you select social work license in this field. This is what is going to tell the system to pull your license number into the certificate. So you want to make sure you get that right.

It is required that you enter. Ah, the state as i'm doing here, as well as your license number that's going to go in the certificate. The rest is optional, but feel free to put that in, so that the system has that recorded for you.

Once you have all the information in there, you're just going to go ahead and hit, save

if you have another credential or a certification that you want to add into the system, you can go ahead and do that. You just want to ensure that at the top under license type.

You select state, certification, license, or license, or accreditation, and then fill out the rest of the information. You only want to have one license type with social work license, and that's it. You guys are all set up. Your c certificates will now include your license number, as is required in many states and jurisdictions. Thanks for watching and get to learning.

Haley Hartle, NAADAC: Thanks, everyone. We'll see you at the next one.