Ethical and Professional Issues in Addiction Counseling

Section One: Definitions, Principles I-III, and Cases

Presented by Dr. Mita Johnson

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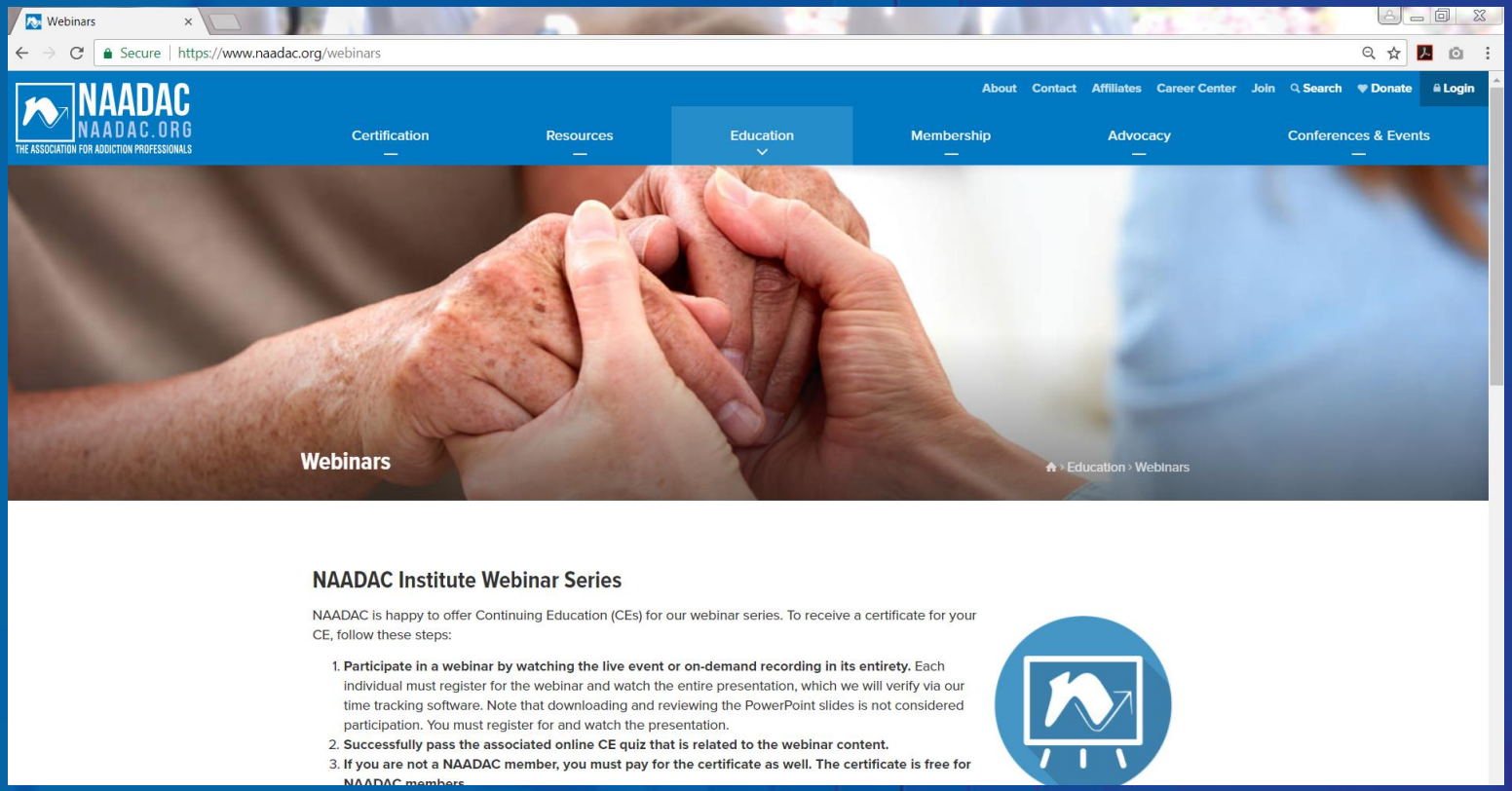

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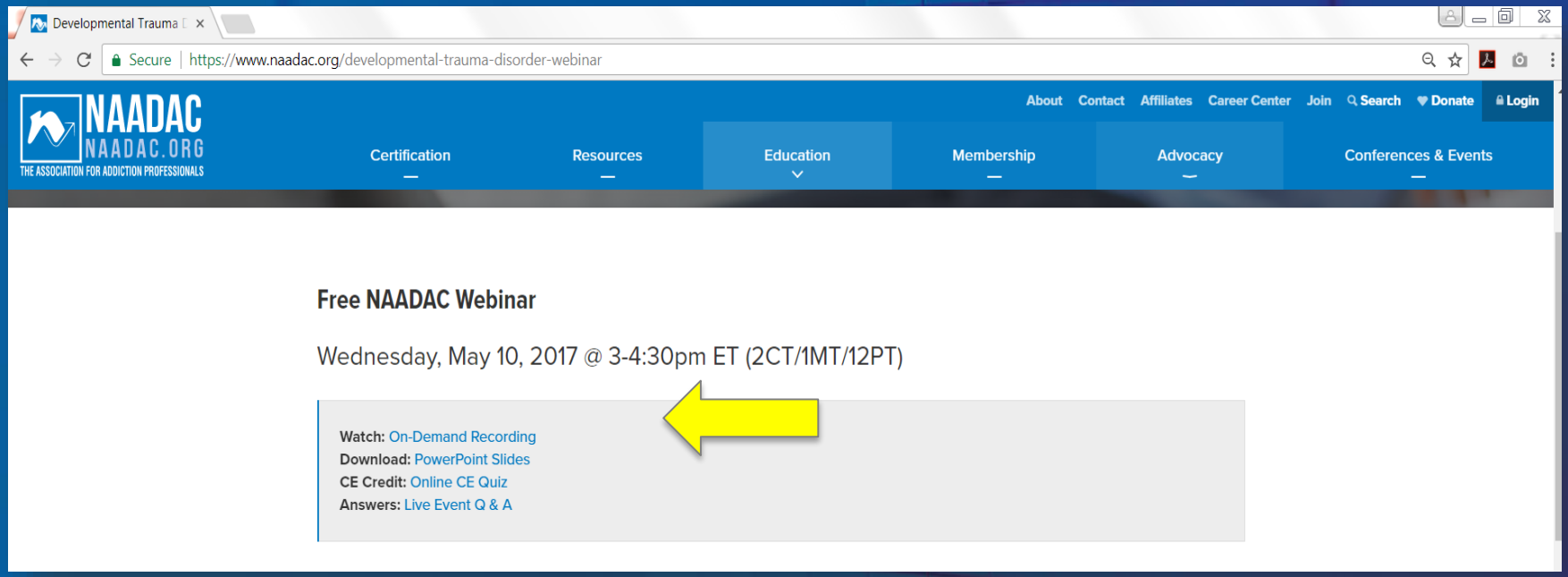

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Your

Ethical & Professional Issues

in Addiction Counseling

NAADAC & Dr. Mita Johnson

Introduction - Objectives

- Greetings!
- Intent of this Webinar Series (3-part series)
- Objectives: *Participants who attend all 6 hours of this webinar will be able to:*
  1. Delineate the overarching principles and values foundational to ethical practice.
  2. Explore 3 current issues and concerns related to new technologies and emerging practices.
  3. Discuss 3 tools useful for risk management.
  4. Outline 3 ways NAADAC and NCC AP can be helpful to anyone providing addiction-related services.

Content of Each Webinar Segment

Section I:

- Definitions, Principles I-III, Cases

Section II:

- How to file an ethics complaint? Where to file complaints?
- Principles IV – VI, Cases

Section III:

- NAADAC's Ethical Decision-Making Model
- Principles VII – IX, Cases

Acronyms

- NAADAC: Association for Addiction Professionals
- DSM-5: APA Diagnostic & Statistical Manual
- SUD: Substance Use Disorders
- ABD: Addictive Behavior Disorders
- COD: Co-Occurring Disorders

Ethical & Professional Issues

in Addiction Counseling

Section I

Which lens are you looking through?

Substance use, addictive behavior, and co-occurring disorders are complex phenomena characterized by dysregulated neurobiology and compulsive, habitual behavior along a continuum from mild to moderate to severe in nature. There is no single, specific root cause that leads an individual down the neurobiological pathway towards dependence; there is no single, standardized treatment modality that addresses substance misuse and dependence. A variety of approaches are effective, including prevention interventions, counseling/ psychotherapy, medication assists, recovery supports, and mutual help/peer-led groups. Providers must continually assess all interactions and communications using risk management, ethical, and legal lenses.

DSM-5* Substance Use Disorders: Criteria

1. Hazardous use
2. Social and interpersonal problems related to use
3. Neglected major roles, due to use
4. Withdrawal
5. Tolerance
6. Used larger amounts/longer
7. Repeated attempts to quit/control use
8. Significant time spent using
9. Physical/psychological problems related to use
10. Activities given up due to use
11. Craving

* *American Psychiatric Association (APA), 2013*

DSM-5* Substance Use Disorders

- Continuum of use: mild (2-3), moderate (4-5), severe (6 or more)

- Alcohol Use Disorder
- Cannabis Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Other Hallucinogen Use Disorder
- Phencyclidine Use Disorder
- Sedative, Hypnotic or Anxiolytic Use Disorder
- Stimulant Use Disorder
- Tobacco Use Disorder

* *American Psychiatric Association (APA), 2013*

Addictive Behavior Disorders (ABD)

- Behavioral addictions – process addictions
- Normal range of behaviors versus compulsive behaviors
  - ✓ *Gambling addiction – in the DSM-5*
  - ✓ *Sex addiction*
  - ✓ *Food addiction and behaviors (i.e., binging, purging)*
  - ✓ *High risk behaviors (adrenaline chase)*
  - ✓ *Video gaming addiction*
  - ✓ *Internet/social media*
  - ✓ *Shopping addiction*

Service Provider: Addictions & COD

- Clinicians, service providers, peers, multidisciplinary care team, behavioral health professionals
- Scope of practice – scope of competency
- Standards of practice – industry specific
- Professional organization membership
- Clinical supervision
- Expert consultation
- Emerging: collaborative, integrated care

Clinicians: SUD/ABD Counselors

- *Credentials: State or territory*
- *Credentials: National/International*
- *Scope of competency*
- *Scope of practice*
- *Standards of practice*

NAADAC Code of Ethics

- *NAADAC Ethics Committee*
- *NCC AP: Certification Board*
- *Code of Ethics 10.09.16*
- *Purpose of Code of Ethics*

NAADAC Code of Ethics: Nine Principles

1. The Counseling Relationship
2. Confidentiality & Privileged Communication
3. Professional Responsibilities & Workplace Standards
4. Working in a Culturally-Diverse World
5. Assessment, Evaluation & Interpretation
6. e-Therapy, e-Supervision & Social Media
7. Supervision and Consultation
8. Resolving Ethical Concerns
9. Publication and Communications

NAADAC Code of Ethics: Guiding Values

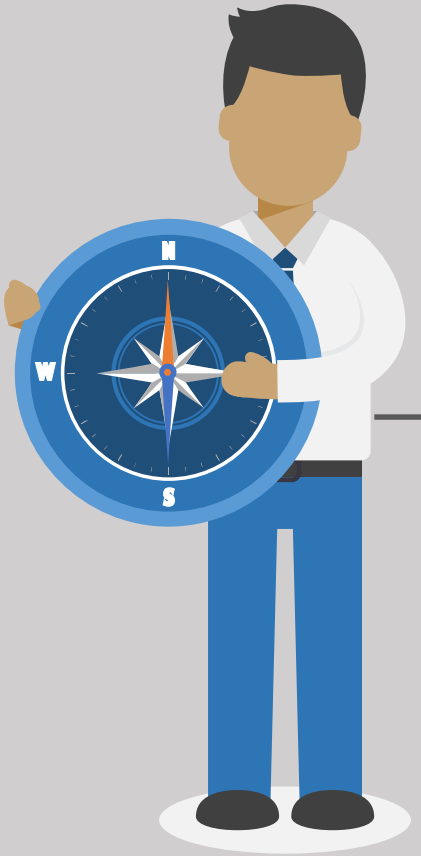
- Beneficence
- Autonomy
- Obedience
- Conscientious Refusal
- Gratitude
- Competence
- Justice
- Stewardship
- Honesty and Candor

NAADAC Code of Ethics: Guiding Values

- Fidelity
- Loyalty
- Diligence
- Discretion
- Self-improvement
- Non-malfeasance
- Restitution
- Self-interest

Why do we need ethics?
Why do you need “risk management”?

PRINCIPLES I - III



THE COUNSELING RELATIONSHIP

CONFIDENTIALITY and PRIVILEGED COMMUNICATION

PROFESSIONAL RESPONSIBILITIES and WORKPLACE STANDARDS

Principle I: The Counseling Relationship - Key Topics

- Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity and compassion. Providers shall treat each client with dignity, honor and respect – and act in the best interest of the client.

- Informed Consent, Financial Disclosures
- Diversity, Discrimination, Legal Competency, Mandated Clients
- Multiple Therapists, Coverage, Exploitation, Commissions
- Boundaries, Dual Relationships, Prior Relationships, Previous Client
- Who is the “client” in a group setting? “couples”? “family”?
- Treatment Planning, Level of Care, Documentation

Informed Consent: Key Points

- Name of agency, name(s) of providers rendering services
- Role of providers
- Provider's scope of competence: education, training, qualifications, state and national credentials, specialty areas
- Type of treatment services available at the practice/agency
- The nature of the proposed services
- Where the services will take place
- Length of time treatment will be rendered: session length and frequency
- What is privileged information, confidential, exceptions to confidentiality
- Mandatory duty to warn rules
- List of potential conflicts of interest regarding delivery of service
- Access to relevant ethics codes
- Documentation, document storage, length of time required to maintain records, disposal policies

Informed Consent: Key Points

- Expectations the facility has for clients and consequences of not meeting those expectations
- Boundaries of use regarding social media, electronic media, cloud storage
- Cancellation policy and consequences, if any, for missed appointments
- Costs of receiving services – session fees, copays, assessment costs, other agency costs, drug monitoring
- Nonpayment policies and procedures
- Collection protocol for delinquent accounts
- Information for filing grievances with provider, agency, state boards, NAADAC/NCC AP

- Other information provider or state may require

Case: It has come to your attention that a therapist you supervise is involved in an family member of a client being served by your The relationship was initiated by the therapist member's participation in a "family night" facility. While the agency personnel policies intimate/sexual relationships with clients, the client's family members are included in this up before.

What are the key concerns in this case?

Principle II: Confidentiality & Privileged Communication - Key Topics

- Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.

- Disclosure, Limits of Confidentiality, Imminent Danger, Infectious Diseases
- Multidisciplinary Care, “Essential Only” Disclosures
- Payors, Deceased Clients, Minors and Protected Others
- Release of Information, Records, Transfer of Records
- Termination, Storage and Disposal, Consultation, Supervision
- e-Therapy, Video Sessions, Recordings

Privileged Communication

- Privileged communication is the legal recognition of a private, protected relationship where information disclosed between the two parties (Providers and clients) – with a few exceptions – remains confidential and cannot be forcibly disclosed by or to the legal system.
- The rationale for privileged communication
- Past crimes versus active or imminent crimes
- Infectious diseases: HIV, Hepatitis B and C, Herpes, Human Papilloma Virus
- Clinician responsibilities, even with a signed Release of Information (ROI)

Protected Communication

- 42 CFR Part 2: confidentiality of SUD patient treatment records
- HIPAA: privacy of identifiable health information
- Subpoena: summons to appear in court or produce documentation
- Group Therapy: multiple members; before-during-after sessions; ongoing reminders about confidentiality

Case: You are a person in recovery from alcohol dependence, working as a counselor in a CODs. While you are at an AA meeting, a client agency comments on her difficulty maintaining several recent relapses and her lack of honesty staff. The client has not disclosed this the agency, and the therapist is under the has maintained ongoing sobriety since the

What would you or can you do with this information?

Principle III: Professional Responsibilities & Workplace Standards - Key Topics

- Addiction Professionals shall abide by the NAADAC Code of Ethics. Addiction Professionals have a responsibility to read, understand and follow the NAADAC Code of Ethics and adhere to applicable laws and regulations.

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

- Question: What does it mean to be a Professional?

Principle III: Professional Responsibilities & Workplace Standards - Key Topics

- Nondiscrimination; Fraud; Criminal Activity; Other Violations
- Harassment
- Credentials; Accuracy of Representation; Misrepresentation
- Scope of Practice; Boundaries of Competence; Self-Monitoring
- Multidisciplinary Care; Collaborative Care; Collegial Cooperation
- Advocacy; Policy & Procedures
- Proficiency; Ongoing Professional Development/Education
- Disparaging Comments about NAADAC
- Public Comments; Private Comments
- Personal vs. professional: Relapse/Recidivism; Illness; Bereavement; Divorce
- Referrals, Termination

Professional Responsibilities

- Transference and Counter-Transference
- Professional Impairment
- Clinical Supervision as Risk Management
- Consultation as Risk Management
- Professional Wellness, Self-Care, Self-Monitoring
- Clinicians who are in recovery – stress management, boundaries

Case: A graduate student at a local agency has been resisting clinical supervision. She has of individual supervision and 6 hours of group month period, due to forgetting, illness and is now very remorseful about missing her asking the site supervisor to sign off on her she can graduate in 2 weeks from her Master's

What would you tell her? What would be your concerns? What principles has she violated?

Case: Over the past two years, an informal arrangement has existed between a private community and your inpatient program. The practice refers many clients to the inpatient inpatient program refers a majority of their practice therapist, as part of discharge planning.

What ethical and legal issues or concerns, if any, could arise from this arrangement?

Thank You!

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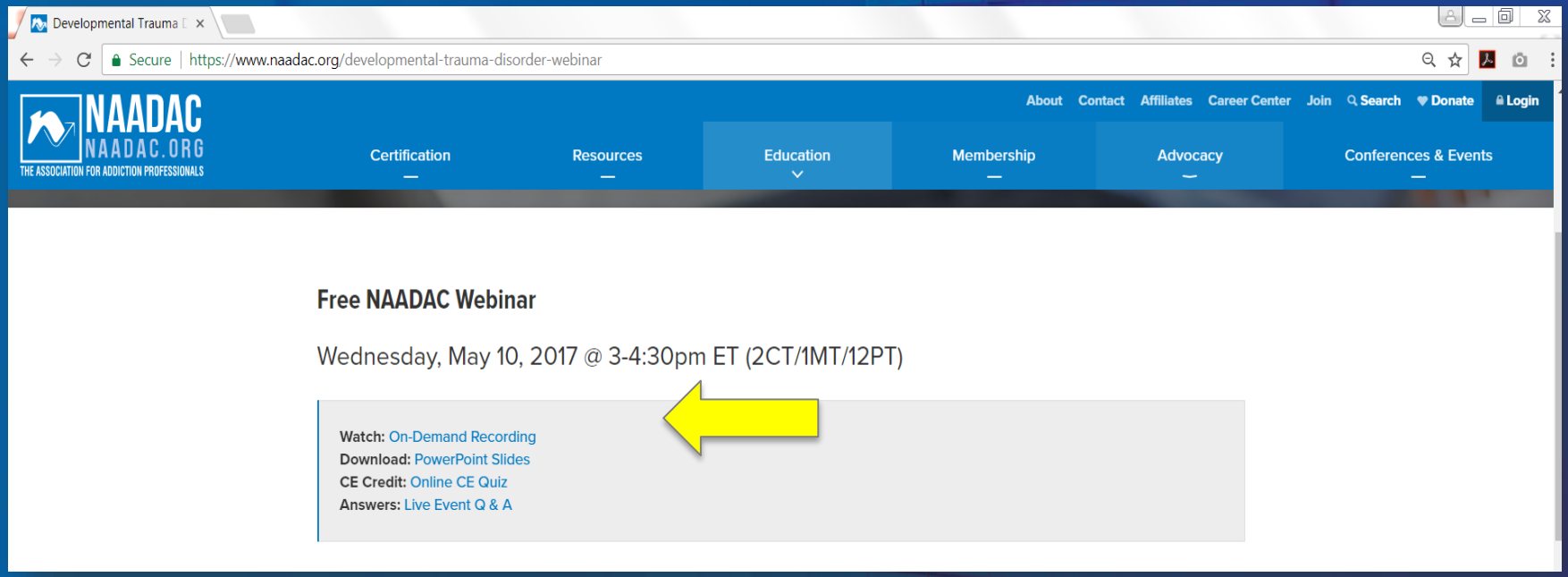

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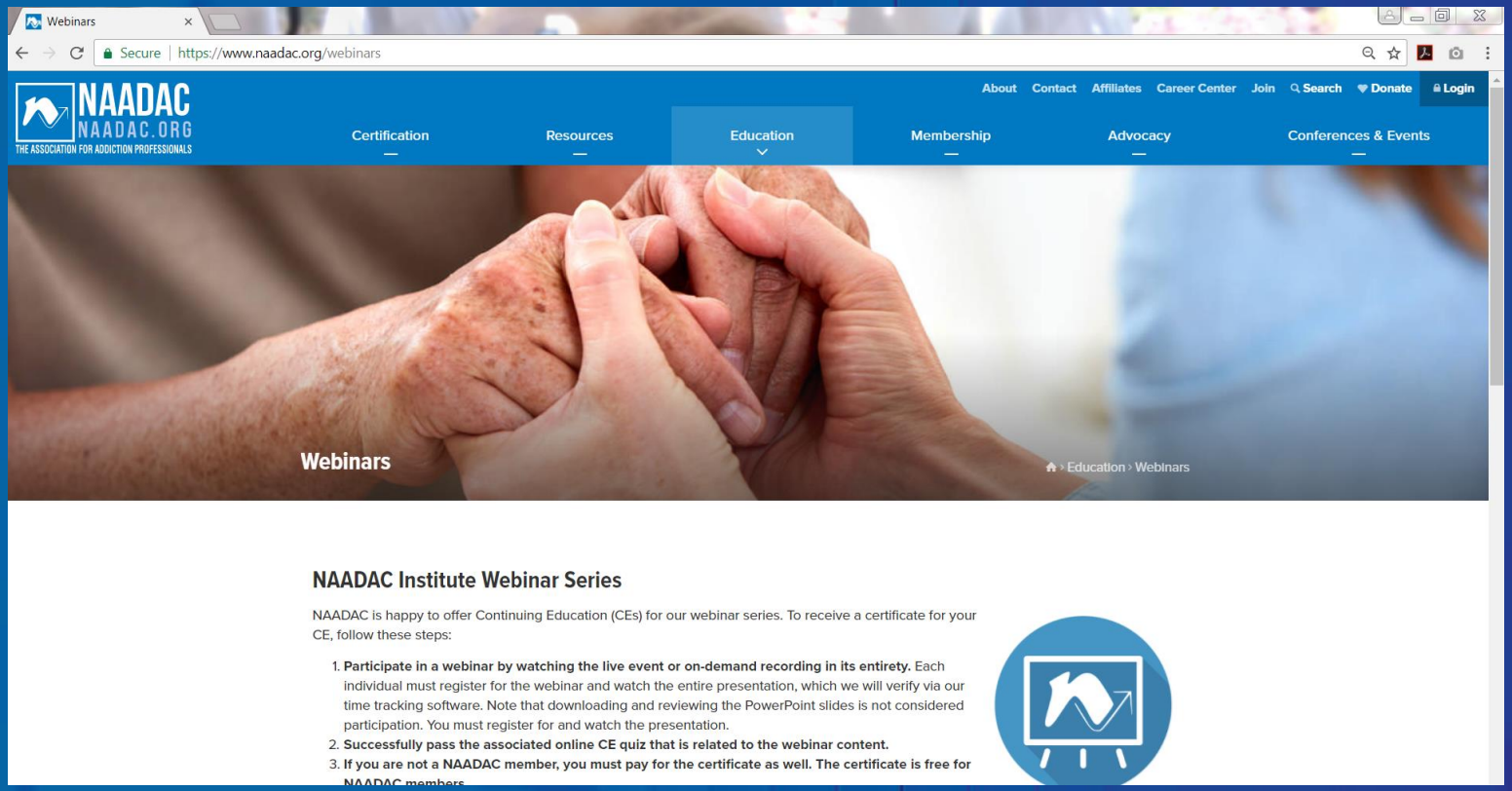

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